Table of Contents

The American Nurses Credentialing Center’s (ANCC) new model for the Magnet Recognition Program® serves as a road map for health care organizations seeking Magnet recognition and provides a framework for nursing practice and research into the future. The model, originally represented by 14 Forces of Magnetism, is now organized into five Model Components, with a focus on outcome measurement and streamlined documentation.

In keeping with the spirit of the new Magnet Recognition Program® organizational structure, the 2011 UW Hospital and Clinics Nursing Annual Report, covering July 2010-June 2011, has also been organized into five distinct sections, each representing a Magnet component as identified by ANCC.

<table>
<thead>
<tr>
<th>ANCC Magnet Recognition Program Model® Component*</th>
<th>2011 UWHC Nursing Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transformational Leadership</td>
<td>Pages 4-5</td>
</tr>
<tr>
<td>“Today’s health care environment is experiencing unprecedented, intense reformation. Unlike yesterday’s leadership requirement for stabilization and growth, today’s leaders must transform their organization’s values, beliefs, and behaviors. It is relatively easy to lead people where they want to go; the transformational leader must lead people where they need to be to meet the demands of the future.”</td>
<td></td>
</tr>
<tr>
<td>2. Structural Empowerment</td>
<td>Page 6-10</td>
</tr>
<tr>
<td>“Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision and values come to life to achieve the outcomes believed to be important for the organization.”</td>
<td></td>
</tr>
<tr>
<td>3. Exemplary Professional Practice</td>
<td>Pages 11-17</td>
</tr>
<tr>
<td>“The true essence of a Magnet organization stems from exemplary professional practice within nursing. This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence.”</td>
<td></td>
</tr>
<tr>
<td>4. New Knowledge, Innovation and Improvements</td>
<td>Pages 17-18</td>
</tr>
<tr>
<td>“Strong leadership, empowered professionals, and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.”</td>
<td></td>
</tr>
<tr>
<td>5. Empirical Quality Results</td>
<td>Pages 19-23</td>
</tr>
<tr>
<td>“Today’s Magnet recognition process primarily focuses on structure and processes, with an assumption that good outcomes will follow. Currently, outcomes are not specified, and are minimally weighted... In the future, having a strong structure and processes are the first steps. In other words, the question for the future is not ‘What do you do?’ or ‘How do you do it?’ but rather, ‘What difference have you made?’”</td>
<td></td>
</tr>
</tbody>
</table>

*Source for all material in quotations: Magnet Recognition Program® Model. Retrieved November 2011 from nursecredentialing.org/magnetmodel.aspx
Letter from our CNO

I am delighted to highlight many of the accomplishments of Nursing and Patient Care Services in the 2010-2011 Annual Report.

As the newest member of the Nursing Service leadership team, I’d like to share some of my early observations as I’ve rounded on the units and in clinics and attended staff and council meetings.

We possess a highly engaged, highly educated nursing staff. Our collaborative governance councils are maturing and driving important improvements in our patient care and outcomes. There is a tremendous commitment on the part of our nurses to deploy evidence-based practice in collaboration with our physicians and clinical partners. Initiatives such as transitions in care, the Interdisciplinary Model of Care and a focus on systematic high-quality processes, are examples of interdisciplinary work driving superb patient- and family-centered care.

As we evaluate our nursing practice through the tenets of Magnet, the future requires us to engage, energize and celebrate our successes for creating the perfect patient and family experience. I would like to thank all the nurses at UWHC for your expert clinical acumen, your unparalleled compassion and your leadership in improvement and innovation.

Beth Houlahan, MSN, RN
Senior Vice President Patient Care Services, Chief Nursing Officer

New CNO Making the Rounds

Since beginning her tenure at UW Hospital and Clinics in June 2011 as Senior Vice President Patient Care Services, and Chief Nursing Officer, Beth Houlahan, MSN, RN, has been busy attending nursing council meetings. These visits have helped get her up to speed quickly for her new role at UWHC.

According to Houlahan, it took only a moment during her first council meeting to realize how dedicated and committed the nurses are at UWHC. “Our nurses are something special,” says Houlahan. “You simply won’t find another group of nursing professionals so educated, so engaged and so innovative as our nurses.”

Houlahan has also toured clinical sites and has held luncheons at East, West, University Station and Home Health in order to meet the nursing staff. These luncheons have provided nurses the opportunity to discuss their roles and share their ideas about how to improve the ways we care for our patients and their families.

