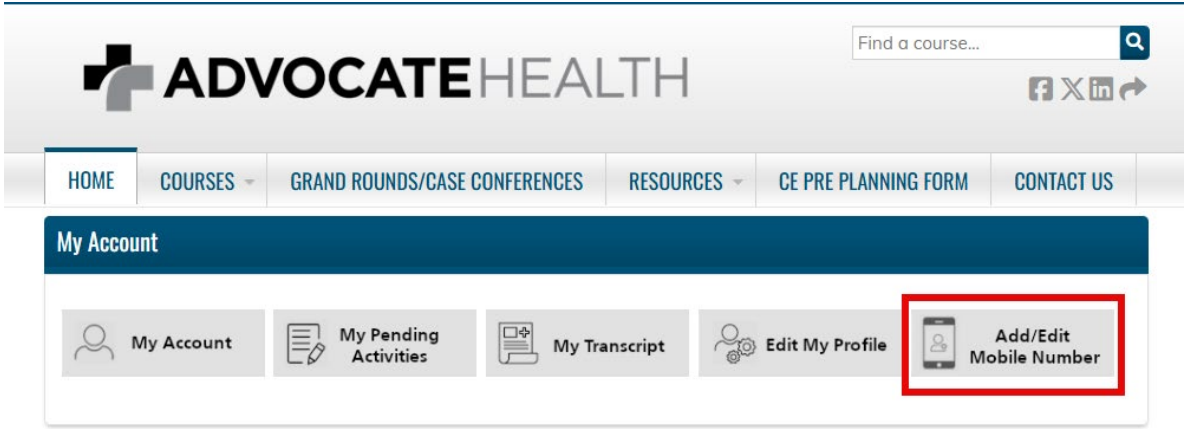
Claim CE credit by TEXTING the code after the activity.

What you need to do:
Ensure your mobile number is linked to your profile.



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Welcome to the August 2026 Nursing Grand Rounds "Take a Break! Why & How to Make it Happen!"

This is a Microsoft Teams Meeting with Contact Hours

- Focus is on the presenters with all participants muted
- Participants are encouraged to post questions/comments in the "Q&A" They will be addressed during the Q & A session at the end
- Details about evaluation and contact hours will be provided at the end
  - REMINDER – now a text code process – make sure your cell number is updated in the CE Learning platform in order to receive CEs
- Session is recorded and will be available as a digital self-learning module with continuing education credit on the CE Learning platform
- Please visit the Nursing Grand Rounds webpage for direct links.

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Disclosure:

None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies

IPCE Designation and Accreditation

Accreditation Statement
In support of improving patient care, Advocate Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Statement(s)

American Nurses Credentialing Center (ANCC)
Advocate Health designates this live activity for a maximum of 1.0 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

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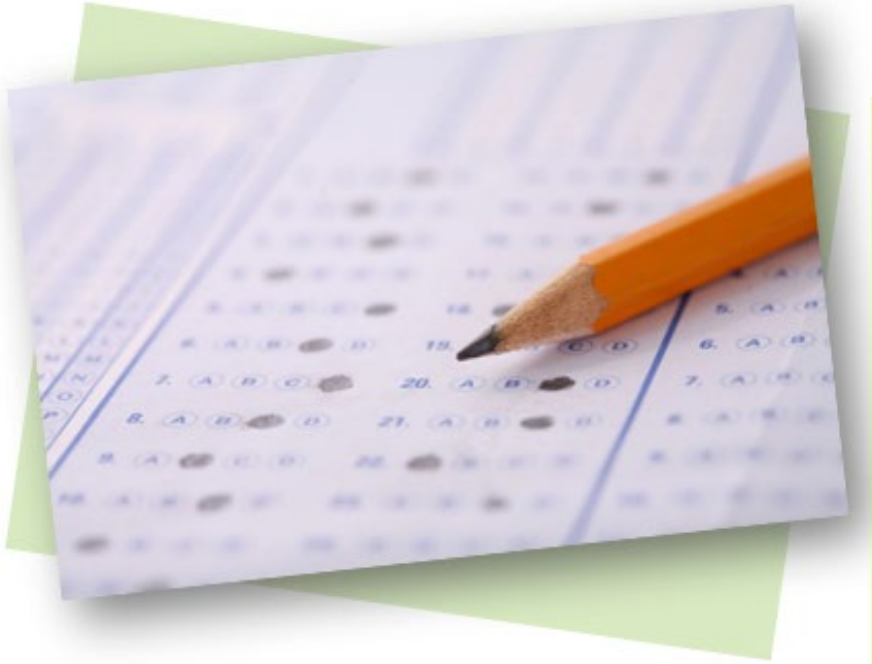
Learner Objectives

