ONES TO WATCH
Nurses Blazing the Trail at UW Health

ANNUAL REPORT
2014

UW Health
University of Wisconsin Hospital and Clinics
As the Magnet® journey continues at UW Hospital and Clinics, the 2014 Nursing Annual Report provides a snapshot of the remarkable accomplishments and initiatives from July 2013 - June 2014 as they relate to the Magnet Model.

**Transformational Leadership**  
PAGES 2-5

Today’s health care environment is changing. Unlike yesterday’s leadership requirement for stabilization and growth, today’s leaders must transform their organization’s values, beliefs and behaviors. The intent is no longer to just solve problems, fix systems and empower staff, but to actually transform the organization to meet the future. Reformation calls for new ideas and innovations.*

**Structural Empowerment**  
PAGES 6-9

Solid structures and processes provide an innovative environment where professional practice flourishes and where the mission, vision and values come to life to achieve the outcomes believed to be important for the organization.*

**Exemplary Professional Practice**  
PAGES 10-13

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. The goal of this component is more than the establishment of strong professional practice, it is what that professional practice can achieve.*

**New Knowledge, Innovations and Improvements**  
PAGES 14-17

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.*

**Empirical Outcomes**  
PAGES 18-21

The question for the future is not “What do you do?” or “How do you do it?” but rather, “What differences have you made?” Outcomes need to be categorized in terms of clinical outcomes related to nursing; workforce outcomes; patient and consumer outcomes; and organizational outcomes. Quantitative benchmarks should be established. These outcomes will represent the “report card” of a Magnet-recognized organization and are a simple way of demonstrating excellence.*

* Source for all model components: Magnet Recognition Program® Model at nursecredentialing.org/magnetmodel.aspx
Demonstrating the Essence of Magnet

Our first Magnet re-designation...it took a village of committed nurses and their team members to make it happen!

On February 18, 2014, an auditorium full of University of Wisconsin Hospital and Clinics (UWHC) nurses and their colleagues were present to learn the decision from the American Nurse’s Credentialing Center related to our organization’s Magnet re-designation. At 3:45 pm, the confirmation call came in and the room exploded with “woo-hoos!,” arm pumping and loud clapping. It was a thrilling moment of celebration for UWHC’s commitment to quality patient care, nursing excellence and innovations in professional nursing practice.

In this annual report, you will read about many of the high quality, nurse-led initiatives that support and underscore our status as a Magnet organization. From our DAISY recognition of exemplary nurses to our commitment to practice improvements such as the discharge process, evidence-based practice for reducing hospital acquired infections and our efforts in transitions in care, we absolutely personify the tenets of Magnet.

When rounding recently, I talked to a new nurse resident and asked what interested him in applying to UWHC. He said the reputation of UWHC, our nationally certified Nurse Residency Program and our Magnet designation were everything he was looking for. I could not agree more.

I am so proud of all you do and all of our collective accomplishments. When we focus on what’s in the best interest of our patients, their families and our nurses, we continually demonstrate the essence of “Magnetism.”

Beth Houlahan, MSN, RN, CENP
Senior Vice President Patient Care Services
Chief Nursing Officer
WHY DID YOU BECOME A NURSE?
I have always enjoyed biology, pathophysiology and working with people, which naturally lead me to nursing.

WHY UW HEALTH?
I chose UW Health after graduating from nursing school because it offered a Nurse Residency Program that allowed me to work in the ICU directly out of nursing school.

WHAT INSPIRES YOU?
Seeing positive patient outcomes.

PROFESSIONAL WISH LIST
To pursue a master's degree in nursing for either Nurse Practitioner or Hospital Administration.
Adapting to Change through Transformational Leadership

By Brian Shannon, BSN, RN

Academic health centers have been challenged with an ever-evolving health care environment over the last several years. To adjust to these changes, a transformational leadership approach is one of the key elements for success.

One of the most important elements of our current health care environment is a focus on finding more efficient and cost effective ways to improve patient outcomes. Having leaders who adjust to these changes and help others adapt will allow us to overcome obstacles. A key step in improving our outcomes is knowing where to target our efforts with regard to management/operations and patient care. Using evidenced-based practice and obtaining and tracking data helps us focus on areas of improvement so we can better prepare for these challenges.

Some of the most recent changes for care providers are the growing responsibilities of registered nurses (RNs), and the expectation they become more efficient while improving patient outcomes. As a nurse care team leader, I’ve seen the weighing effects on unit morale of having increased workload and responsibilities. To help our team adjust to these changes, I have been working with hospital management to advocate for our nurses and patients based on our unit needs. If all leaders in their respective areas of the hospital continue to utilize the transformational leadership style, we will be paving the way for continued improvement on all levels.

