

Don't think twice if your child needs emergency care



The Pediatric Emergency Medicine team includes (L to R) Amanda Roudebush, CCLS; Lynne Sears, RN, MS; Greg Rebella, MD; Joshua Ross, MD; Michael Kim, MD; James Svenson, MD; and Lisa Peck, CCLS.

You are watching your daughter playing softball one evening, when suddenly she is hit on the head by a line drive.

It is after hours. Your child is in serious pain and you are very worried. You head straight to the Emergency Department at the UW's American Family Children's Hospital in Madison.

Once you arrive, you check in and are told that your child will be attended to by a physician who specializes in pediatric emergency medicine.

You are also quickly put at ease by a Certified Child Life Specialist, who has just the right

touch in helping your child and family cope with an often stressful Emergency Department experience.

"We know that taking care of kids is very different from caring for adults..."

—Michael Kim, MD

"We know that taking care of kids is very different from caring for adults," says Michael Kim, MD, director of Pediatric Emergency Medicine at American Family Children's Hospital. Ours is the only hospital in the region with specially-trained pediatric emergency medicine physicians. Moreover,

the Children's Hospital has an entire array of pediatric specialists for any medical or surgical needs that may surface with your child."

Aside from Dr. Kim, pediatric emergency specialists include Greg Rebella, MD, Joshua Ross, MD and James Svenson, MD.

Lynne Sears, RN, MS, pediatric trauma coordinator, also stresses the unique nature of caring for children.

"Be it understanding their injuries, reading their X-rays or controlling their pain, the American Family Children's Hospital team deeply appreciates the difference and has the training and experience to treat acutely ill or injured kids. Parents really appreciate that."

Sears also notes that as the only verified pediatric and adult Level One Trauma Center in the area, the UW's Emergency Department provides patients with the most advanced and comprehensive care available.

Parents faced with an actual emergency should, of course, contact their pediatrician and/or call 911 as soon as possible. You may be told that it is safer for your child to first be stabilized in a local emergency department before being transported to Madison for specialty care. In such cases, American Family Children's Hospital provides Med Flight (helicopter) or Critical Care Transport (ambulance) transportation to Madison—day or night.



More information about Pediatric Emergency Medicine is available at uwhealth.org/kidsemergency.

Join our new online community



our.uwhealth.org

We are your mother, your son, your sister. We're your neighbors, your best friend, someone you haven't met yet. We are your caregivers, researchers, and the thousands of other people who provide comfort and care when you need it.

We are **Our UW Health**, a new online community of patients, family and friends coming together to share their lives and passions; to learn about the newest treatments and latest technology; to laugh with us, cry with us and celebrate personal successes.

You can find us at **Our.UWHealth.org**, an interactive web site for people who want to know about health breakthroughs, share their experiences, connect with others, learn about events, volunteer, raise funds, advance a special goal or stay current about health care.

Each week you'll find something new—a child's touching cancer story, a heart-healthy recipe, a behind-the-scenes peek at hospital life, or a blog about someone's medical journey. It might be an invitation to an event, or an interview with a researcher.

Join us...be part of the community.

Go to **Our.UWHealth.org**.

You'll find friends, information and a new way to think about staying healthy.



MYTHS OF THE HEART

THINK YOU KNOW ABOUT YOUR HEART?

Your doctor may disagree. Cardiovascular medicine faculty at the University of Wisconsin School of Medicine and Public Health say they've heard plenty of myths about heart disease—and patients who believe them may be at increased risk because of the misinformation.

To shine some truth on the subject, these UW Health cardiologists have provided a quick list of some of the most common myths they encounter in patient care. Think of it as a heart reality check.

MYTH 1: “Nobody in my family has heart disease, so I’m not going to get it.”

Not true, says Dr. James Stein, director of the Preventive Cardiology Program at UW Hospital and Clinics in Madison. Only 47 percent of people with heart disease have a family history of the disease—which means the other 53 percent develop it in the absence of an obvious genetic component.

“Risk factors like unhealthy eating habits and a sedentary lifestyle predict heart disease. The presence of any risk factors increases your risk of developing heart disease,” says Dr. Stein. “But not having a family history does not protect you.”

