2020: The year of the resilient, remarkable nurse
Our nursing annual report is traditionally based on UW Health nursing activities for a given fiscal or calendar year. But because our lives have been turned upside down by COVID-19 and other tragic events, it would seem remiss to focus on anything else.

The World Health Organization deemed 2020 “The Year of the Nurse.” One might think COVID-19 has overshadowed this theme, but I feel it has amplified what we’ve always known to be true of our nurses, and something we’ve now shown the world: their grit, resilience and gumption in the face of a global pandemic.

As you make your way through this publication, you’ll see the faces of our frontlines: Nurses and care teams who provide care to COVID patients; nurses whose expertise helped prepare us for COVID; nurses optimizing care delivery through telehealth; and nurses spearheading important anti-racism work to ensure that the care we provide is empathic and culturally congruent. We also highlight some of the important improvement work associated with RN satisfaction, patient experience and our culture of safety.

It’s always a challenge to select only a handful of our stories for this publication, when we know that these exemplars merely scratch the surface of what our remarkable nursing force is doing every day. I would like to personally thank our nurses for everything they do. It has been an honor to serve as your Interim Chief Nurse Executive for the past several months. We continue to be in this together.

I would also like to take this opportunity to introduce you to our new Chief Nurse Executive, Rudy Jackson, DNP, MHA, RN, CENP, who comes to us from Buffalo, New York and officially took the reins on August 17, 2020. Welcome, Rudy! We look forward to your vision and leadership as we close out 2020 and head into what we hope is a restorative 2021.
Patient Lona Towsley met UW Health Nurse Britney Kershner at one of the worst moments of her life. Lona was admitted to University Hospital to be treated for COVID-19. Even though she was scared and unable to have the visitors we’d all want in the hospital — close friends and family — she developed a special connection and camaraderie with Britney during her stay.

Lona recovered and told the hospital in April but was back in Madison in June to thank Britney in person, which was a special moment for both.

“She is a nurse I will never forget. I would not have survived without her support.”
— Lona Towsley
Former UW Health patient and COVID-19 survivor

Britney not only helped Lona fight the virus but also helped her find the hope and resilience to do so.

While infection control policies prohibit COVID-19 patients from having visitors, nurses are working to provide a new level of care; trying to ensure patients feel supported even without family and friends cables in the room. In fact, nurses are helping facilitate the vital connection between patients and their loved ones using video visits.

“She helped me Facetime with my husband and she was always a smiling face for me,” said Towsley.

“COVID-19 has changed so much in our unit. We have all really come together,” said Kershner.

“With no family allowed in the room of COVID-19 positive patients, nurses step up to be like family.”

Under the new pandemic protocols, nurses and patients in the Trauma and Life Support Care Unit (TLC) moved to the intermediate care unit because all these rooms were equipped with negative air flow. This feature protects patients without COVID-19, as well as the staff caring for them.

To help facilitate the connection between patients and their support system, Andrew O’Donnell, DNP, AGPCNP-BC, TLC Nurse Manager, explained how nurses partnered with Telemedicine, Information Services and Nursing Informatics to create and implement a patient- and family-facing digital communication option on the hospital iPads. “The program, called Virtual Visitor, was designed to facilitate high-quality and secure video conferencing among patients, families and the healthcare team,” said O’Donnell.

“COVID-19 has changed the world and we are doing our best to provide excellent healthcare to all,” said Kershner.
Nurses lead the “wild ride” to telehealth rapid adoption

UW Health nurses led the sea change that saw inpatient video telehealth visits go from zero in mid-March to about 80 a day by early April.

Kim Riese, BSN, RN, RN-BC, Coordinator for Telehealth, describes the growth as “like nothing I’ve ever experienced in 40 years in healthcare.”

“Telehealth has touched so many parts of UW,” she says. “Especially the nurses, who’ve just stepped up and done what they needed to do to care for their patients. It’s been a wild ride, but we’re still standing.”

Some of those nurses are visible to patients, holding an iPad for them and assisting in assessments during virtual inpatient rounds or taking a health history for a Vidyo (real-time video platform)-powered ambulatory visit.