At the end of this session, learners should be able to:

1. Describe the negative impact of high work demands on physical and psychological wellbeing.
2. Discuss the evidence about why and how to achieve benefits of breaks.
3. Relate how current and future initiatives are used to help facilitate effective breaks with coverage.
4. Identify 1-2 key take aways to apply to current practice



AUDIENCE POLL

Which division and care environment are you attending from?

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Advocate Health Care · Atrium Health · Aurora Health Care · Wake Forest University School of Medicine

Now part of ADVOCATEHEALTH

Take a Break!
Why and How to Make it Happen!

Desiree Bellon, DNP, RN, NEA-BC
Brenna Knoch, MSN, RN (Aurora Kenosha)
Zoe Frantom, BSN, RN, CMSRN (Illinois Masonic)
Noah Blalock, MHA (Atrium Cabarrus)
Stephanie McDonald, DNP, MSL, RN, NEA-BC

Nursing Grand Rounds 08.20.2026

Reflection Time

Audience Poll

How often do you take a full 30-minute meal break?

Never · Rarely · Sometimes · Most of the time · Always

I often skip meal breaks because patient care comes first.

True · False

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Why Nurses Miss Breaks

Operational challenges:

- Staffing shortages
- high patient acuity
- difficulty finding relief coverage

Cultural challenges:

- Feeling guilty leaving coworkers
- Putting patients ahead of personal needs
- Unit norms that discourage breaks

64%

of ED nurses logged no break during their shift

2024 payroll data (Q1)

Share of shifts by break length, by service

Service	No break	Short break (1–29 min)	26–29 min	30 min or more
ED	64%	5%	2%	30%
ICU	29%	6%	3%	66%
Med/Surg/Tele	27%	8%	4%	65%
Total	**34%**	**7%**	**4%**	**59%**

26–29 min is a subset of short breaks; No break + short break + 30 min or more ≈ 100%.

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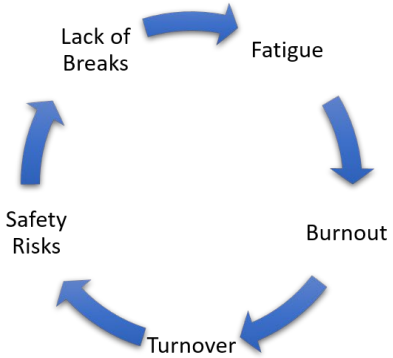
Evidence-Based Meal Breaks: Why They Matter

Evidence Summary

Research demonstrates that meal and rest breaks are associated with:

- ✅ Reduced fatigue
- ✅ Lower psychological distress
- ✅ Better mental health
- ✅ Increased job satisfaction
- ✅ Improved recovery during long shifts
- ✅ Reduced intention to leave the organization

The missed-break cycle



⚠ **Fatigue creates risk!**
Missed breaks feed the cycle above.

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The Law Sets the Floor — We Aim Higher

Illinois Law Requires

One Day Rest in Seven Act (ODRISA)
820 ILCS 140

- A 20-minute meal break for shifts of 7.5 continuous hours or longer
- A second 20-minute break only on shifts of 12hours or longer
- A break must begin no later than 5 hours into the shift
- Reasonable restroom breaks, separate from the meal break
- The law is silent on who provides coverage — and on where you go

Our Commitment at Advocate Health

- ✓ **A full, uninterrupted 30 minutes** — beyond the minimum
- ✓ Break relief planned for every shift, not only the long ones
- ✓ Charge nurses and leaders schedule and protect break time
- ✓ Dedicated **respite spaces** so you can truly step away
- ✓ **A continued focus on wellbeing** and ongoing support for meal breaks

This isn't one more thing to do — it's permission you already have.

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Make the Break Count

There's no single "right" way to recover — what matters is fully stepping away.

Eat & hydrate

Refuel with a real meal and water — not just caffeine.

Move or step outside

A short walk or some fresh air resets body and mind.

Rest & recharge

Sit somewhere quiet and let your body physically recover.