“The feedback I’ve received so far has been extremely valuable,” says Houlahan. “Our nurses are committed to providing the very best patient experience and are working hard to make sure they are always delivering excellent care.”
<table>
<thead>
<tr>
<th>Magnet Domains</th>
<th>UW Health Strategic Plan Goals</th>
<th>UWHC Nursing Service Goals</th>
<th>UWHC Nursing Service Selected Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Leadership</td>
<td>Integration and Alignment</td>
<td>Transformational leadership that empowers clinicians through collaborative governance and participative decision-making</td>
<td>• CNO attending nursing councils, rounding and shadowing nursing coordinators</td>
</tr>
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<td></td>
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<td></td>
<td>• Formation of ambulatory nursing council that includes nurses from UWMF and DFM ambulatory care settings</td>
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<td></td>
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<td></td>
<td>• Clinical Leadership Institute (CLI) expands leaders’ self-knowledge, skills and competency</td>
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<tr>
<td>Structural Empowerment</td>
<td>Best Work and Learning Environment</td>
<td>• Clinicians empowered through collaborative governance, participative decision-making and a commitment to professional development</td>
<td>• More than 300 nurses participate in 15 Nursing Councils, 120 nurses serve on committees and 240 on resource groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinical practice areas provide healthy work environment</td>
<td>• Nursing education and development: 161 courses and 686 contact hours in FY11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Collaboration with other academic programs to advance education, professional development and research for clinical disciplines</td>
<td>• 480 UWHC nurses and nutritionalists hold professional certification, including 89 obtained for first time in FY11</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Heart, Vascular and Thoracic nurses led a food drive that raised $3,354 and collected 617 pounds of food</td>
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<td></td>
<td></td>
<td></td>
<td>• Nurse accomplishments published in every issue of Practice &amp; Progress</td>
</tr>
<tr>
<td>Exemplary Professional Practice</td>
<td>Quality Distinction</td>
<td>• Patient- and family-centered care superior in quality and safety</td>
<td>• Nursing Quality Excellence Awards recognize high-performing units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Exemplary professional practice</td>
<td>• Primary Nursing excellence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Interdisciplinary Model of Care to improve patient access, interdisciplinary communications, collaboration, patient outcomes and satisfaction</td>
<td>• Safe Movement and Repositioning Techniques (SMART) launched with excellent pilot unit results</td>
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<td></td>
<td></td>
<td></td>
<td>• Advancement Council proposed advancement model with standards that build from Advanced Beginner to Expert</td>
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<td></td>
<td></td>
<td></td>
<td>• Quality metrics and unit-level data used to improve nurse sensitive outcomes</td>
</tr>
<tr>
<td>New Knowledge, Innovations and Improvements</td>
<td>Clinical Priorities</td>
<td>• Optimize technology and informatics to support innovative patient care and professional practice</td>
<td>• Nursing informatics central to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nurture continual innovation that leads to evidence-based practice, knowledge-expanding research and the translation of research into practice, and the constant improvement of patient care</td>
<td>• Development of Patient Story Home Page in Health Link</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Use of iPads, small laptops, Dragon dictation and other technologies to improve patient care</td>
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<td></td>
<td></td>
<td></td>
<td>• Nurses create and review EBP guidelines</td>
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<td></td>
<td>• Nurses participate in national studies – CAUTI and Pain Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Nursing Poster Fair showcases projects in EBP, Quality Improvement and Research</td>
</tr>
<tr>
<td>Empirical Quality Results</td>
<td>Service Superiority</td>
<td>Deliver outstanding patient- and family-centered care that is:</td>
<td>• Purnell model implemented for culturally sensitive care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Superior in quality</td>
<td>• AFCH nurses led development of a patient- and family-centered model of care within AFCH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evidence-based</td>
<td>• Ongoing monitoring of organizational and unit-level data on patient satisfaction, nursing satisfaction and multiple quality indicators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Culturally congruent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Extraordinary service</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fiscally responsible</td>
<td></td>
</tr>
<tr>
<td>Geographic Strategy</td>
<td></td>
<td></td>
<td>• Nursing leaders and staff central to capacity management planning to ensure ambulatory and inpatient access for regional patients</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Support Primary Care Initiatives through Care Transition Processes that Maximize the Quality of Care for Patients with Chronic Disease States</td>
<td></td>
<td>• Transitions of care workgroup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ambulatory Nursing Council including primary care nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Nurses actively involved in primary care redesign and Microsystems teams</td>
</tr>
</tbody>
</table>
The fourth year of the very successful Clinical Leadership Institute (CLI) began in January 2011. This program, a collaborative venture between the UW-Madison School of Nursing (SON) and UWHC, is a leadership development program with two major components.

According to CLI participants, the program provides staff with a variety of opportunities to advance their leadership abilities. “CLI has given me an opportunity to focus on leadership skills and to reflect on how I can maximize my potential as a leader,” says scholar Gwen Klinkner, MS, RN, APRN, BC-ADM, CDE, Clinical Nurse Specialist.

The first component of CLI is Leading & Managing in a Clinical Practice Discipline Grand Rounds. This is a monthly lecture series intended to develop leadership knowledge and skills in both current and aspiring clinical leaders. The series has featured speakers from within UWHC and SON as well as nationally known external speakers. For example, a recent external speaker was Jennie Chin Hansen, MSN, RN, FAAN, Chief Executive Officer of the American Geriatrics Society – a noted geriatric expert and a member of The Future of Nursing panel.

The second component of CLI is the Clinical Scholar Program. This program is designed for current leadership staff who want to further develop their leadership skills. The 2011 “class” includes 12 scholars from a variety of nursing roles and departments as well as two clinical nutritionists. Scholars meet every month for an in-depth session on selected leadership topics. The sessions are led by the Leading & Managing Grand Rounds faculty or other experts. In addition, scholars attend Leading & Managing Grand Rounds and complete a leadership project.

“The CLI rekindled my interest in becoming a better leader and learning to become a manager,” says former scholar Cynthia Leeder, RN, MS, APRN-BC. “It supported my growth as a person and gave me the confidence to apply for a nursing management position.”

The CLI program coordinators are Dianne Danis, MS, RN, NEA-BC, FAAN, Director, Nursing Practice Innovation and Interim Director, Education and Development for Nursing and Patient Care Services at UWHC, and Marilyn Haynes-Brokopp, MS, RN, APHN-BC, Clinical Associate Professor, UW-Madison School of Nursing.