Bill Younger, MSN RN CPN, Transplant Coordinator, Family Children’s Hospital, where complex cases may have 15 specialists joining by video.

“Family Children’s was an early user of telehealth,” he says. “We have a transplant team here that does virtual rounds, so that’s one of the areas where we’ve really seen growth.”

“Our nurses are the backbone of it, they’re the ones in the room with the iPad, helping the meeting between patient and doctor,” Riese said.

The Telehealth team provided educational materials to nurses and medical assistants on technology, so they could do “virtual rounding” with remote patients, going through all the questions they would normally ask in a clinic setting.

“The glue all of that is the staff,” Riese says. “The nurses have to help patients with technology they may never have used before. Really those nurses were front line to make sure patients were able to have their visit with the doctor.”

Bill Yerges, MSN RN CPN, Transplant Coordinator, quickly became a Vidyo superuser, using video to interview potential organ recipients.

“The transplant group continues to find new uses how they embraced this challenge during this pandemic should be applauded.”

“Usually we have six months of work before we go live with a new ICU, but because of where we were in the pandemic, we were able to go live with a new ICU in just three days,” she says. “Our nurses and nursing assistants have been through a massive amount of change very quickly in preparing to take care of patients with COVID-19 along with our typical intensive care patients and their professionality as well as locations in Japan and Great Britain. UW nurses and physicians will be in authors on the study. To track this data this made possible by the dedicated work of eICU nursing assistants. The eICU nurses are able to walk them through a pretty detailed post-orientation mentoring,” Jacobs said. “It’s scary a time to be a new nurse in any ICU but especially now during COVID-19.”

“The eICU nurses are vital signage, best practice compliance, and preventing falls and exacerbations, the eICU staff mentors the new to ICU practice nurses at the UW Health’s eICU team, headed by Nursing Supervisor Janice Jacobs, BSN, RN, CCRN and eICU Medical Director, Jeff Wells, MD.

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“The transplant group continues to find new uses for detailed patient diagnostics.”

In an inpatient setting, telehealth was used to preserve precious Personal Protective Equipment (PPE) and to allow doctors to still be able to assess patients even if they were quarantined at home.

“The nurses were the backbone of it, they were the ones in the room with the iPad, helping the meeting between patient and doctor,” Riese said.

It’s really served the transplant division well for moving patients forward to get transplants, and for making sure they get the necessary education so they can go home,” she says. “We follow patients for life.”

Another group that saw a big jump in use was UW Health’s eICU team, headed by Nursing Supervisor Janice Jacobs, BSN, RN, CCRN and eICU Medical Director, Jeff Wells, MD.

Before COVID-19, the group was monitoring 93 ICU beds at University Hospital. The American Hospital, Swedish American Hospital and community hospitals in Freeport, IL, Medford, Richland Center and Monticello. They’re now up to 262 beds, as mobile monitoring carts were innovatively added after the pandemic. “It’s been conceptually converted to an 8-bed COVID ICU using our eICU hardened monitoring parts to create mobile carts.

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It was early March when nurses on the F6/5 unit realized their jobs were about to change in ways that none of them had ever experienced before. As UW Health started seeing an increase in patients being hospitalized with COVID-19, this “General Internal Medicine” unit was transformed into the hospital’s special pathogens unit—the part of the hospital that provides care to patients suspected of or confirmed to have highly infectious diseases considered a threat to public health.

On a strictly operational level, that meant closing off the unit to general traffic from the rest of the hospital, securing entry points, changing patient transfer routes, and converting all the rooms on the unit to negative air pressure, among other things. But for the nurses who work there, those changes were minor compared to the adaptations and innovation required to provide the highest level of care to this new patient population.

“We all knew, of course, that at any time our unit could be converted into the special pathogens unit, but none of us had experienced that kind of situation during our careers here,” said Sara Schoen, Nurse Manager on F6/5. “While it was probably one of the most challenging professional experiences any of us had ever experienced, I am really proud of how our nursing staff met the challenge head on, not only because of their commitment to their work and patients but also because of how they relied on each other to get through this.”

One of the more challenging aspects during the early days of the pandemic was adjusting to the new safety protocols designed to limit the number of providers and staff who could interact with COVID-19 positive patients. As a result, nursing staff had to take on a variety of new roles, in addition to navigating the complicated new reality of caring for patients during a pandemic.