Mentally detach

Breathe, meditate, or simply unplug from the floor.

The common thread is psychological detachment — the more you unplug, the more the break restores focus.

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Evidence-Based Meal Break Solutions

People & Culture

Buddy systems
Pair nurses to cover each other's patients during breaks

Break-friendly culture
Normalize breaks as an expectation, not a luxury

Respite spaces
A dedicated, restorative space to truly detach and recover

Process & Structure

Break coverage processes
Clear hand-off routines define who covers each nurse

Charge nurse & leadership support
Charge nurses schedule and protect break times

Staffing models that support breaks
Build break relief into the staffing plan by design

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Break Relief Nurse Pilot

HOW IT WORKS

1. 4-hour opportunity shifts in Clairvia for both day and night shift
2. Nurse reports to house supervisor and hands in a break log
3. Report sheet for quick handoff

Date_____ Dept______ Break time______ **AMCK Break Relief Handoff Tool** Relief RN #________

Room Number	Patient Label	Admitting Dx	Safety	Due tasks
			Code Full, Select, or DNR Isolation: O2: IV access: Fluids: Drains: Diet: Activity: Tele Y or N Rhythm________ VBPA Y or N Procedures:	• ________ • ________ • ________ • ________ • ________ • ________
			Code Full, Select, or DNR Isolation: O2: IV access: Fluids: Drains: Diet: Activity: Tele Y or N Rhythm________ VBPA Y or N Procedures:	• ________ • ________ • ________ • ________ • ________ • ________
			Code Full, Select, or DNR Isolation: O2: IV access: Fluids: Drains: Diet: Activity: Tele Y or N Rhythm________ VBPA Y or N Procedures:	• ________ • ________ • ________ • ________ • ________ • ________

5/20/2024 AMCK Break Relief Team

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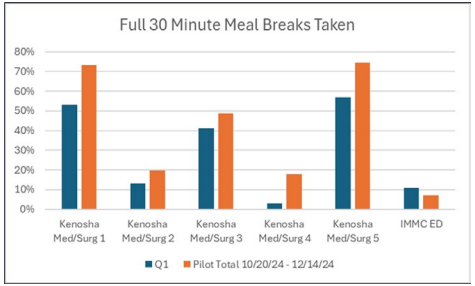
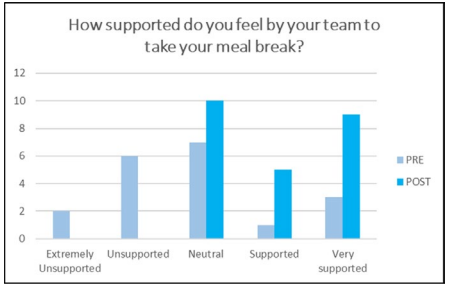
Break Relief Nurse Pilot

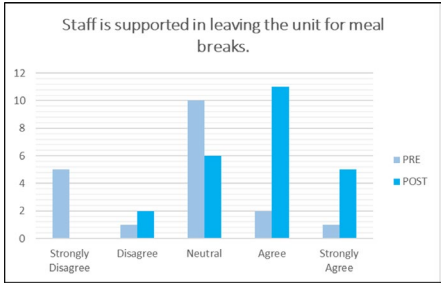
5/5
Med/Surg units improved 30-minute uninterrupted breaks

▲ $60,000
cost avoidance during the pilot

▲ $360,000
projected annual savings







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Break Relief Nurse Sustainment

HERE TO STAY — AND GROWING

NOW PERMANENT

Med/Surg

Now a permanent position across all Med/Surg units at Aurora Kenosha.

NOW PERMANENT

Emergency Department

Now a permanent position after a successful 2-month pilot that went live 7/27/25.

Both Med/Surg and the Emergency Department now have permanent break relief nurse roles at Aurora Kenosha

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QI Interventions on a Medical-Surgical Unit: Workflow and Incentives

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Reflection Time

Audience Poll

Give a (1) word answer for the biggest barriers to taking a break?