UW Health has many ways of providing positive feedback and recognition for a job well done. The Nursing Recognition Council plays a pivotal role in recognizing ways to honor nurses for their accomplishments. In the last two years, the nursing recognition council started hosting DAISY Award ceremonies to honor nurses who have been nominated by a patient or family member, for providing exceptional and compassionate care. The Hi-5 is another way to recognize a colleague for doing something above and beyond—not only through the positive feedback in the Hi-5 email, but also knowing their manager receives a copy.

If each leader in their respective areas of the hospital continues to utilize the transformational leadership style, we will be paving the way for continued improvement on all levels.

The Nursing Clinical Advancement Program is yet another way to encourage UW Health’s vision and values. This program has delineated goals and objectives for nurses, which leads to further recognition through professional development.

The future of nursing will pose new challenges but we are excited to take on these challenges and use them to improve the care we provide for our patients and families.
Leadership Development Program
By Michele J. Glynn, MSN, RN-BC

The Leadership Development Program is a monthly educational series based on the American Organization of Nurse Executives Leadership Competency Model. Each session connects to the UW Health Strategic Plan and takes an action-based learning approach. The program goes beyond basic leadership skills and focuses on real time topics/issues, process improvement and sharing of best practices among colleagues.

Why was it started?
Nursing leaders serve a primary role in leading change to meet the current and future demands of our health care system. Leaders today must be progressive, collaborative and pioneering. They need to understand the current health care challenges and be able to implement evidence-based leadership into clinical practice and transform health care through the creation of new and innovative approaches to care processes and outcomes. To accomplish this, leaders must be provided with additional tools and resources. As President John F. Kennedy once said, “Leadership and learning are indispensable to each other.”

How does it work?
Leaders are asked to attend a one-hour educational session per month. The health care topics for the sessions are selected by the Leadership Development Committee based on the identified needs from the Leader’s Learning Needs Assessment Survey, as well as from current hot topics in health care and/or at UW Hospital and Clinics. Pertinent scholarly literature is shared with the leaders prior to the sessions so they can come to the session prepared with an understanding of the topic and can actively participate in discussions and action planning. During the sessions, leaders collaborate and share best practices with other leaders and they are encouraged to make action plans for what they will do with the information learned. Post sessions, leaders are encouraged to continue discussions around the topic with their leadership teams and utilize reflection to determine how what they learned could possibly be adapted for their areas.

Who attends?
Nursing and patient care services (respiratory therapy and clinical nutrition) leaders including managers, directors, case management, clinical nurse specialists, nursing informatics, and nursing education specialists are encouraged to attend.

Future plan
Feedback from each monthly session is evaluated for effectiveness and appropriateness and changes are made as necessary. The Leadership Development Committee—Sue Rees, Tracey Abitz, Ann Malec, Terry Gion, Anne Moseley, Megan Waltz, Michele Glynn, Rebecca Wieczorek, Kyla Schoenwetter, Nicole Bennett, Barb Byrne and Kris Ostrander—is currently planning the 2015 Leadership Development Program.
Transformational Leadership

I believe the true essence of transformational leadership begins with inspiring others. It’s the fun part of leadership. Transformational leadership is about having a vision and providing encouragement, support and opportunities that motivate staff to carry that vision successfully.

In early 2013, the D4/4 unit council organized a teambuilding event that would also give back to the community. In April 2013, we participated in our first “Hammer with Heart” volunteer project organized by Project Home, a voluntary program that provides home repairs, basic maintenance, and improves families’ safety, comfort and health in their homes for no- to low-cost.

The D4/4 staff and I “hammered with heart” in collaboration with professional carpenters to provide lawn clean-up, house cleaning, and new siding for a man with complex medical needs. The experience of helping others in the community not only brought our team closer together, but was fulfilling on a personal level.

In 2014, when it was time to create a D4/4 departmental action plan to support UW Health’s strategic goals, we were excited to increase our philanthropy efforts. We decided to support our population health goal by organizing and participating in two to three philanthropic events by December 31, 2014. We signed up for Hammer with Heart in April and “Savory Sunday” in May.

Hammer with Heart for 2014 was on a chilly but sunny April Sunday where our volunteer group helped clean and repair a home for a family with a special needs child. Because this was the second year, our unit council chair was able to be the volunteer leader for the entire project. We cleaned up their yard, did some landscaping and built a raised garden bed. We stained the entire outside of the house and painted most of the interior. Meanwhile, a group of professionals from Project Home repaired windows and siding and remodeled two bathrooms that were damaged from water leaks.