For example, culinary staff was no longer allowed to bring food in, phlebotomy stopped doing blood draws, physical and occupational therapy was suspended, and assistance with patient transfer was limited. All of these services were still required for patients, of course, but it was the nursing staff that stepped in to fill all those roles.

One of the more challenging tasks was monitoring patients’ oxygen levels, which became of increasing importance as the pandemic wore on. Nurses had to physically round on their patients to check their oxygen levels, which meant risking exposure to the virus and the dwindling supply of personal protective equipment (PPE). To mitigate this risk, staff developed a process by which each patient’s pulse oximeter was hooked up to the regular telemetry box in the room, allowing the oxygen levels to be monitored at the nurses’ station without anyone having to enter the room, saving precious PPE and minimizing unnecessary exposure.

“Every day it feels like we are learning something new about our jobs and about each other,” says Kaitlyn Wallin, BSN, RN, who was only a year into her nursing career when the pandemic hit. “It is difficult but rewarding, and the experience is helping us improve processes that have, ultimately, led to more efficient and effective care.”

But perhaps the single most important thing the nursing staff on F6/5 has given these patients during pandemic is something that defines their compassionate level of care.

“The emotional support required by these patients is incredibly high, not only because they are feeling well, but because of the social isolation that occurs as a result of the visitor restrictions and lack of direct contact with loved ones,” Wallin says. “I realized during this time just how much support family brings and, lacking that, how much these patients rely on us to talk with them, to console them when they need it, and to become one of their most consistent sources of support while they’re here.”

Facing page: The staff of F6/5 General Internal Medicine, otherwise known as the “COVID unit” as of March 2020, transformed to provide care to patients suspected of or confirmed to have COVID-19.
Innovations led by nurses in COVID-19 response

When COVID-19 first appeared in the U.S., UW Health received calls from patients and healthcare staff urgently seeking the latest information. To manage these questions, ambulatory nurse educators stepped up with rapid creation of respiratory triage guidelines and tools to quickly triage ambulatory nurses to triage calls with respiratory symptoms.

COVID-19 hotline

When the call volumes continued to rise, UW Health’s Healthcare/Hospital Incident Command System requested a hotline be created and staffed with RNs to centralize management of all COVID-19 calls. Nurse educators and operational leaders created that hotline in less than two days.

Within 36 hours we had a full, impressive delegation system,” said Sally Frings, MA, BSN, Director of Nursing for Clinical Knowledge Management (CCKM) created a delegation protocol that streamlined testing and nurses being able to schedule testing was critical to nurses to staff UW Health's drive through COVID-19 testing site for employees. The site was operationalized within 48 hours and started testing employees on March 15, 2020.

The hotline expanded to a decentralized priority that coordinated COVID-19 and serology testing. Overall, more than 500 nurses were trained to respond to COVID-19 calls.

COVID-19 testing drive through

As the COVID-19 situation turned into a pandemic, UW Health needed a space to safely test employees and patients for COVID-19. Nurses again led the way to respond to this need. In two days, UW Health had a tent equipped to test people without them leaving their cars.

On Sunday evening, March 15, we were told not to report to our usual positions but to instead report to the testing site. We were all nervous about it. Most of us had never done anything like this,” said Brittany Nerdal, MSN, RN.

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Whether nurses are managing high volumes of calls on a hotline or battling a virus—not to mention the elements at an outdoor testing site—they are focused on each other and their passion for taking care of patients.

“The teamwork has been incredible,” Rachel said. “Nurses who have never worked together before are already connected and aligned on our common goal to make a difference against this virus and care for patients.”

Nurture from ambiguity, flu. Madison Surgery Center, nursing education—ever before—flaunts itself as staff to the other centralized hotline to help triage patients with respiratory symptoms. Pictured here in early March (left to right) Beth Sommerfelt, Barb Ultemeier, Marifrances Schaffrath, Lynn Hetel, Meri-Loo Brown, Allen Peterson-Muilenburg, Peggy Schuder, Matthew Vander Beug, and Jonathan Schneider.