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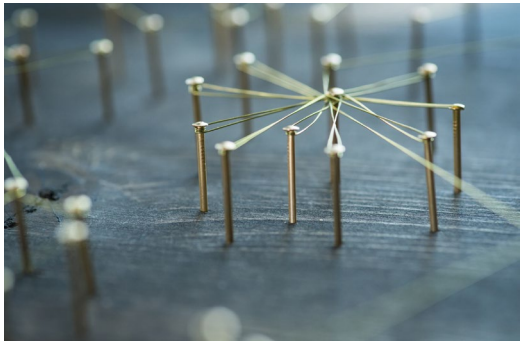
Break Barriers



Workflow

- Unclear handoff/communication process
- Geographical communication barriers

Culture

- Breaks not prioritized
- Belief of "it's easier to just not take a break"

PDSA Cycle 1 Intervention: Epic Chat Coordination

Communication barrier was identified due to geographical distance on the unit

Epic break chat with all team members was initiated in August 2025 to coordinate break times

Charge nurse to coordinate break times via Epic chat, and team members communicate when they leave and come back from break

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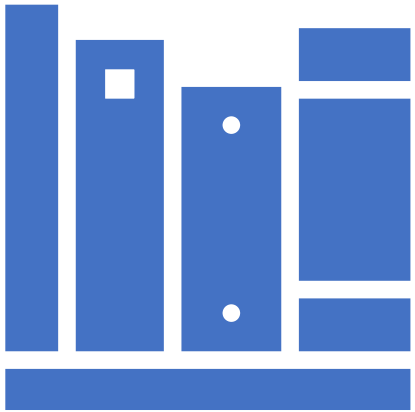

PDSA Cycle 2 Intervention

- Harry Potter House competition- initiated January 2026
  - Team members placed into Harry Potter "houses" and earn points
  - Aim: address unit culture
  - Prizes for winning house
  - Used in conjunction with the Epic chat workflow process

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Epic Chat Workflow and Incentive Interventions

541 New Lunch Break Process: Go-Live Monday 8/11

Background: There is a new initiative from Enterprise to ensure staff are taking a full 30-minute lunch as part of an effort to promote an environment of psychological safety. We as a leadership team are tasked with ensuring a functioning lunch structure is in place and to follow up on any barriers that are currently preventing staff from taking.

Goal: Increase the number of staff consistently taking a 30-minute break by implementing a process that offers real-time communication and awareness of which staff members are on break

Start of shift: Charge RN starts an Epic Chat with all staff on the floor. HUC to act as wingman & start chat if charge RN busy at start of shift

↓

Desired break time: Staff to message in Epic chat when they are going on break.

↓

After 30-minute break: Staff to message in Epic chat when they are back from break. HUC to act as wingman and message if they see someone return from break

Charge RN discretion on how many staff members can be on break at one time to maintain unit safety

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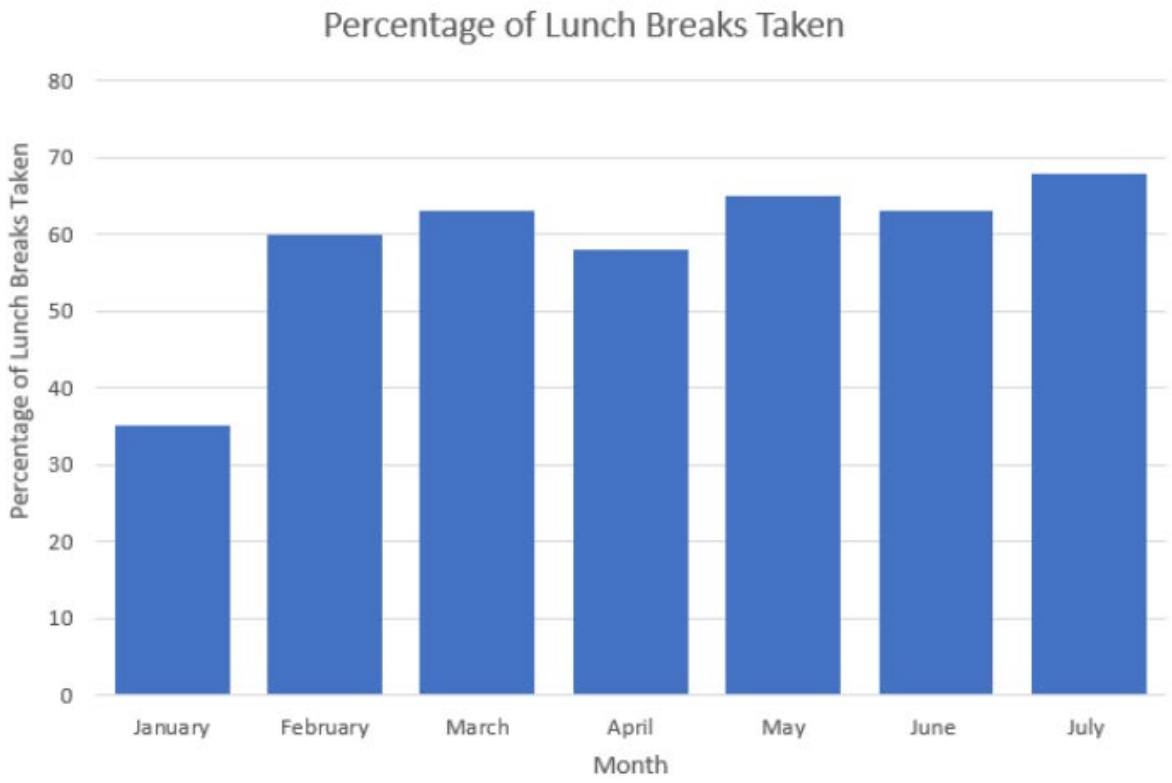