### 2010 CLI Scholars

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Berns, MSN, RN</td>
<td>Nursing Program Specialist - Magnet</td>
</tr>
<tr>
<td>Maria Brenny-Fitzpatrick, MSN, FNP-C</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Nikki Cagle, MSN, RN</td>
<td>Clinical Nurse Manager</td>
</tr>
<tr>
<td>Jen Drayton, MS, RN</td>
<td>Clinical Nurse Manager</td>
</tr>
<tr>
<td>Cassie Kight, PhD, RD, CNSC</td>
<td>Sr. Clinical Nutritionist</td>
</tr>
<tr>
<td>Anna Krupp, MS, RN, CCRN, CCNS</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Brenda Larson, BSN, RN</td>
<td>Chest Pain Clinic Program Coordinator</td>
</tr>
<tr>
<td>Chris Lee, MS</td>
<td>Outreach Specialist</td>
</tr>
<tr>
<td>Susan Mindock, LPC, CSAC</td>
<td>Senior Counselor</td>
</tr>
<tr>
<td>Elizabeth Rice, PhD, RN, PMHNP-BC</td>
<td>Clinical Associate Professor</td>
</tr>
</tbody>
</table>

### 2011 CLI Scholars

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Astrella, MS, RN</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Brenda Burke, MS, RD, CD, CDE</td>
<td>Clinical Nutritionist</td>
</tr>
<tr>
<td>Nancy Dendaas, PhD, RN</td>
<td>Clinic Coordinator</td>
</tr>
<tr>
<td>Nikki Engledow, MS, BSN, RN</td>
<td>Clinical Nurse Manager</td>
</tr>
<tr>
<td>Jamie Hendrix, BSN, RN</td>
<td>Access Center Manager</td>
</tr>
<tr>
<td>Laura Isaacson, MS, RD, CNSC</td>
<td>Clinical Nutritionist</td>
</tr>
<tr>
<td>Gwen Klinkner, MS, RN, APRN, BC-ADM, CDE</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Pat Lukas, MSN, MHA, RN</td>
<td>Nursing Education Manager</td>
</tr>
<tr>
<td>Anne Mork, MS, RN</td>
<td>Clinical Nurse Manager</td>
</tr>
<tr>
<td>Stacey Saari, RN</td>
<td>Clinical Program Coordinator</td>
</tr>
<tr>
<td>Kyla Schoenwetter, MSN, RN, ACNS-BC</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Terri White, BSN, RN</td>
<td>Clinic Manager</td>
</tr>
</tbody>
</table>
Nursing Education and Development Offerings

By: Kimberly McPhee, MS, RN-BC

In FY11, the Department of Education and Development for Nursing and Patient Care Services sponsored or facilitated 161 programs offering continuing education contact hours. A total of 686.83 contact hours were offered for 4152 participants. The number of programs with continuing education credit has been increasing steadily over the past few years (see table). In FY11, these programs included seven certification review courses, 19 on-line Journal Club offerings, the Clinical Grand Rounds and Leading & Managing Grand Rounds series, the From Evidence to Practice guideline series, workshops for Care Team Leaders and preceptors, and a variety of service, department and unit clinical topics.

<table>
<thead>
<tr>
<th>Year</th>
<th># CE Courses</th>
<th># Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>161</td>
<td>686.83</td>
</tr>
<tr>
<td>FY10</td>
<td>125</td>
<td>499.78</td>
</tr>
<tr>
<td>FY09</td>
<td>94</td>
<td>421.81</td>
</tr>
<tr>
<td>FY08</td>
<td>65</td>
<td>262.75</td>
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</tbody>
</table>

Be sure to visit the U-Connect site for Education and Development for Nursing and Patient Care Services. You’ll find a wealth of information about professional development and continuing education. Designed to offer one-stop shopping, the site boasts a calendar of upcoming courses and events, with links to easy online registration. Here’s a sampling of educational programs being offered this fall and winter:

November
- Advanced Preceptor Workshop

December
- Preceptor New to Precepting Workshop
- Primary Nursing Workshop
- Experienced Care Team Leader Course
- CCRN/PCCN Certification Review Course

Learn more at: U-Connect>Nursing>Education and Development for Nursing and Patient Care Services
Structural Empowerment

Professional Education and Certification

We take great pride in the fact that the professional nurses practicing at UWHC are highly educated leaders. As indicated by the accompanying chart, 78 percent hold a BS or higher degree; 67 percent hold a BSN; 13 percent hold a masters degree; 11 percent hold a masters degree in nursing and .03 percent hold an earned doctorate.

The number of UWHC nurses and nutritionists achieving professional certification increased again in 2011. Twenty-four percent of professional nurses and nutritionists are certified (N=480), which is a 17-point or 600 percent increase between 2004 and 2011.

New Certifications for Professional Nurses and Clinical Nutritionists in FY11

Marissa Anders, BSN, RN, PCCN
Julie Astrella, MSN, RN, RN-BC
Anica Bausch, BSN, RN, CHPN
Kathy Bobadilla, BSN, RN, CCRN
Cheryal Boles, RN, CEN
Christine Bourne, BSN, RN, CPN
Amber Bradley, RN, OCN
Joan Bradley-Bartleson, BSN, RN, CCTC
Jessica Branson, BSN, RN, OCN
Linda Carr, BSN, RN, CDE
Eunjoo Cho, MSN, RN, CCRN
Marianna Clausen, BSN, RN, CEN
Nicole Cockroft, BSN, RN, RN-BC
Andrea Coletta, BSN, RN, CNRN
Karlin Conklin, BSN, RN, CAPA
Cindy Crotty, BSN, RN, PCCN
Jennifer Czarny, BSN, RN, CCRN
Lindsay Derksen, BSN, RN, CNRN
Carissa Dolens, BSN, RN, OCN
Allison Dorrance, BSN, RN, PCCN
Nola Endres, MS, CNSC
Linda Essert-Dobson, BSN, RN, CORLN
Cheryal Flesburg, BSN, RN, CRN
Laurie Jean Foge, BSN, RN, RN-BC
Colleen Foley, BSN, RN, CMSRN
Janet Ford, BSN, RN, CMSRN
Kristine Foss-Peiperkorn, BSN, RN, PCCN
Susan Fritz, BSN, RN-BC
Emily Gajewski, BSN, RN, CCRN
Theresa Gassman, BSN, RN-BC
Renee Gehrke, BSN, RN, CMSRN
Susan Hanauer, MSN, RN, OCN
Karla Hano, BSN, RN, CNRN
Kristin Harksins, BSN, RN, CCRN
Sheila Henry, BSN, RN, OCN
Brian Herzog, BSN, RN, CEN
Kathleen Hill, RN-BC
Sarah Hoffman, BSN, RN, CCRN