In May, D4/4 staff volunteered with a non-profit group called Savory Sunday. Each Sunday, a meal is prepared by a volunteer group and served in downtown Madison for people in need. Our group prepared large portions of donated food to be served at the Capitol later that day.

These events fostered a spirit of camaraderie on our unit, offered time for staff to interact in different ways outside the “shift-change window.” We feel fortunate for these opportunities to serve and contribute to the health of our community. To celebrate our success and keep the vision alive, I collected pictures and created a poster of each event that is proudly displayed on our unit.

Inspiring…Supporting…Giving Back

By Katie Winsor, MSN, RN, CPHQ

Christie King BSN, RN, CMSRN, unit council chair, was the volunteer lead for the medical nursing unit’s (D4/4) second year “Hammering with Heart.”
WHY DID YOU BECOME A NURSE?
I wanted to work with children and felt nursing could allow me that opportunity.

WHY UW HEALTH?
I love the academic medical center atmosphere—you’re always learning. UW Health is an excellent organization providing excellent care to patients and families.

PROUDEST ACCOMPLISHMENT
Being the mom of two really great kids. A close second is having been part of the Pediatric ICU for such a long time (26 years!). Helping the unit develop into a world-class team has been phenomenal. They are a tremendous group of people. Being a PICU nurse is something to be proud of.

WHAT INSPIRES YOU?
Patients and families. I don’t think you can work at American Family Children’s Hospital without being positively affected by their strength, courage and resilience.

ONE TO WATCH
Anne Moseley, MSN, MBA, RN
Director of Pediatric Nursing and Patient Care Services, American Family Children’s Hospital
Engaging Bedside Nurses in Quality Initiatives

By Anne Moseley, MSN, MBA, RN

Providing high quality care is engrained in the culture of the Pediatric ICU (PICU). The nursing staff is highly skilled and takes great pride in the care they provide. A critical element in providing such quality care is through zero unsafe events and high satisfaction with pain control. To ensure we are meeting these goals, we continually monitor quality metrics that include central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), ventilator-associated pneumonias (VAP), pressure ulcers, and unplanned extubation and satisfaction with pain control.

While our quality metrics were routinely discussed at staff council, included in staff email updates, discussed informally in the unit and were part of our unit education, we still were not achieving our desired goals. The diligent efforts of Deb Soetenga, MN, RN, CCNS, our clinical nurse specialist, and myself were not enough. We needed to take a different approach to really make a difference. We felt the only way we were going to achieve the results we were striving for was to involve the staff more actively in our efforts.

To create engagement, we developed a quality team structure in which all nurses in the PICU would be expected to participate. All of the nurses were assigned to a team. A care team leader and member of the opposite shift were assigned as team co-leaders. We felt it was crucial to have a team leader from both the day and night shift to help engage all members of the team.

We used Kotter’s Change Model as the foundation for the teams. We knew that improving our metrics might require making practice changes and Kotter’s model provides practical steps to making a change. We focused much of our attention on small short-term wins. In addition, the hospital’s UWHIN tools were a great resource for the teams. A retreat was held for the quality team leaders to help educate them on the process, the tools, and provide inspiration that achieving our goals was possible and their efforts were central to our success.

As a leader, I could not be more proud of our teams! They have embraced this concept and the co-leaders have engaged their team members. They hold meetings and develop the plans they think will work. All members of the team participate in some manner, helping educate their peers, completing audits, or acting as a resource for others.

Deb has been an integral part in helping them problem solve. I have offered consistent guidance and advice, which often has been, “remember small short-term wins!” While sometimes that concept is hard for nurses to accept, to date, all teams have seen an improvement in their metrics. I believe allowing nurses the autonomy to develop plans has been key. They know what will work and their efforts are paying off!
Increasing the Potential for Organ Donation through Structural Empowerment

By Sue Berns, MSN, RN

An essential aspect of Magnet’s Structural Empowerment describes the importance of developing strong partnerships with community organizations to improve patient outcomes and advance health of the communities. The University of Wisconsin Organ and Tissue Donation (UW OTD), is a terrific example of this through its partnering with the community to improve outcomes related to increasing organ donation.

Unfortunately, there are more than 120,000 people in the U.S. waiting for organ transplant, and more than 2,200 in Wisconsin. UW OTD is the only Organ Procurement Organization in the nation to launch a local campaign for breakthrough improvement in organ donation. The Forward Focus Collaborative campaign began July 2011, with the UW OTD continuing its improvement work today.