Nurses were quickly able to assess symptoms, categorize (instant messaging) chatroom. With this support, nurses were supported in person during the first weeks of the pandemic. So, nurse educators along with the Center for Clinical Knowledge Management (CCKM) created a delegation protocol that streamlined testing and cleared a path for nurses to order COVID-19 tests.

When UW Health began offering serology tests for antibodies in the bloodstream, showing if a person has been infected, nurses were able to print lab labels onsite they could use an electronic medical records system to better organize patients onsite for testing. This duplicated work and slowed down results. In the beginning, patients’ samples were given basic labels onsite then relabeled at the lab for testing. This duplicated work and slowed down the process. By making a few changes to the testing site—they are focused on each other and their passion for taking care of patients.

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Nursing Annual Report
Nursing research:
How can we better support triage nurses?

Arsenault Knudsen is the Clinical Nurse Specialist for Research and Evidence-based Practice at UW Health. She was invited to join the study by colleagues at the University of Iowa to discuss their progress on their study.

“People who are caring for COVID-19 patients are seeing unprecedented stress levels,” says Arsenault Knudsen. “We’re interested in how nurses are making triage decisions during the COVID-19 pandemic. We want to understand the cognitive process and their perceptions of risk. If we understand their decisions during a pandemic, we can design tools to guide care, and the concern of overburdening our healthcare system to do research and to use research to show which resources nurses use, and likely toggle between, to guide their decision making. We will then interview between 40 and 60 triage nurses at UW Health and the University of Iowa to understand their cognitive process and their perceptions of risk. We’re also hoping to interview ED nurses, pharmacists and other ED staff to get a broader picture of what nurses are doing.”

Several factors contribute to how nurses are making decisions during the COVID-19 pandemic. Triage nurses on the frontlines of the COVID-19 pandemic are charged with making complex decisions as patients call in with symptoms of illness and nurses work to ensure that patients receive timely and appropriate care, which may require being seen in person or monitored differently. This balancing act is further influenced by the reality of working with a previously unknown virus, which results in often changing guidelines and resources to guide care, and the costs of4000+ caregivers and facilities – all the while recognizing the potential consequences related to the spread of the pandemic and individual patient outcomes.

After attaining Institutional Review Board (IRB) approval, the researchers plan to use transcripts of phone calls during the peak of the COVID-19 pandemic and analyze non-verbal data from those calls. They also hope to use video captures of ED nurses as they review resources and make decisions when caring for patients in the COVID-19 pandemic. Team members will then interview between 40 and 60 triage nurses at UW Health and the University of Iowa to understand their cognitive process and their perceptions of risk.

“Our goals is that once we understand how decisions are being made, we can design tools to help facilitate decision making and better support our triage nurses,” she says.

Arsenault Knudsen meets virtually with her co-investigators at the University of Iowa to discuss their progress on their study.

She says during the COVID-19 pandemic, she has seen the timelines for research accelerate, including at UW Health.

“Really in my research studies take months and even years to get off the ground, but N95 funded us in a matter of weeks and the approval processes, including the IRB, are moving at lightning speed,” she says.

Arsenault Knudsen is the Clinical Nurse Specialist for Research and Evidence-based Practice at UW Health. She is a toil of supporting ED nurses during the COVID-19 pandemic. She says. “It’s been fascinating to see how quickly studies are being put up and triage nurses are being enrolled, and the teams are coming together to accelerate knowledge and treatment for patients here, and all around the world. She says. “These nurses are doing amazing things.”

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Emergency Giving back comes naturally to care team leader

Two UW Health Emergency Department Nurses display the large donation their team raised as a result of Sue Wolfe’s passion and drive to give back.

“You’ve got to care for these patients, but you’ve also got to care for the nurses,” says Sue Wolfe. “We clearly had our share of stress in the ED with COVID-19, but so many people outside our doors were losing their jobs and having trouble feeding their families,

Sue says. “That’s a whole different level of stress.”

“It didn’t take long before Sue sent an email to her ED colleagues seeking donations to support Dane County food banks. To make it easy, she set up PayPal and Venmo accounts so physicians, nurses, pharmacists and other ED staff could start contributing with just a few clicks on their phone.