Certification Descriptions

ACNS-BC.........Adult Health Clinical Nurse
AE-C.............Asthma Educator-Certified
ANP-BC..........Adult Nurse Practitioner
CAPA...........Cert Ambulatory Perianesthesia Nurse
CBCN..........Certified Breast Care Nurse
CCRN...........Certified Critical Care Nurse
CCTC..........Certified Clinical Transplant Coordinator
CDE...........Certified Diabetes Educator
CEN............Certified Emergency Nurse
CHPN..........Certified Hospice/Palliative Care
CHPPN...........Hospice/Palliative Pediatrics Nurse
CMSRN..........Certified Medical-Surgical RN
CNOR.........Certified OR Nurse-Perioperative Practitioner
CNRN..........Certified Neuroscience RN
CNSC.........Certified Nutritionist Support Clinician
CORLN........Certified Otorhinolaryngology Nurse
CPEN.........Certified Peds Emergency Nurse
CPHON........Certified Peds Hematology/Oncology Nurse
CPN..........Certified Pediatric Nurse
CRRN..........Certified Rehabilitation RN
CWON.........Certified Wound and Ostomy Nurse
GONS-BC.......Gerontological Clin Nurse Specialist
OCN..........Oncology Certified Nurse
ONC..........Orthopedic Nurse Certified
PCPN..........Progressive Care Certified Nurse
RN, CV.........RN, Cardiac/Vascular Nurse
RN-BC........RN, Board Certified

Continued on next page
An additional 10,500 meals will now be available through Second Harvest and local food pantries thanks to a friendly challenge among nurses, clinical nutritionists and respiratory therapists at UW Hospital and Clinics.

At the July 14, 2011, Nursing and Patient Care Services Leadership Council meeting, the Heart, Vascular and Thoracic Service Line (HVT), represented by Jen Drayton, MSN, RN; Dave Dwyer, MSN, RN, NE-BC and Nikki Cagle, MS, RN, challenged all nursing and patient care services units/areas to see who could bring in the most food, coupons and money for Second Harvest and local food pantries.

The competition, which ran for a little more than a week, raised an amazing $3,354 and collected 617 pounds of food.

Using Second Harvest’s methodology of 1.3 pounds of food providing one meal and $1 buying three meals, this year’s bragging rights go to the Operating Room team, led by Trish Parrell, RN, and Jeff Fenne, BSN, RN, MSHA. Having raised 1,935 meals, the OR Team edged out the HVT team by 47 meals with third place going to Nursing Administration.

Congratulations to everyone who participated in this year’s food collection challenge. Thanks to your kind efforts, many people will be helped in our community. The Operating Room team is already planning to repeat their victory again next summer. Good luck to everyone!
Nursing Accomplishments

Publications


Presentations
Brenny-Fitzpatrick, M. (April, 2011). Medication concerns for your geriatric patient. Podium presentation at the annual educational conference for Wisconsin Association of Rehabilitation Nurses, Green Bay, WI.


Bruskewitz, M. (April, 2011). Implementing the WI diabetes mellitus essential care guidelines in Department of Corrections using telemedicine. Presentation at the Centers for Disease Control and Prevention Diabetes Translational Conference, Minneapolis, MN.


Foster, L.A. (April, 2011). Week of presentations and bedside teaching on a variety of topics presented to MS in emergency nursing students at the Addis Ababa University, Ethiopia.

Gion, T. (April, 2011). Management of agitation in the brain injured patient. Podium presentation at the annual educational conference for Wisconsin Association of Rehabilitation Nurses, Green Bay, WI.


Landsverk, L. (April, 2011). Documentation necessities. Podium presentation at the annual educational conference for Wisconsin Association of Rehabilitation Nurses, Green Bay, WI.

Larson, B.J., Saari, S.L. (April, 2011). Time is muscle: improving in-house STEMI door to balloon times. Podium presentation at 18th Annual Evidence-Based Practice Conference: Connecting with Consumers for Evidence-Based Health Care, Iowa City, IA.


Purvis, S. (April, 2011). Delirium in the elderly. Lecture presented to Emergency Medical Services, Green County, WI.

Continued on next page
Nursing Accomplishments cont.


Strayer, A. (May, 2011). Care considerations following acute spinal cord injury. Podium presentation at the American Association of Neurological Surgeons Annual Meeting, Denver, CO.


Awards
Esser, J. (April, 2011). Rising Star Award, Wisconsin Association of Rehabilitation Nurses.

Ninman, N. (June, 2011). Shining Star Award, University of Wisconsin Medical Foundation.


Appointments


Degree Completions
Balster, S.B. (December, 2010). MSN – Nursing Informatics, Walden University, Minneapolis, MN.

Barry, K.L. (May, 2011). MSN – Nurse Educator, Clarke University, Dubuque, IA.

Berndt, D. (August, 2011). MS in Nursing, UW-Madison School of Nursing, Madison, WI.


Hof, A. (May, 2011). MS in Nursing, UW-Madison School of Nursing, Madison, WI.

Huser, L. (August, 2011). MS in Nursing, UW-Madison School of Nursing, Madison, WI.

Merrell, B. (May, 2011). MSN - Nursing Education, Viterbo College, LaCrosse, WI.


Schaub, A.M. (April, 2011). MS in Nursing and MHA, University of Phoenix.