In 2013, performance data from the 10 largest donor hospitals in this service area revealed that 35 percent of the total potential for organ donation is at UW Hospital and Clinics. The two units responsible for 70 percent of the donation potential are the Trauma and Life support Center (TLC) and Neuro ICU. Although UW Hospital and Clinics is first for overall potential donation volume, it is the third lowest in true conversion rate (potential donations to actual donations). In exploring reasons why medically eligible patients for donation did not become donors, consent was identified as the most limiting factor.

To address this critical issue, the UW OTD set up a performance improvement trial with TLC and Neuro ICU. The goal was to proactively guide each step of the process from referral to consent by having direct conversations with the patient’s care team. Through this process, there would be opportunity to build relationships with families and staff, provide real-time education and preserve opportunities for donation. After stakeholder meetings prepared units for the new process, a 60-day trial commenced on May 1, 2014.

The trial consisted of:

- Multidisciplinary morning conferences to discuss referrals and current donation case activity
- On-site visits to referring units to meet with patient care teams
- Weekly meetings to monitor progress of project

Prior to the 60-day trial, combined data for these two units indicated a 29 percent conversion rate as compared to an 86 percent conversion rate after implementing the changes identified above. The impact of this work nearly doubled the number of life-saving transplant from 10 organs transplanted in the four months prior to the trial, as compared to 18 organs transplanted during the 60-day trial.
New Certifications for Professional Nurses and Clinical Nutritionists in FY14

Congratulations to the 112 professional nurses and nutritionists who were newly certified or re-certified during FY14!

Aeron Adams, RN-BC
Casie Adkins, CNN
Marissa Anders, CCRN
Melissa Anibas, RN-BC
Virginia Banoczi, CEN
Michael Barsanti, CNML
Lane Becker, CRRN
Laura Benning, CEN
Lindsey Bergeson, RN-BC
Mary Blum, CBCN
Sally Boegli, CEN
Kelly Borelli, CEN
Nicholas Borelli, CEN
Dianna Bower, CEN
Michael Brennan, CCRN
Monica Cain, CPEN
Stephanie Carpenter, CPN
Michele Cherry, CPN
Karron Conger, CRRN
Shannon Conlin, CCRN
Caroline Cronk, CPHON
Kyle Curran, CCRN
Jo Cyffka, CMSRN
Kristin Czarny, CMSRN
Sara DeBauch, CNRN
Brittni Depies, CEN
David Dombeck, CCTN
Jessica Eckstaedt, CMSRN
Mary Erschen, CPEN
Darci Evans, CEN
Emilie Fedorov, CNRN
Katherine Fix, CNRN
Sarah Frank, CBCN
Francesca Fricano, CCRN
Liza Gatley, CCRN
Jeffrey Guth, PCCN
Lori Hanna, CNRN
Mahdi Hemmat, CCRN
Kathleen Herfel, CPN
Leigh Hermanson, CEN
Kari Hermanson, CEN
Emily Herzog, CEN
Susan Hopkins, RN-BC
Lyndsy Huser, ACNS-BC
Sally Kalscheur, CNRN
Katlynn Kelley, CMSRN
Lori Kenyon, CRN
Laura Kolbach, CNOR
Laura Kowalski, CMSRN
Clare Kuehl, RN-BC
Ruth Kyle, RN-BC
Elizabeth Laessig, RN-BC
Anne LeGare, CEN
Eric Letlebo, CNOR
Jacob Luft, CRRN
Patricia Lukas, RN-BC
Catherine Lusser, CNOR
Ann Malec, NEA-BC
Katherine Martin, PCCN
Nicole Marx, CMSRN
Lauren McBride, CMSRN
Mary McCarthy, CRN
Emily McMahon, CCRN
Melissa Meier, CNOR
Kirsten Menningen, CPN
Tracey Merrell, CEN
Susan Mooney, CMSRN
Tami Morin, NEA-BC
Suzanne Morris, CNML
Patrick Morrison, CPN
Anna Nabozny, CEN
Julie Nampel, NE-BC
Julia Nault, PCCN
Ashton Nell, CCRN
Marianne Olson Hines, NP-C
Jennifer Paul, CNOR
Kalie Peterson-Selle, CMSRN
Jacob Pfumm, CCRN
Russ Picard, CEN
Michael Poeschel, CNOR
Kristin Powell, OCN
Cynthia Pressnell, PCCN
Theresa Angela Quinto, CMSRN
Zachery Rosenthal, CCRN
Brian Roszak, CPN
Ashley Rusch, CNOR
Colleen Salscheider, CNOR
Jill Scheidler, CPN
Amy Schlesinger, CNOR
Molly Schneider, PCCN
Melissa Schwab, CCRN
Kayla Scott, CPN
Katie Seichter, CRRN
Ann Shefchik, CCRN
Reade Shenk, CMSRN
Monica Skeat, CNOR
Ellorie Sonne, CCRN
Tracey Soyring, CNOR
Bethany Steinldl, CPN
Amber Storkson, CEN, CPEN
Amanda Swiecichowski, CHPN
Amanda Tadych, OCN
Nancy Tschoeke, RN-BC
Jackie Vreugdenhil, RN-BC
Andrew Walbrun, CCRN
Gennifer Weaver, RN-BC
Megan Webber, CMSRN
Christina Welsh, CCRN
Mary Williams, NE-BC
Rachel Wilson, CMSRN
Sandra Zastrow, COCN, CWCN
Wendy Ziegler, CEN
WHY DID YOU BECOME A NURSE?
I love using science to critically think through patient situations to figure out how we can best help the patient and family and support the nursing staff.