Lunch Break Compliance

Increase from 35% to 68% of lunch breaks taken, sustained above 60%

Harry Potter initiative started in January

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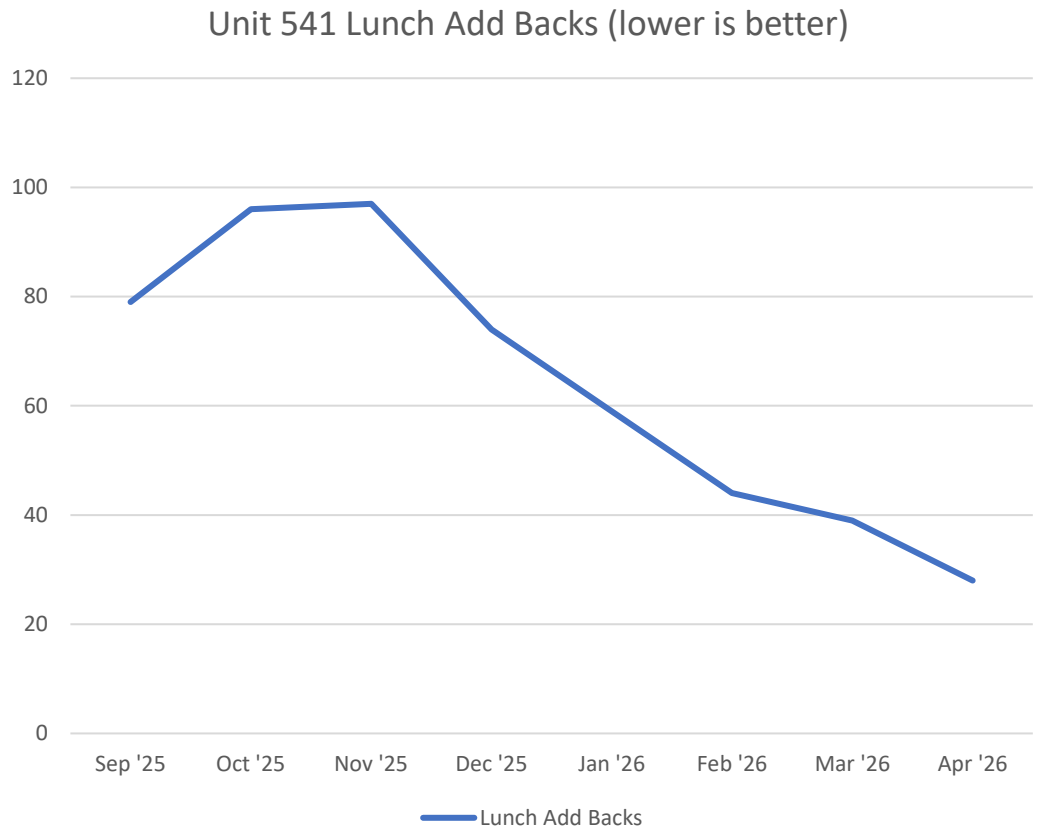
#Lunch Add Backs (<30 min)



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Team Member Satisfaction (COSWE)

Overall Team Member Well-being Score

2025: 69.9

2026: 70.0

"I am able to balance my work and personal life"

2025: 63.2

2026: 64.6

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Patient Safety Attendant (Sitter) break relief

- Identified early barriers of teammates choosing not to take breaks and/or relying on the nursing team's timeline for coverage (RN's/HCT's).
  - If RN's/HCT's were not taking breaks, PSAs likely weren't either.