Weber, J. L. (May, 2011). MS in Nursing, UW-Madison School of Nursing, Madison, WI.
Nurse Satisfaction: 2010 Results Pointed Way to Improvements

For last October’s annual RN satisfaction survey, UWHC made a change. Instead of the Job Satisfaction Scales of the National Database of Nursing Quality Indicators (NDNQI), we used the NDNQI’s Practice Environment Scale of the Nursing Work Index (PES-NWI). Although the content overlaps, the focus is different, questions are worded differently and several elements of the Job Satisfaction Scales are not part of the Practice Environment Scale.

Why the Change?
UWHC opted to make the change for two reasons. First, the PES-NWI is endorsed by the highly regarded National Quality Forum. Second, because of the NQF endorsement, an increasing number of hospitals are converting to the PES-NWI scale, giving UWHC a stronger cohort for benchmarking.

2010 Results
A total of 1,512 RNs from 71 areas (inpatient, ambulatory and surgical services) participated in the 2010 survey, yielding an overall response rate of 88 percent. Thirty-four UWHC units achieved a 100 percent response rate.

Responses to the PES-NWI survey are grouped into five subscales. The table below compares UWHC’s scores to the mean scores for academic medical centers (AMC) nationwide.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>UWHC Score</th>
<th>AMC Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse participation in hospital affairs</td>
<td>2.64</td>
<td>2.81</td>
</tr>
<tr>
<td>Nursing foundations for quality of care</td>
<td>2.94</td>
<td>3.05</td>
</tr>
<tr>
<td>Nurse manager ability, leadership, and support of nurses</td>
<td>2.86</td>
<td>2.91</td>
</tr>
<tr>
<td>Staffing and resource adequacy</td>
<td>2.82</td>
<td>2.75</td>
</tr>
<tr>
<td>Collegial nurse-physician relations</td>
<td>3.01</td>
<td>3.04</td>
</tr>
</tbody>
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Analysis and Interpretation
“Our 2010 scores give us a solid baseline with the new scale,” says Sue Rees, MS, RN, CPHQ, CENP, Director of Nursing Quality, Regulatory, Labor Relations and Facility Planning. “We think the shift in emphasis of the survey tool and unfamiliar wording of the questions had an effect, so we’re eager to see what this year’s survey will show.” While the Job Satisfaction Scale measures the extent to which nurses like their jobs, the PES-NWI Scale assesses the extent to which nurses perceive that aspects of a professional practice environment are present.

The Magnet Recognition Program expects Magnet organizations to demonstrate that more than 50 percent of individual units/clinics outperform the national benchmark mean on three or more of the PES-NWI subscales.

Action Planning
“The new focus of the 2010 results helped shape improvement efforts,” says Sue Berns, MSN, RN, UWHC Magnet coordinator. Berns and others have prepared a FAQ that reviews each survey question and what UWHC is doing to address it.

Continued on next page
“For example,” says Berns, “one of the survey questions concerns visibility of the CNO, a major emphasis of Beth Houlahan. Since she arrived in June, Beth has participated in Hospital Safety Rounds, hand hygiene observation and a staff Safety Focus Group. She has accompanied a nursing coordinator on evening rounds and she rounds formally and informally on her own, holds semi-annual drop-in coffee sessions and attends a portion of several council meetings each month to listen and gather nurse feedback. She also welcomes new staff personally at RN Orientation.”

Another example, says Dianne Danis, MS, RN, NEA-BC, FAAN, interim director for nursing education and development, concerns staff development and continuing education programs for nurses. “We offer or sponsor a wealth of programs through our department of education and development for nursing and patient care services,” she says, “and participation levels have been increasing. In FY11, we offered 161 continuing education courses and a total of a 686 contact hours for 4,152 participants.” Programs included seven certification review courses, 19 online Journal Clubs, Clinical Grand Rounds and Leading & Managing Grand Rounds, the From Evidence to Practice guideline series, workshops for Care Team Leaders and preceptors, and a variety of service, department and unit clinical topics.

For information on UWHC activities related to all questions on the RN satisfaction survey, visit the FAQ on U-Connect.
With improvised drum rolls at the appropriate moments, the 2011 Nursing Quality Excellence Award winners were announced at Council Day on June 28. The awards are presented annually by the Nursing Quality Council to the units who rank highest for: Inpatient Satisfaction, RN Satisfaction and Nurse Sensitive Indicators.

And the winners are...
For Inpatient Satisfaction—based on Press Ganey inpatient satisfaction survey data
- Winner: P4 – Hem/Onc, Neurosciences, ENT, Plastic/Reconstructive
- Runners up: D4/5 and F6/6

For RN Job Enjoyment—based on responses to the October 2010 NDNQI RN Job Satisfaction Survey
- Winner: AFCH Operating Rooms
- Runners up: F4M5 and AFCH Pre/Post Procedure Area

For Nurse Sensitive Outcomes—based on NDNQI Academic Medical Centers benchmark for falls, pressure ulcers and restraint rates
- Winner: B6/4 – Orthopedics
- Runners up: Burn Unit and D6/4

Annual Primary Nursing Celebration Fair

By: Dawn Berndt, MS, RN, CRNI

In 2010, we celebrated primary nursing with the first annual UWHC Primary Nursing Celebration Fair. The fair had 24 informational booths and exhibits, plus relaxation sessions and massage, and sales of nursing apparel and books. The event offered something for just about everyone, and feedback was overwhelmingly positive. UWHC primary nurses gave back to their patients by purchasing nursing apparel from the Life Uniform Expo which resulted in a $432 donation to the Gail and Gordon Derzon Endowment Fund for Patient Assistance and received a 10 percent discount on their purchases as well.