MYTH 2: “I don’t have high blood pressure. My bottom number has always been normal.”

It’s true that, when you’re young, the bottom number—also known as the diastolic blood pressure—is a marker of heart disease and stroke risk. But after the age of 35 or 40 years, the key number to pay attention to is the top number—also known as the systolic blood pressure.

“As you age, your arteries get stiffer, and as a result, the top number goes up and the bottom number goes down,” says Dr. Stein. “Actually, a low bottom number is very dangerous.”

Stein notes that, contrary to popular belief,

increased blood pressure is not a normal part of aging. Any increase in the top number is an indication of greater risk.

MYTH 3: “My angiography showed that I have an artery with a 50 percent blockage. We just have to take care of that one spot, right?”

Unfortunately, no. Atherosclerosis—sometimes called “hardening of the arteries”—is a diffuse disease. “Chances are, if you have one blockage that is easy to see, you almost assuredly have blockages elsewhere that are harder to see,” says Dr. Jon Keevil, a preventive cardiologist at UW Hospital and Clinics. “Unfortunately, even those can be risky for heart attacks.”

MYTH 4: “I’m thin and I’m in shape. I don’t have to worry about bad cholesterol.”

Wrong again. Dr. Mary Zasadil, a preventive cardiologist with UW Hospital and Clinics, says that obese patients may be more likely to suffer from cholesterol issues. But, like heart disease, cholesterol is largely genetic. If your parents, or even your relatives, struggled with cholesterol, you and your primary care physician need to pay close attention to your cholesterol numbers and have them tested frequently.

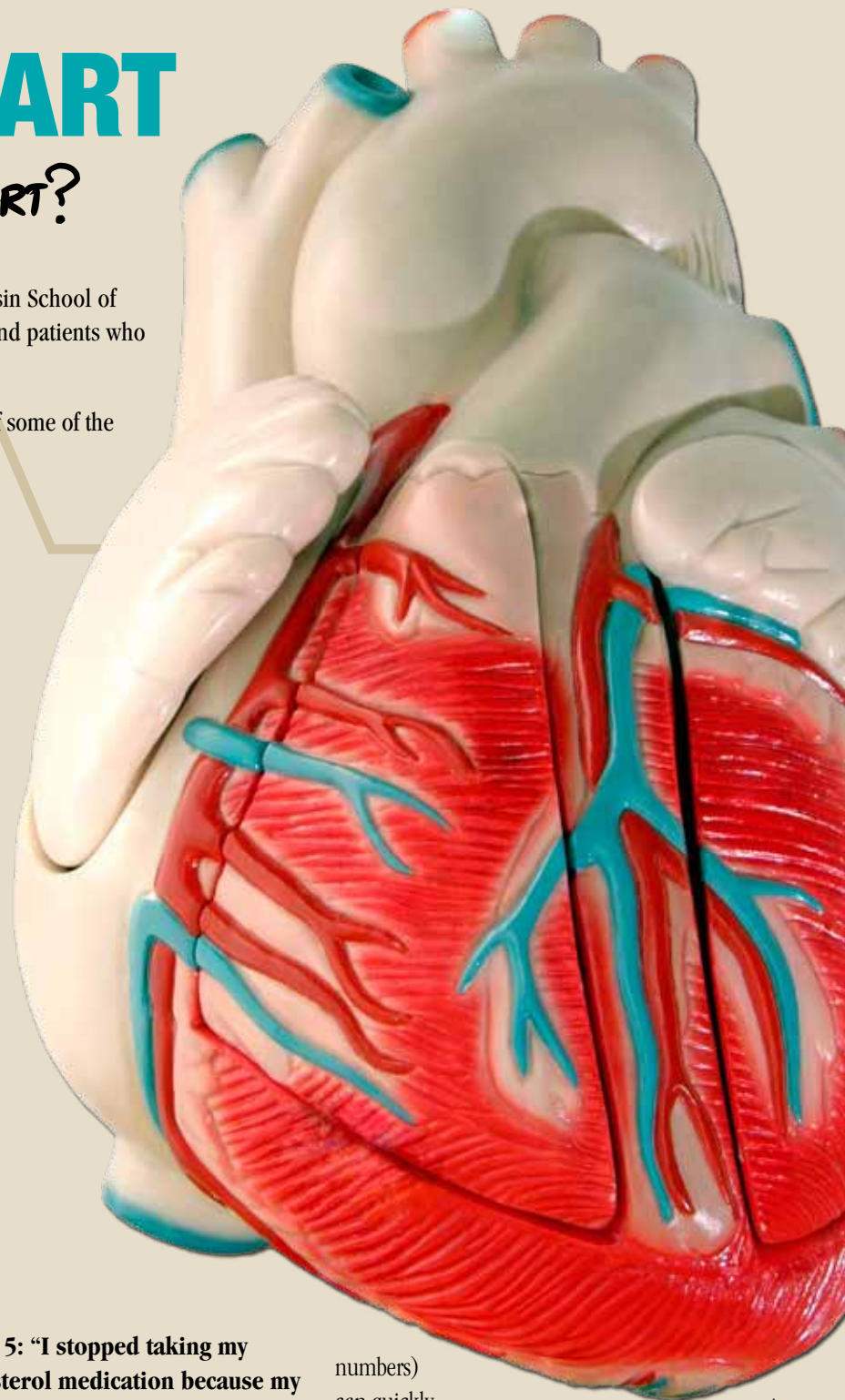
And speaking of cholesterol, Dr. Zasadil also frequently hears another head-slapper from patients:

MYTH 5: “I stopped taking my cholesterol medication because my cholesterol improved. I didn’t think I needed them any more.”

You need them. Cholesterol medications, including statins, aren’t like antibiotics, which can be stopped once the infection has been resolved and you’ve completed your course. The protective benefits of cholesterol medications disappear once a patient stops taking them, and what had gone down (a patient’s cholesterol

numbers) can quickly shoot back up again.

“When you stop taking your medications, your risk of a heart event increases right back to where it was before you started taking them,” says Dr. Zasadil. “That’s why it’s important to discuss any change in your medications with your primary care physician.”



Watch video tips on heart-healthy grocery shopping, get healthy recipes and read more about Dr. Zasadil at uwhealth.org/healthnews.

FAB 5

One remarkable week of transplants makes a difference in five lives

ONE WEEK. FIVE HEARTS. FIVE LIVES SAVED.

This past April, in the middle of Donate Life Month, surgeons with the UW Transplant Program did something they've never done before: They performed five heart transplants in a single week, prolonging the lives of five patients, from as nearby as Madison and as far away as Bettendorf, Iowa.

"It really was a remarkable week," says Dr. Niloo Edwards, the transplant surgeon who heads the cardiothoracic transplant division at UW Hospital and Clinics. "It's also an amazing testament to the five individuals who donated their organs so that these patients could live."

Emily Culver of La Crosse was among the lucky and historic group. She'd been struggling since a 1997 heart attack dropped her heart function to a frightening 15 percent. On April 21, she was given a new heart and a new chance at life. "I really don't know how long my heart would have

lasted," says Culver, 65, who's now back to enjoying her retired life with her husband, as she continues to recuperate.

Culver and the rest of the Fab Five, as they've come to be known, are fortunate in several ways: More than 90 percent of recipients who receive a heart transplant at UW Hospital are living healthy lives three years after transplant. That's more than 10 percent better than the national average.

Dr. Maryl Johnson, the medical director of the UW Health Heart Transplant program and the cardiologist who treated all five patients prior to transplant, is proud that UW's Organ Procurement Organization was able to respond quickly and efficiently when the donor hearts became available.

"I kept telling my patients it was going to happen, and that magic moment finally came," Dr. Johnson says. Still, the number of patients awaiting a heart—some of them

extremely sick—remains large.

"Our waiting list will never go away," says Dr. Johnson.

A month or so after their surgeries, four of the five patients, including Culver, convened in Madison to meet each other and share their experiences and good fortune.