Sue was hoping to raise $500 within two weeks, but by Day 5, $3,000 had come in.

It wasn’t until later that Sue sent an email to her ED colleagues seeking donations to support Dane County food banks. To make it easy, she set up PayPal and Venmo accounts so physicians, nurses, pharmacists and other ED staff could start contributing with just a few clicks on their phone.

Sue says. “It was exciting to see so many of my co-workers get behind something during such a tough time,” Sue says. “People just needed to feel good about something.”

A UW Health nurse since 1984 and ED Care Team Leader for 11 years, Sue is widely regarded as a someone who reflectively looks out for the best interests of the ED as a whole.

In the best sense, Sue is like a ‘department Mom’ to so many of us,” says ED Nurse Manager Melanie Honken. "Sue is approachable, dependable and caring, and helps us weather any storm we face while always putting patients first."

Like many of her colleagues, Melanie was not surprised by Sue’s foodbank fundraising last spring.

“It’s part of Sue’s DNA to go beyond the call and help others,” Melanie says. “From volunteering at a Wisconsin summer camp to teaching emergency room nurses in Ethiopia, Sue just appreciates how wonderful life is and wants to keep paying it forward.”

And Sue is just as appreciative of her colleagues, Sue’s ‘department Mom’ by her ED colleagues, Sue Wolfe’s compassion for others extends beyond the walls of the UW Health Emergency Department.

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UW Health’s Black/African American Employee Resource Group first met on a frosty morning in January 2020 at Wingra Clinic, shortly before the twin pandemics of COVID-19 and racial inequity swept the world.

The idea was to create a support network at UW Health, where the nursing workforce is about 96 percent white. The group is open to any employee who identifies as Black or African American.

“The isolation aspect is huge, the stress of being Black in predominantly white spaces, and coping with the ignorance about what the experience of being Black is like,” says group co-chair Jessi Kendall, BSN, RN, who works with cancer patients on the B6/6 Hematology, Oncology and Bone Marrow Transplant unit. “Being able to come together and speak about the challenges in a safe space is so helpful.”

Since the COVID-19 pandemic, the monthly meetings have gone online, but the need to support each other has become even stronger, says co-chair Adrian Jones, Program Manager for Community Health Improvement.

“We are very intentional in the meetings about how we can work to support each other in the era of COVID-19, and the racial equity pandemic, and how that is all interconnected,” Jones said. “We want to make sure everyone has resources they need. The reality of what is going on deeply impacts everyone in our organization.”

Jones participates and serves as an additional resource in the Today Not Tomorrow Pregnancy and Infant Support group led by UW Health neonatal hospitalist Dr. Jasmine Zapata. Jones is also a board member at the Wisconsin Alliance for Women’s Health and Foundation for Black Women’s Health, where Kendall is a health ambassador.

Kendall, a Madison native, went back to nursing school as an adult, and says she’s experienced the impact she has on Black patients. “When I walk into the room, I see their shoulders relax, and they say, ‘I can actually tell you what I’m feeling. This is what quality of care looks like to the patients, it’s not an extra,’” Kendall says.

Part of improving care, she said, also involves having “honest conversations” with coworkers to improve care for Black patients. Kendall has been a Diversity and Cultural Congruence Resource Nurse, and has spoken to the Cultural Diversity Resource Group, which Tracy Abitz, DNP, RN, CTN-B, NEA-BC, and Director of Nursing, helped start about eight years ago.

Abitz says the work grew out of a need to care for patients in a culturally congruent manner. She worked with nursing council to choose and implement the Purnell Model, to guide nursing practice. In addition, cultural humility elements were woven into nursing orientation, competencies, education and documentation in Health Link. At the state level, she founded the Wisconsin Chapter for Transcultural Nursing in 2013. The global work for the organization has been accelerated by the hiring of Shiva Bidar-Sielaff as UW Health’s first Chief Diversity Officer.

“We know that bias exists and that it affects health outcomes,” Abitz says. “We’ve made some movement forward, but there is still work that needs to be done. It’s a journey, and we need to actively engage and commit to lifelong learning, self-reflection, and partnership in order to eliminate disparities in health outcomes.”