The 2011 UWHC Primary Nursing Fair was held November 3, 2011. We brought back many of the favorite booths and exhibits as well as some new ones. Nurses who attended had interactive conversations, meaningful information and even a bit of fun with those who support their role in providing primary nursing care.
Research has shown that most musculoskeletal disorders in health care workers are a result of the continual exposure to manual lifting of patients. It has also shown that there is no safe way to manually lift a patient. Just like health care workers elsewhere, workers at UWHC also continue to be injured from manual patient handling tasks.

Programs developed using manual lifts to mobilize patients have been termed “Safe Patient Handling Programs.” These programs, which are aimed at reducing both patient and health care worker injury rates, are most successful when implementation includes multifaceted approaches.

To accomplish these goals at UWHC, the safe patient handling task force followed evidence-based recommendations from the American Nurses Association. The group decided to implement a local test of a multifaceted program on an early-adopter unit - the Medical Progressive Care Unit on D6/5. Named “SMART” for Safe Movement and Repositioning Techniques, the program was implemented in four phases: Assessment, Education, Implementation and Sustainability/Evaluation.

The program components include:
• State-of-the-art equipment for patient handling
• Education and training on risk assessment, patient assessment and equipment
• Unit-based ergonomic assessment
• Patient handling assessment criteria
• Policy on safe patient handling
• Visible support from leadership
• Unit-based program champions
• Providing after action event reviews
• Using data to analyze effectiveness of the program

Program Evaluation
Injuries related to patient handling are summarized monthly by the Workers Compensation Department. The number of injuries reported to workers compensation six months before the program implementation was 13. At six months post-implementation, the number was reduced to three.

While decreasing the number of claims is something nice to see, there is also strong emphasis on decreasing the severity of injuries measured by work days lost, restricted work days and direct cost of injuries. There was a 100 percent decrease in the number of restricted work days from six months pre-implementation (20) to six months post-implementation (0). During this same time period, there was a 91 percent decrease in the number of days away from work, from 110 days to just 10 days.

The direct cost of injuries is obtained by reviewing claims data from our insurance carrier. Direct cost is money paid out for indemnity and medical costs. Six months prior to implementation, the direct cost of injury on D6/5 was $44,487. Six months post implementation the cost fell to $11,056, representing a 76 percent decrease in patient handling costs in six months.

Lessons Learned and Next Steps
The early adopter unit allowed us to learn some important things about program implementation. We discovered that our patient mobility assessment was based solely on the patient’s ability to move from a seated to a standing position and that we need to add mobility assessments for moving in bed and getting to a seated position. Equipment needs to be ordered as early as possible, so it is available for the training phase. Retaining equipment was also identified as an issue, especially with washable slings (10 washable slings lost in one month!). Therefore, it is recommended to use single patient-use slings and mats when they are available from the manufacturer. Educating and retaining unit SMART champions was also identified as a key to success of the program.
To fulfill UW Health’s strategic goal of providing patient- and family-centered care, it’s essential to embrace and value cultural diversity and to practice culturally competent nursing. Although this has always been the aim of UWHC nurses, the nursing service this year took the initiative to select an organization-wide model for how we think about and deliver culturally competent care. A task force reviewed several potential models and selected one by Larry Purnell of the University of Delaware College of Nursing and Health Sciences.

The Purnell Model is displayed with concentric circles:

• An outer ring represents global society. Health issues at the global level may stem from political and cultural conflicts and warfare, natural disasters and famines or simply the large-scale societal changes and transformations that affect different cultures in different ways.

• A second ring, community, represents local or regional identity groups with common interests, beliefs, and cultural patterns.

• A third ring represents family, encompasses not only traditional families but other types of emotionally connected groups that provide family-like support.

• A fourth ring represents the individual person who lives within and is constantly adapting to changes in the outer rings.

Inside the person ring are 12 wedges that represent cultural domains such as national heritage, communication, family roles and organization, nutrition, child-rearing, spirituality, attitudes toward health and a host of other issues. Providing culturally sensitive health care requires understanding these domains and having respect for cultural, ethnic, spiritual and emotional differences among patients and colleagues.

To learn more about the Purnell Model and a host of other resources and educational opportunities for cultural competence, visit U-Connect.
Exemplary Practice

Advancement Council Recognizes and Celebrates UWHC Nursing Excellence

By: Sarah Brzozowski, BSN, RN; Terry Gion, MS, RN, CRRN, Marianne Hines, MS, RN

The UWHC Nursing Advancement Program initiative began in August 2006 with the goal of keeping nurses in the mainstream of direct patient care by recognizing and rewarding their contributions to positive patient outcomes and excellence in nursing practice. The nursing advancement council was charged with developing position descriptions and performance evaluation tools that use standardized criteria applicable across all clinical settings. After completing an extensive review of the literature and engaging in dialogue with numerous groups, the council developed standards that build from Advanced Beginner to Expert, based on the work of Patricia Benner. The criteria address clinical practice, leadership and scholarship, and include cultural competency, communication, ethics, evidence-based practice and research.

The diverse council membership is comprised of nurses from a variety of settings including inpatient, outpatient, informatics and education. More than 71 percent of the council members are represented nurse clinicians. Council members developed an application process, grounded in practice, through which nurses are able to share their unique story and highlight their strengths, accomplishments, care and compassion. The council’s vision has provided a blueprint for excellence in nursing practice that recognizes the daily work of a nurse at the bedside. Unlike a clinical ladder, advancement is not based on tenure, education or certification, but instead on the development of skills, knowledge and behaviors that exemplify quality care.

Although it has taken more than five years, the council has laid the groundwork for a process that is unusually robust in its support of the direct care nurse role. Unlike other programs found in the literature, the council proposed program has clearly defined excellence in clinical nursing practice across multiple domains and standardized the methods by which those activities can be measured. Looking forward, the advancement council is eager to finalize the program and implement this great opportunity to recognize and celebrate nursing excellence at UWHC!