"It was great to see other people and see how well they're doing," says Culver. "It makes you feel so much better to know you're not alone."



Four of the five heart transplant recipients (in red) are surrounded by the UW Health team that worked to save their lives.



To learn more about organ donation and the heart transplant program at UW Hospital, visit uwhealth.org/healthnews. To hear patient stories, go to uwhealth.org/newsletter.

"I kept telling my patients it was going to happen, and that magic moment finally came."

—Dr. Maryl Johnson, UW Health Cardiologist

A Better Route to "NORMAL"

Leading a "normal" life can be relatively impossible for people who require dialysis treatments.

"Being tethered to a dialysis machine for three to five hours a day, three days a week is very disruptive to a person's attempts to live a normal life," says Dr. Lisa Nanovic, director of the home dialysis program at Wisconsin Dialysis. "Factor in travel time to the clinic, altering work schedules and trying to care for a family, and people start to resent the very thing that's keeping them alive."

Not so for the people who utilize home dialysis. Although only eight percent of the 500,000 people on dialysis in the U.S. use home dialysis, the trend is rapidly growing.

There are two types of home dialysis, peritoneal dialysis and hemodialysis. People who utilize peritoneal dialysis have an external access line that leads to their abdomen. Special solutions that remove toxins are delivered into the peritoneal membrane inside the abdomen. The membrane acts as a filter until the solutions are drained out. Most people using peritoneal dialysis connect prior to going to sleep each night.

Home hemodialysis is similar to in-center dialysis, relying on an external entry point to allow the blood to be diverted to a dialysis machine. The blood flows across a filter, along with solutions that help remove toxins, and is then returned to the body. However, home

dialysis patients connect to their portable machine in the comfort of their own home, on their own schedule each day.

"And that's where the difference," says Nanovic, "really becomes apparent."

Home dialysis professionals believe the benefits for home dialysis far outweigh the steep learning curve required to master the process. Patients can go through dialysis every day, on their own schedule, allowing for the normalcy patients seek. Advocates also believe daily treatments mean patients are healthier and may live longer.

"It makes clear sense," adds Dr. Nanovic "Our own kidneys work round the clock, not just three

days a week for a few hours. Home dialysis matches that schedule much more closely than three sessions a week at a dialysis center."

New compact machines and easy to understand technology mean more patients are interested in home dialysis. According to Medicare rules, dialysis centers must inform patients about home dialysis, but not everyone is a good candidate and some experts believe that only 20 to 50 percent of patients may be able to eventually master the procedures. However, the soaring rates of kidney failure in the U.S. mean getting even a few more people back to "normal" is a priority.



To learn more about home dialysis, visit wisconsindialysis.org

2 Saving Two Lives with One Surgery 1

When Stephanie White had some recent photos taken with her new baby, Charles Baskaya Zeinert, she dressed in white, and they both wore angel wings.

It symbolized their near brush with death, and the fact that they're both lucky to have made it to his birth last spring.

White, a 26-year-old certified nursing assistant in the birthing center at Ministry Health Care's St. Clare's Hospital in Weston near Wausau, was 16 weeks pregnant when she felt a sharp stabbing pain in her right temple and felt the side of her head begin to swell. Fortunately, she was just finishing a shift and was still at the hospital. And fortunately for her, her co-workers did everything right.

Her obstetrician, Dr. Earl Zabel, was on call that night and recognized she might be having a stroke. Her co-workers wheeled her to the emergency department. On the way, she started to slump, and by the time she reached the ER, she was unconscious and needed to be intubated to keep breathing. A CT scan showed significant bleeding deep in her brain. No one in the area could attempt surgery, so she was transported via helicopter to UW Hospital and Clinics in Madison, where the on-call neurosurgeon summoned Dr. Mustafa Baskaya. Dr. Baskaya began directing the Weston medical team by phone from his home, telling them to begin IV medications to reduce the swelling in her brain.

"The ER doctor in Weston called my boyfriend (Jay Zeinert) and my sister and told them to say their last goodbyes because they didn't have much hope," White said. "I was pretty much clinically brain dead at the time. My left pupil had blown."