Nurses lead move to more culturally congruent care

Adrian Jones

Jessi Kendall

Tracey Abitz

Nursing Annual Report

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Improved processes lead to more remarkable care

UW Health nurses touch the lives of each patient they care for every single day. Nurses went to do right by their patients, so when they encountered a process that wasn’t working well, they ideally want to improve it. Unfortunately, the very process of fixing a broken process can be daunting, especially in a large organization.

A few years ago, dissatisfaction was growing, as shown by declining survey results in patient experience, nursing satisfaction and culture of safety. To address these concerns, a cross-functional performance improvement team was formed in early 2019 under the leadership of Linda Stevens, DNP, RN-BC, CNOR, CNM, CNCF, Director of Nursing Quality and Safety; Linda Sparks, MBA, Director of Patient and Family Experience; and Lori Hawke, RN, BSN, CHTQ, CPHQ, Director of Patient Safety.

These three leaders chose to collaborate because of the synergy among their areas of responsibility, as research shows that improvement is more likely to occur if the leaders come from the two other two, ultimately yielding improved patient care.

Lean process improvement methodology—the basis for the UW Health Way—focuses on small, but measurable improvement. On the ICUs, General Medicine/Covid unit, for example, Nurse Colin Gillis discovered that a newly admitted patient did not receive telemetry (the heart rhythm monitoring for at least 24 hours, despite its inclusion in the patient’s admission orders. After Colin filled out a Patient Safety Net (PSN) report, CNS Shel VanDergiaberg began working to implement Colin’s suggestion to add a prominently visible telemetry status indicator on each patient report sheet.

“This change creates a signpost, forcing each nurse to review telemetry status in a way that is hard to miss when nursing shifts change,” says Colin. “It’s great to see this is now being done throughout the hospital.”

This case also showed how patient experience, nursing satisfaction and culture of safety can all be enhanced after an error is leveraged as a learning opportunity instead of grounds for criticism.

Another example occurred at UW Health at the American Center Surgical Services, which reported a lack of understanding of the roles and duties of co-workers on a given day leading to negative perceptions employees had about their team. A lack of recognition for staff who go above and beyond to help their team was also cited as a root cause.

Following processes changes, collaboration during patient rounds has increased and a commitment was made to prioritize recognition for staff who go the extra mile.

Key to the success of these initiatives, says Linda Stevens, is a cultural shift that embraces process improvement as a constant, not just a task to scratch off the to-do list. “It’s not one-and-done,” she says. “We know there are plenty of ways to improve the way we deliver care and nurse safely.”

Another key to success is prioritizing process improvement as a constant, not just a task to scratch off the to-do list.

It takes a village to staff a pandemic

Under normal circumstances, the UW Health Nurse Staffing and Operations Council reviews policies and procedures and learns how staffing models are created daily, based on census and other factors. In short, they help with decisions related to staffing.

But what happens when a pandemic hits? According to Kate Dillmann, BSN, RN, Care Team Leader for the Burn ICU, “You think to yourself we’re going to need to get creative.”

In her first year on the council and first year as chief of the UW Health Clinical Staffing Council—members collaborated with the Nursing Coordination Council (NCC)—to plan, implement and track staffing adjustments during COVID-19. Those changes included:

• A “shift off” – which typically refers to picking a day off work that can be changed to another day, to adjust staffing needs, to make these shifts not cancellable, to ensure enough nurses would be available.

• Flex to volume – involving the number of hours nurses need to work, based on patient volume. “Everything was voluntary at first,” says Kate. “When patient started inordinately falling down, we looked at making it as equitable as possible for all nurses by working hours.” A threshold was determined to keep track of how many hours our nurses were being fixed down. Dillmann presented this threshold to the NCC and Interim Chief Nurse Executive who took it to the CEO for final approval.

“The average number of fixed down hours for inpatients was lower than projected. We were losing millions of dollars each week to having nurses on our payroll and not being able to redeploy them to other areas or change their shifts. It was a difficult choice to make.” Dillmann added.