Patient Story Home Page in the EHR

By: Rhonda Struck, BSN, RN, MS

The transition to the electronic health record (EHR) has significantly changed how clinicians record, retrieve and communicate information about their patients and their patients’ experiences. As a result, there was no single location in the EHR to easily locate the patients’ story.

Recognizing this lack, an interdisciplinary team including nurses, physicians, therapists, nursing and medical informatics, and information technology staff developed a solution through the Documentation Quality Initiative and the Patient Story Task Force. With the dual goal to increase clinicians’ satisfaction with their access to information about their patient’s unique history and needs, and to help clinicians feel supported to deliver individualized care, the task force successfully developed a patient story home page available for all patients admitted to an inpatient bed, effective September 10, 2011.

The patient story home page is now the first page all clinicians see when they access a patient’s record. As a result, all UW Health clinicians will begin on the ‘same page’. UWHC is the first hospital in the country to effectively develop the patient story home page and to re-establish the patient story in the EHR.
STOP CAUTI National Study

By: Suzanne Purvis, MSN, RN, GCNS

An estimated 500,000 catheter-associated urinary tract infections (CAUTI) occur each year in the United States. According to the Centers for Disease Control and Prevention, the estimated cost per year for CAUTIs is nearly $500 million, and the estimated number of deaths per year due to urinary tract infections is around 9,000. Yet, the majority of CAUTIs are fully preventable.

To learn more about CAUTIs, UWHC, along with 18 other hospitals, is taking part in a national study funded by the Agency for Healthcare Research and Quality. The study is a multi-site cluster-randomized controlled trial looking at CAUTI rates in NICHE hospitals. UWHC participates in NICHE (Nurses Improving Care for Health System Elders), a program designed to improve care for hospitalized older adults through the Hartford Institute for Geriatric Nursing.

The purposes of the study include:

- To understand care practices associated with indwelling catheters at NICHE hospitals.
- To disseminate an electronic method for tracking CAUTIs and catheter duration.
- To determine if hospitals with shorter catheter duration times have fewer CAUTIs.
- To determine effect of the feedback of data on processes of care (catheter duration) and outcomes (CAUTI).

The initial phase of the study, which looked at accuracy of indwelling urinary catheter documentation in Health Link, as well as facilitated data collection on presence of catheters and urinary tract infections, has been completed. Data collection for the study started in March 2011. In April 2012, UWHC will receive electronic audit and feedback reports on unit-specific CAUTI rates, as well as educational sessions for the two hospital units in the study (D6/5 and F6/6) on CAUTI prevention and evidence-based practices for urinary catheter management. UWHC also has access to a study web site that contains care practices for indwelling catheters at all 19 hospitals in the study.

The STOP CAUTI study team here at UWHC includes: Suzanne Purvis, MSN, RN, GCNS; Anne Marie Mayer, Senior Systems Analyst; Joan Watson, MS, RN; Kris Leahy-Gross, BSN, RN; Donna Mangruen, MSN, RN, ACNS-BC, CMSRN; Elizabeth Laessig-Stary, MSN, RN; Terry Gion, MSN, RN, CRRN.

By: Rhonda Struck, BSN, RN, MS

Deana Jansa, BSN, RN-BC, MBA/HCM, Nursing Informatics Specialist, has been working with Wound and Skin Nurses Deb Johnson, MS, RN, CWOCN; Jackie Lakosky, BSN, RN; and Lynette Scott, BSN, RN, COCN, to trial several different devices to increase the efficiency of their documentation workflow. This group of nurses was identified as having a high case load of patients throughout the hospital. They needed an efficient way to document their findings and recommendations for patient care in a highly mobile group.

Currently, they are in the process of trialing the use of iPads, small laptops, and Dragon dictation. So far, anecdotal results using Dragon dictation suggest a decrease in documentation time for a consult note by about 50 percent. We plan to continue to work with this group to explore other options to increase efficiency.

Instant Success! iPads and Nursing Coordinators

By: Rhonda Struck, BSN, RN, MS

Linda Harsy, BSN, RN, associate nursing informatics specialist, has been working with the nursing coordinators to pilot the use of the iPad in their work. The coordinators got their first iPad on August 4, 2010, and the device was an instant success! The iPad was easy to learn to use and quick to respond when launching an application. Positive comments from all the nursing coordinators included how useful it was and how it made them more efficient because it reduced the number of phone calls required to validate a patient’s condition when determining bed placement; for example, phone calls to the ED and the OR to determine the status of patients.

As the nursing coordinators became more familiar with the use of the iPad and the EHR, they were able to streamline patient placement tasks and no longer needed to create written ICU cards containing patient data.
UWHC Pain Resource Nurses Participate in a National NDNQI Pain Research Study

By: Peggy Riley, MN, RN

In 2011, UWHC pain resource nurses (PRN) are participating in a national multi-site nursing research study which is part of a project to disseminate and implement evidence-based approaches to measure and improve pain care and outcomes in a sample of 400 hospitals across the United States.

The research study is unique in forging a partnership with the National Database of Nursing Quality Indicators® (NDNQI)—the only national nursing database that collects and reports quarterly information on structure, process, and outcome indicators to evaluate nursing care at the unit level. The study replicates the NDNQI data collection strategy for pressure ulcers and collects data regarding pain care and outcomes at the patient level across multiple inpatient units on a given day this past spring and again in November.

The approach is unique, as it will be the first time that NDNQI has gathered data by asking patients directly about their experience. PRNs on 13 designated UWHC units have completed online training for the institutional review board (IRB), Health Insurance and Portability Act (HIPAA), and NDNQI training module in order to collect data. The nurses ask patients structured questions to evaluate their pain experience as well as seven questions to collect demographic and clinical data (age in years, gender, race/ethnicity, insurance, reason for hospitalization, type of pain and use of pain medicine. Data obtained at our hospital will be used to help formulate local quality improvement goals and projects.