The helicopter took off, and Dr. Baskaya assembled his team for surgery while giving instructions to the helicopter medical team

as they flew. As with any type of stroke—whether caused by bleeding or a blockage—minutes matter when it comes to saving the brain.

When White arrived in Madison, both of her pupils had fully dilated, indicating tremendous pressure in her brain caused by the bleeding. First, Dr. Baskaya drained some of the bloody fluid to reduce the pressure inside her head. Meanwhile, his resident consulted with an obstetrician about how to care for the unborn baby during surgery.

A CT angiogram showed that an arteriovenous malformation (AVM) deep in her right temporal lobe had ruptured. The AVM is a tangle of blood vessels that was probably present in her brain since her birth.

In the operating room, Dr. Baskaya removed the skull bone to evacuate the large blood clot from the brain. He then micro-surgically tracked down each small artery feeding the AVM, closed them off, then removed the tangle of blood vessels.

In the waiting room, White's family was deeply fearful. She has two other children, Christopher, 8 and Olivia, 3.

"We are a mess," her eldest sister, Sara Smith, wrote that day, the first of her daily blogs, entitled 'Stephanie's Fight.' "She is a daughter, a sister, an auntie, a mother, a girlfriend, a co-worker and a best friend to all of us in one way or another. We all want her back."

Smith, an obstetrics RN at St. Clare's Hospital, described the long hours of surgery as torture for the family. They had been told that White's bleed had increased by 30 percent during the helicopter ride. The pressure in her head was enormous.

"We were told that the chances of her survival were low and that if she did survive the surgery, she would most likely need a feeding tube and probably not be able to do



BRENDAN CARLSON, STUDIO2 PHOTOGRAPHY

much for herself," Smith wrote. "What kind of a life would that be and what about her babies?"

White says that Dr. Baskaya later told her that most doctors wouldn't attempt emergency surgery so deep in the brain, "but he was determined because I was so young and had two little kids."

The surgery lasted about eight hours, and then the family had to wait to see how much damage had been done and whether the baby had survived. Her sister Sara described the wait:

"Her room is full of monitors that I have never seen, there are sounds that I have never heard, her long pretty hair is gone, her head is wrapped like a mummy and she is still the most beautiful girl I know! Keep fighting Steph!"

There were many touching moments during her recovery. Smith wrote, "Dr. Baskaya comes to see her several times a day. Our mom said she looked up at him and he introduced himself as the doctor that did the surgery to save her life. And then, she said Stephi gently touched his face. This group of

neuro doctors and nurses has been incredible here."

Dr. Mustafa Baskaya

As soon as White came to, she began worrying about the baby. But an ultrasound and regular OB checkups while she was at UW Hospital showed that the baby's heart was beating strongly. Months of rehab followed, and White went home to her children with little, if any, lingering disability.

The baby was born at the end of March via a planned C-section to avoid putting any more stress on her brain. White's sister Sara Smith and Zabel, who was there the night of her AVM rupture, helped deliver him.

"My sister put him under my gown and I bawled for a couple of hours afterward," White said.

Smith added, "There were tears shed by everyone."

White and Zeinert named their baby Charles Baskaya Zeinert, in honor of the surgeon who saved both mom and baby.

Visit uwhealth.org/healthnews to read more about Dr. Baskaya. For more information about the UW Hospital and Clinics stroke program go to uwhealth.org/stroke.

Free and Clear

This past June, Katie Hopwood did something she wouldn't have been able to do three months earlier.

She stood up as a bridesmaid in her brother's wedding in Pontiac, Ill.

Over the previous three years, Hopwood had trouble standing—or doing much of anything else—for any length of time at all. At age 17, she had been diagnosed with ulcerative colitis, a painful and debilitating chronic inflammation of the colon that often leaves its sufferers doubled over in pain and rushing to the bathroom several times an hour.

For Hopwood, a three-sport athlete with a bright future and an active lifestyle, managing the pain and bloody diarrhea quickly became a nightmare. After years of trying to find a medicine that would control her symptoms, the disease flared up last Thanksgiving.