Another example involved staffing during COVD-19. Those changes included:

• “We kept track of how many hours nurses were being fixed down during this unchartered and tough time,” says Dillmann. “We were offered through online computer-based trainings for nurses, while others were being redeployed and picking up nursing – situations that involved general care nurses helping in the ICUs. At UW Health, we are so specialized in our roles, we really like pride in knowing our patient population. Team nursing and reallocations were not comfortable and different but we kept taking care of our patients no matter what.”

At the end of the day, the biggest reward of being a member of the staffing council is clear for Dillmann. “Being involved in decision for the benefit of nurses.”

Kate Dillmann, BSN, RN
Elevating RNs through shared governance

Effective communication can improve our work and professional relationships, but it often becomes challenging. Take the word “telephone,” for example. One person speaks with a single statement and passes it along to a trend. That trend then alters another person and so on and so forth. By the time you get to the sixth or seventh person, the original message can be quite different due to details lost along the way.

One of the ways UW Health is trying to avoid that scenario is through the promotion of two-way communication to all nurses through its shared governance structure. “When you have a nursing force comprised of more than 3,000 RNs, communication can be overwhelming,” states Meghan Reisman, BSN, RN, Care Team Leader and Chair of the Nursing Council Council (NCC) at UW Health. “The charge of the NCC is to elevate our council structure in such a way that every RN knows how to share ideas, ask questions and most importantly, knows they have a voice and the power to influence our nursing practice and change at UW Health.”

According to Nursing Program Specialist, Dani Edwards, MSN, RN, PCCN-K, there is research to support that nurses, in particular, can improve their work environment for all UW Health nurses. “The workshop planning group built an acceptable space to ensure that all expected participants would be appropriately assigned among three large rooms, with face coverings required. Speakers also wore face coverings and every presentation was broadcast throughout the space. The workshop planning group found acceptable space to ensure that all in-person participants would be appropriately assigned among three large rooms, with face coverings required. Speakers also wore face coverings and every presentation was broadcast throughout the space.

NCC decided to delve into the council structure and the access issue for all nurses by using fishbone diagrams and small test of change to identify and understand the root causes of existing communication barriers. With the support and vested interest of UW Health leaders, Dr. Alan Kaplan, CEO, and Sue Rees, RN, Care Team Leader and Chair of the Nursing Council Council (NCC) at UW Health. “The charge of the NCC is to elevate our council structure so that every RN knows how to share ideas, ask questions and most importantly, knows they have a voice and the power to influence our nursing practice and change at UW Health.”

“I truly believe that nurses need to be involved in the decisions affecting our work,” said Mandy Jo Mlsna, MSN, RN, CPN. “Our council structure is great, so we want all nurses to optimize it. Together, we can make a positive change throughout UW Health.”

“Nursing education is fostered through quality improvement, evidence-based practice and research, corporate strategy and planning.”

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Day two was activity-based and focused on strategic planning efforts: updating the nursing philosophy, mission (see facing page), revising the strategic plan, and working together to create a shared governance communications plan to help promote the utility and benefits of the council structure to all UW Health nurses.

We are responsible and accountable for the direct care we provide as well as the indirect actions that might impact patient outcomes. We are committed to continuously improving the care we provide through purposeful professional growth and development. We work to enhance our culture of safety to provide holistic wellbeing for staff and to ensure a safe working environment. Through a strong shared governance structure, all nurses have a voice.

Nursing mission

Innovate and advance healthcare without compromise through service, scholarship, science and social responsibility while providing remarkable patient, family and community-centered care across the continuum of health and wellbeing.

Nursing philosophy

At UW Health, nurses are fundamentally grounded in providing evidence-based, patient- and family-centered care. We are privileged to provide equitable, culturally relevant care across the continuum, and to act as advocates for individuals.

Our practice is based on advocacy and seamless transition of care that supports the promotion and maintenance of healthy practices and wellness. As UW Health nurses, we recognize our unique role in approaching care holistically, and synthesizing physical, mental and spiritual needs to support an optimal level of wellbeing.

We work to promote purposeful professional growth and development. We work to enhance our culture of safety to provide holistic wellbeing for staff and to ensure a safe working environment. Through a strong shared governance structure, all nurses have a voice.

Nursing vision

To serve as remarkable and trusted national leaders in nursing. Every day.