- Pilot initiated on ED/BH units with other PSAs, signing up for extra shifts to cover other PSAs for breaks.
  - Outcome: More time back in the RNs/HCTs bucket for the shift for: intentional patient rounding, more up-to-date patient charting, and better oversight for all assigned patients during shift.

Patient Safety Attendant (sitter) break relief sheet example

PLEASE PRINT YOUR NAME IN A TIME SLOT

ONE NAME PER BOX

***PLEASE MAKE SURE YOUR NAME IS LEGIBLE**

PSA Lunch Relief Sheet

Time Slots	Lunch Relief 1	Lunch Relief 2	Lunch Relief 3	Lunch Relief 4
12:10				
12:50				
1:30				
2:10				
2:50				
3:30				

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Cost to benefit

- How is this data being tracked?
  - Monitoring meal break clocking's from PSAs via Symplr.

- Where is this time charged?
  - Additional FTEs allocated to PSA centralized cost center, or specific nursing unit that houses most PSAs on that unit.
    - Cabarrus calculated roughly 5.6 FTEs needed for lunch relief coverage
      - 8 lunch relief shifts (4 for day shift, 4 for night shift) x 4 hours each = **32 hours per day**
      - 32 hours per day x 7 days per week = **224 hours per week**
      - 224 hours / 40 hours (FTE) = **5.6 FTEs**

Team Member Satisfaction (COSWE)

Overall Team Member Well-being Score

2025: 71.8%

2026: 77.9%

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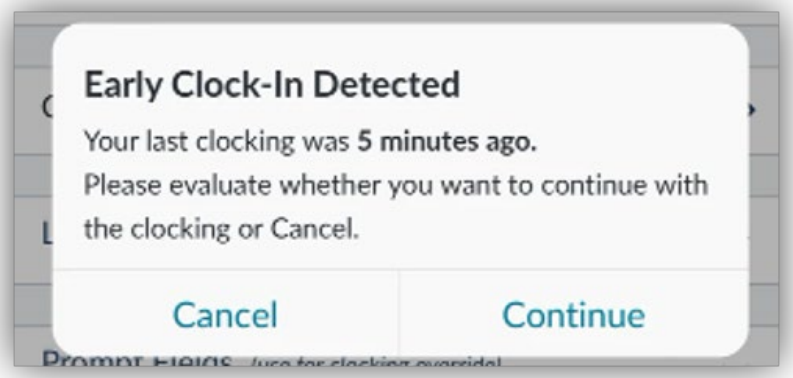
Technology Support