"I was going to the bathroom all the time again," recalls Hopwood, who's now 21. "My colitis even started messing with nerves in my legs and stomach. When my doctor did the colonoscopy, it was awful. He would touch the lining of my colon and it would begin to bleed."

In March of this year, she was referred to UW Hospital and Clinics, where Dr. Bruce Harms and Dr. Charles Heise, two of the surgeons who anchor UW Health's colon and rectal surgery program, used a minimally invasive approach to remove Katie's inflamed colon and reconstruct her lower small intestine into a pouch allowing her to eliminate normally. The medical term for the surgery is laparoscopic restorative proctocolectomy, and UW Hospital is one of the only locations in the state that offers the procedure.

During the recovery period—generally 6-8 weeks—patients use a temporary external pouch, which eventually is removed in a second "takedown" surgery. In Hopwood's case, she only used a bag for two weeks.

"For the right patient, this procedure can really allow a return to a normal life, free of pain and discomfort," says Dr. Heise, who notes that UW Health has done well over 100 such surgeries over the last six years, and has published one of the largest series of these minimally invasive approaches in the world. "Plus, the pain after surgery is significantly less—as is the size of the scar."



"I feel like a totally different person. I'm healthier and I have so much more energy."

—Katie Hopwood



Dr. Bruce Harms



Dr. Charles Heise

The laparoscopic procedure only requires four one-centimeter or less incisions, and the only visible scar is tiny and located in the lower abdomen, similar to an old-fashioned appendix incision.

Now, she's back to normal. She can travel anywhere without having to worry about the location of the nearest bathroom. This fall, Hopwood began training to become a radiologic technician at a community college near her home in Rockford, Ill., another something she couldn't have done pre-surgery.

"I can eat anything I want," she says with a smile. "I can do anything I want."

Ulcerative colitis affects nearly half a million people in the United States. A form of inflammatory

bowel disease, the condition is most frequently diagnosed in early adulthood or after age 50. Thanks to the surgeons at UW Health, there's now one less sufferer.

"I feel like a totally different person. I'm healthier and I have so much more energy," Hopwood says.



To watch a video interview with Katie and learn more about ulcerative colitis and the gastrointestinal surgery program at UW Health, visit uwhealth.org/healthnews.

BAD TO THE BONE

Pediatric obesity can lead to major orthopedic problems in adulthood

**Overweight child today,
orthopedic patient
in 20 years.**

That's the fear of a growing number of pediatricians and orthopedic surgeons, many of whom are concerned that the indirect effects of childhood obesity could develop into more direct, serious things—like knee and hip replacements—when those children reach adulthood.

“What we're seeing now is that obesity is so widespread, it affects almost every aspect of what we do,” says Dr. James McCarthy, a UW Health pediatric orthopedic surgeon.

The pediatric obesity epidemic in the United States has already been implicated in a long list of serious health conditions—diseases like hypertension, sleep apnea, diabetes and kidney stones are beginning to show up decades earlier than they otherwise might. Now orthopedic issues could be the latest addition.

“Let's put it this way: A child doesn't develop serious arthritis at age 6, but obesity at a younger age is likely to trigger it when that patient is 30 or 40,” says Dr. McCarthy. “A person with normal body weight might not experience it until they're 70 or 80.”

Physicians have known for some time that weight issues set up some children for slipped capital femoral epiphyses (SCFE), a condition in which weight displaces the ball of the hip joint, pushing it through the cartilage of the hip's still-



soft growth plate. Pediatric obesity is the biggest cause of SCFE—in fact, more than 85 percent of U.S. kids with SCFE are overweight. SCFE can cause pain in the hips and knees now, and full-blown arthritis later.

Dr. Blaise Nemeth, a pediatric orthopedist who works with UW Health's Pediatric Fitness Clinic, says he commonly sees overweight kids complaining of hip, back, knee and foot pain. That knee and foot pain is especially concerning, because it can create a dangerous spiral: Kids in pain can't exercise regularly, which in turn can lead to a sedentary lifestyle and—more weight gain. Weight issues also make these children more susceptible to bone breaks and fractures.