In July 2011, we received feedback from data collected in April that not only ranked our hospital high among all participating sites but also placed B4/6 Transplant Surgery, F6/6 Gynecology/Urology/Plastics/Otolaryngology and D6/4 Neurosciences among the top-performing units in the country.

Of note, patients gave positive ratings to UWHC nurses believing the patient’s reports of pain and being allowed to participate in decisions about pain control. Opportunities for improvement included nurses discussing side effects of pain medication and suggesting non-medicine approaches to pain control.

Evidence-based Practice Updates for FY11

By: Élise Arsenault Knudsen, MS, RN

For FY11, the common theme for evidence-based practice (EBP) at UWHC was “new.” For example, the Nursing Research Council adopted a definition of EBP and an updated version of the Iowa Model of Evidence-based Practice to Promote Quality Care. These can both be found on the new EBP Project Workspace created to facilitate group work, showcase current projects, and provide resources about EBP.

Six new EBP projects were initiated or completed:
1. Post-operative Cardiac Surgery Blood Glucose Control
2. Care and Management of Pericardial Drains
3. Preemptive Intranasal Analgesia For Insertion For Nasogastric Tubes
4. Use of Standardized Template & UW Child Maltreatment Guideline in the Telephone Triage of Child Maltreatment Calls to Primary Care
5. Enteral Tube Placement Verification
6. Providing Patient-Centered Care for Patients with Diabetes

Additionally, the Nursing Practice Guidelines Committee endorsed the newly developed Emotional Stress and Anxiety evidence-based Nursing Practice Guideline and the revision of 8 others (Diabetes, Delirium, Alcohol Related Issues, Falls, End-of-Life, Patient Education, Sedation, and Infection Prevention for Intravascular Catheters).

2011 Nursing Poster Fair

The excellence of UW Health nurses in the Magnet Component of New Knowledge, Innovations and Improvement was on display at the 2011 Nursing Poster Fair. Co-sponsored by the UWHC nursing service and the UW-Madison School of Nursing, the April 26 event drew several hundred visitors and featured nearly 30 posters in three categories: Evidence-based Practice, Research and Quality Improvement.

For information on the category winners and additional photos of the event, visit: U-Connect>Departments>Nursing>Nursing Research Council>2011 Nursing Research Poster Fair
Empirical Quality Results

The UWHC nursing quality program monitors and evaluates a number of performance indicators related to patient satisfaction, nursing satisfaction and clinical care including nurse-sensitive indicators. By identifying where we are doing well and taking actions to improve when we can do better, we ensure we provide “the best possible patient care experience and outcomes,” UW Health’s mission. Selected outcomes for FY11 are displayed in this section and elsewhere in this report.

Patient Satisfaction—The overall adult patient satisfaction with nursing care percentile rank increased to the 92nd percentile at the end of FY11.

Patient Satisfaction—After a decrease in overall percentile rank in pediatric patient satisfaction with nursing care in quarter 3 FY11, the rank increased to the 54th percentile in quarter 4 FY11.
**Emergency Department Patient Satisfaction**

*Press Ganey Patient Satisfaction Survey*

40K-50K ED Visits Peer Group

### Mean Score

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### Percentile Rank

Note: ED Visits Peer Group changed from 30K-40K visits to 40K-50K visits FY10 Q1

**Patient Satisfaction**—The percentile rank for overall ED patient satisfaction with nursing care started at the 70th and ended at the 69th percentile rank.

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**Total Patient Falls Per 1000 Blended Patient Days**

- **Fall Rate**
- **Trendline Fall Rate**

**Nursing Sensitive Outcome Measures**—The overall patient falls reached a high rate of 3.78 in Feb 2011, then decreased to a rate of 1.98 in June 2011.
Empirical Quality

Total Patient Injury Falls Per 1000 Blended Patient Days

Nursing Sensitive Outcome Measures—The overall patient falls with injury reached a high rate of 1.11 in Feb 2011, then decreased consistently with a rate of 0.49 in June 2011.

Overall Pressure Ulcer Incidence (Hospital Acquired) Rate

Nursing Sensitive Outcome Measures—After a spike in hospital acquired pressure ulcers in October 2010, the rate continued with a downward trend throughout FY11 with a rate of 2.88% in June 2011.
Recruitment and Retention—The RN vacancy rate had been trending down and hit its lowest level in FY10. During FY11, the turnover in RN positions began to increase and the vacancy rate increased to 1.1 percent by year-end. Reasons for leaving: #1: Retirement, #2: Moving.

Recruitment and Retention—BSN new graduate turnover within the first year of employment decreased by nearly 20 percent from FY10 to FY11.

Recruitment and Retention—RN turnover was trending down through FY10 and was the most favorable in FY10 at 5.84 percent. As the general economy improved in FY11, the RN turnover increased to 7.44 percent.
We are so fortunate to have innovation and engagement from our seasoned and new-to-practice nursing staff.
UW Health Mission, Vision and Values

All three UW Health partners - University of Wisconsin Hospital and Clinics, University of Wisconsin Medical Foundation and University of Wisconsin School of Medicine and Public Health - have a shared mission, vision and values.

**UW Health Mission**
Advancing health without compromise through: Service, Scholarship, Science, Social Responsibility

**UW Health Vision**
Working together, UW Health will be a national leader in health care, advancing the well-being of the people of Wisconsin and beyond.

**UW Health Values**
UW Health is guided in the pursuit of its mission and vision by a set of core values: Excellence, Innovation, Compassion, Integrity, Respect, Accountability