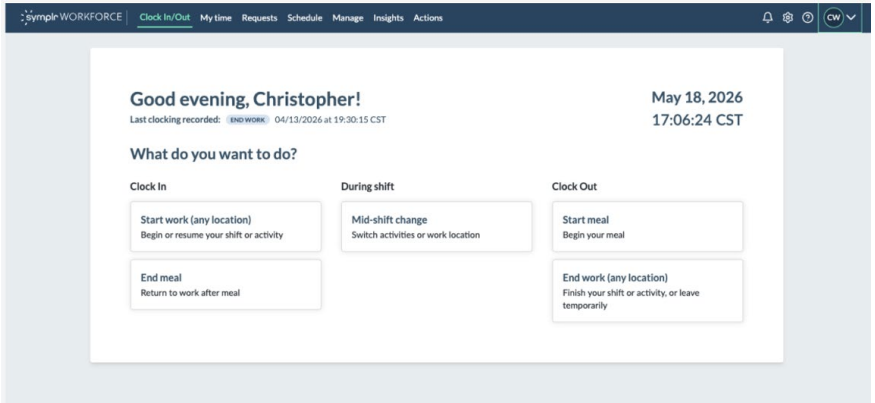
Stephanie McDonald

Room of the Future: How the Physical Space Enables Virtual Care

Symplr Time...coming in 2027

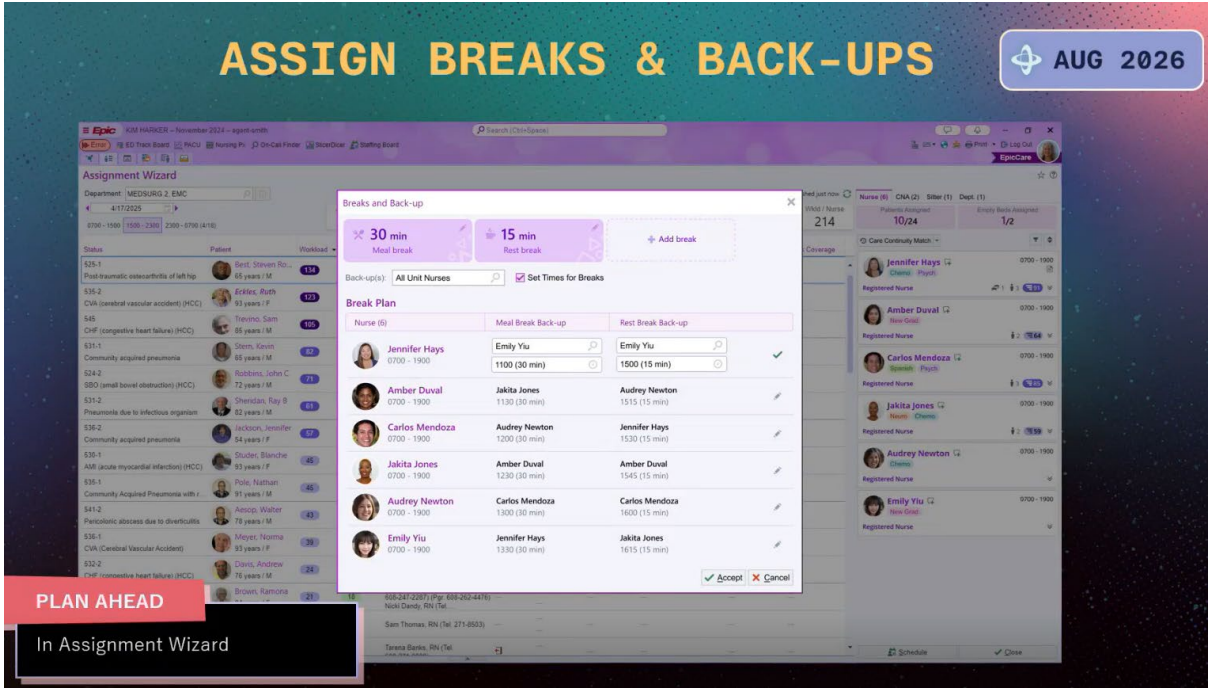
As part of the Intuitive Clocking Initiative, clocking interfaces will be enhanced to capture employee intent during clock transactions, enabling more targeted prompts and streamlined workflows.





Epic Assignment Wizard

in development…



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Audience Poll

Culture changes when individual commitments become ***shared expectations.***

Individual commitment
One nurse protects their own break

Shared on the unit
Colleagues cover so others can too

The new expectation
Taking a break becomes the norm

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Claiming Credit

1. Text code ZUBROP to (414) 219-1219

2. You will also receive a reminder email within 24 hours with instructions on how to claim your credit

3. To fully claim credit, go to “MY ACTIVITIES/Pending Activities” tab to complete evaluation and/or assessment

Texting the code alone will not give your credit. You will need to go online.

Please direct any related IPCE questions to cme@aah.org

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Nursing Grand Rounds

September 17th 2026 3-4 pm Central 4-5 pm Eastern

Sponsored by Enterprise NGR Committee & Nursing EBP/Research Council

Age Friendly Research: "What Matters" to Patients?

Presenters:

Michelle Neil BSN,RN CHRN (WI)
Amanda Luna RN (IL)
Andrea Villarreal Sandoval BSN RN MEDSURG-BC (IL)
Megan Dolan-Manna MSN, RN (WI)
Sade Wray BSN RN (NC)

Overview:

Age-Friendly Health Systems use the 4Ms framework to improve care and prevent harm for older adults. However, little is known about how hospitals implement the "What Matters" (WM) process or use patient responses to guide care. Clinical nurse co-investigators from 23 age-friendly hospitals interviewed 696 patients and their assigned nurses to gather quantitative and qualitative data to examine the WM process. Researchers will describe the study, report findings, and share valuable insights to guide practice improvement and contribute to advancing patient-centered care.

Scan here to register and receive an email with calendar invite **or** join day of

Registration on the CE Learning Platform: CLICK HERE TO REGISTER

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