**“Being fit is not easy—
it's hard work.”**

— Dr. Blaise Nemeth

“It's a challenging issue, because in my mind, these are not kids to whom you can just say, ‘Go out and exercise for 30-60 minutes,’” says Dr. Nemeth. “If it hurts them to move around and exercise, they're not going to do it.”

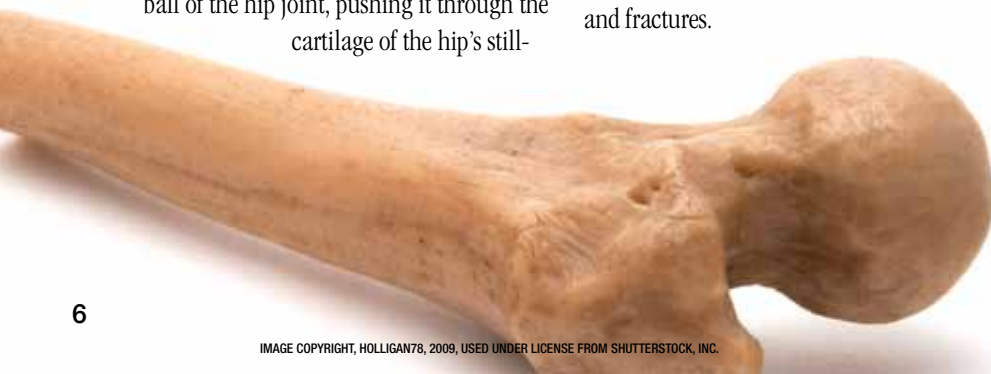
In the Pediatric Fitness Clinic, Dr. Nemeth helps kids who are battling weight problems manage things like pain and coordination issues that interfere with a regular exercise routine. Using tools like physical therapy and orthotics, as well as low-impact activities like swimming, yoga and stationary bicycling, Dr. Nemeth, who also sees patients at the American Family Children's Hospital, tries to build a fitness

ethic by incorporating fun and family into the mix.

“If you can get fitness ingrained in kids as they're developing, these can be habits that will stick with them the rest of their lives,” he says. “Being fit is not easy—it's hard work.”

Dr. McCarthy agrees. “The seeds of these orthopedic problems are planted when they are children. If we don't find a way to intervene, the fruit is going to be borne when they're adults.”

For more information about what you can do to keep your child active and healthy, visit uwhealth.org/fitkids.





Later Birth Order May Decrease Breast-Cancer Risk

Does having older siblings help protect a woman from breast cancer? It might, if she were breast-fed as an infant.

A team of researchers from the University of Wisconsin Carbone Cancer Center (UWCCC) looked at early-life risk factors to see if the age of the mother, or birth order, affected a woman's chances of developing breast cancer later in life. In a study recently published in *Epidemiology*, they found a cancer link with birth order, but not to maternal age.

The study compared 2,016 Wisconsin women who had invasive breast cancer against a control group of 1,960 Wisconsin women who were selected from drivers' license lists.

Cancer researchers have studied early-life risk factors before, said lead author Hazel B. Nichols, of the Johns Hopkins Bloomberg School of Public Health, but "this is the first time that the interaction between factors was looked at."

In general, being breast-fed as an infant seems to protect women against cancer in later life. Researchers found that those who were breast fed had a 17 percent lower risk overall of developing breast cancer later.

But researchers wondered whether infant girls breast-fed by older mothers would be at increased relative risk. They hypothesized

that there may be an increase because those mothers would have had a longer time to accumulate toxins that might be passed along in breast milk. Another question was whether first-, second- and third-born children would be exposed to higher levels of toxins in the breast milk than those children born later.

Nichols was surprised by the results, "We didn't see what we expected; there was no association with maternal age among breast-fed women."

But they did see a cancer-risk association with birth order. Women who were fourth-born or later had a 43 percent decrease in breast cancer risk compared to women who were first born. These results were not seen in women who were bottle-fed as infants.

"This study does agree with many others that factors very early in life may play a role in risk of cancer in adulthood," said Amy Trentham-Dietz, associate professor of population health sciences at the UW School of Medicine and Public Health. "The results do not suggest ways women can make choices later in life to avoid breast cancer. However, additional research building on these results may help us to better understand how breast cancer develops."

For more information about cancer care at UW, go to uwhealth.org/cancer

The Breast Center at UW Hospital and Clinics

Breast health is an important part of every woman's personal health care program.

At the UW Breast Center, women diagnosed with breast cancer and other breast problems receive expert care with a personal touch.

The warm, soothing atmosphere of the UW Breast Center welcomes patients to the services of a comprehensive, multidisciplinary clinic that cares for patients with all types of breast problems.

The goal of the Breast Center team is to provide care with a coordinated approach, particularly in diagnosing and treating breast cancer. Breast cancer patients are cared for by specialists all committed to treating breast cancer. The team includes:

- Breast surgeons
- Medical oncologists
- Radiation oncologists
- Radiologists
- Genetics counselors
- Integrative medicine specialists
- Nutritionists
- Social workers
- Occupational therapists
- Surgical pathologists
- Cancer psychologists
- Cytopathologists
- Cancer researchers

The Breast Center is a state leader in breast cancer treatment and is part of the UW Carbone Cancer Center (UWCCC). The Carbone Cancer Center is one of only 41 centers in the nation designated comprehensive by the NCI and the only one in Wisconsin.

Breast Center contact information: (608) 266-6400.



Visit uwhealth.org/healthnews for more information about the UW Hospital and Clinics Breast Center and its providers.

Purchase your 2010 American Family Children's Hospital Art for Kids Calendar!



Produced by Friends of UW Hospital and Clinics, the second-annual calendar includes 12 beautiful pieces of art produced by patients and siblings of American Family Children's Hospital. The calendar sells for \$14.99 plus tax and is available at Madison-area retail shops and online at friendsofuwhc.org. Proceeds support patient and family needs at American Family Children's Hospital.

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#1 Just Got Better

UWHC receives Magnet designation for nursing excellence

No one enjoys being a patient, or seeing a loved one in need of health care. But when the time comes, it helps to know the care you need is delivered by nurses who provide a superior level of care.

Recently, the nursing care at University of Wisconsin Hospital and Clinics (UWHC) was awarded Magnet Recognition® by the American Nurses Credentialing Center (ANCC). The honor is considered one of the highest bestowed on a health care facility. So high, that UWHC is among only five percent of hospitals in the country to have earned the prestigious designation.

"The decision to grant the designation was a unanimous decision by the credentialing commission. It demonstrates to patients and families that the hospital provides the highest level of care and that helps recruit and retain the best nurses in the country," said Gail A. Wolf, DSN, RN, FAAN, ANCC Magnet Recognition Commission Chairwoman.

UWHC President and CEO, Donna Katen-Bahensky, says ANCC conducts a thorough and lengthy process that includes site visits.



"Magnet Recognition tells people who come to UWHC that they can be assured that the nurses who are taking care of patients at the bedside, in the clinic or in our home care program, are really at the top of their game," said Katen-Bahensky following the announcement.

"I am proud of all our nursing staff. This recognition is a true testament to their professionalism and dedication to quality patient care," she added.

"We are absolutely thrilled with the news about achieving Magnet Recognition status," says Maureen P. McCausland,

DNSc, RN, FAAN, Senior Vice President of Patient Care Services and Chief Nursing Officer at UWHC. "This is a testimony to the skill and professionalism exhibited by every nurse, every day, on every unit and in every department here at UWHC."

McCausland points out that Magnet status is not an award. "Instead, it is a distinction that must be earned and demonstrated over time. It reflects a commitment to creating and sustaining a professional nursing culture where the wellbeing of the patient is the ultimate focus of all activities and efforts. The Magnet Recognition really resonates with

UWHC values. We are about the patient. We are about excellence. We are about care and collaboration."

Earlier this year, UWHC was named the #1 Academic Medical Center in the Nation for Nursing Quality by the American Nurses Association. These two recognitions underscore the fact that UWHC nurses know it is all about our patients. They know it is all about being the very best.



Learn more about nursing care at
uwhealth.org/futureofnursing