WHY UW HEALTH?
I graduated from UW-Madison School of Nursing and always wanted to work at UW Health. I enjoy academic medical centers for their fast pace, ever-changing environment and opportunities to teach others and grow professionally.

WHAT INSPIRES YOU?
People who want to learn and share knowledge with others. I am inspired by colleagues here all the time, including new graduate nurses—they are so enthusiastic and focused on providing the best patient care.

PROUDEST ACCOMPLISHMENT
Being asked by the University HealthSystem Consortium to be a trainer for new Nurse Residency Program (NRP) Coordinators in 2008 and every year since. It is an honor to have our NRP recognized at the national level and asked to share our methods so that other sites may replicate our successes.
Exemplary Professional Practice

The Integral Role of the NES

By Kim McPhee, MS, RN-BC

As a nursing education specialist (NES), I help impact clinical practice through professional development and leadership. My professional practice at UW Health is guided by the scope and standards for nursing professional development. UW Health has provided me with a variety of opportunities to continually grow in the nursing profession.

I am most proud of our Nurse Residency Program (NRP). With UW Health’s support, in 2011, our NRP became one of the first accredited programs in the country. As the coordinator for the NRP, I strive to understand the needs of the new graduate nurses and strongly advocate for them. Nurse residents’ needs change over time and we must continually change and adapt to those needs. We evaluate each cohort and incorporate their feedback into program changes. For example, we recently changed their work schedule to include 12-hour shifts to provide them with a better work-life balance and preceptor continuity. Because of the success of our program, the University HealthSystem Consortium, which oversees the national NRP, has asked me to train new site coordinators for the past seven years.

The NES role is multi-faceted and requires a lot of knowledge and expertise in a variety of different areas. In addition to precepting new NESs, I provide a variety of educational opportunities for staff and am involved on many task forces that work on process improvements. I was recently involved with a task force for differentiating the roles of clinical nurse specialists (CNS) and NESs at UW Health. Our work culminated in a role clarity document outlining responsibilities for each role.

In addition to coordinating the NRP, I have had the opportunity to be the interim educator for emergency services for almost two years. Although this practice area was new to me, my experience as an educator helped me identify ways to better support nursing staff. We incorporated formal evaluations for all new hires in the emergency department (ED) and subsequently evaluated our orientation process. We explored the competency paperwork to ensure the learning needs of new staff were met and they were competent to care for our patients before orientation ended. We also revived the ED Workspace—an informational repository located on our intranet—as a valuable clinical resource. New and existing staff have been educated and have begun to use it more regularly.

Recently, I was asked to present at the Infusion Nursing Society’s national conference. We have a strong educational plan for teaching new graduates about infusion nursing practices and I was able to share our practices with others during the conference. Additionally, I submitted an article on this topic to their journal, which was accepted for publication earlier this spring.

Kim McPhee, MS, RN-BC, nursing education specialist and Nurse Residency Program coordinator, addresses soon-to-be nurse graduates at an annual brunch that provides the students with an opportunity to apply to UW Hospital’s prestigious Nurse Residency Program.
Providing excellent care for our patients and families drives our work every day. UW Health values the contributions of all our nurses to provide excellent care and recognizes these contributions in a variety of ways, including the monthly DAISY recognition program.

Adopted from the national DAISY Foundation—Diseases Affecting the Immune System—the DAISY program rewards remarkable care, clinical skills and extraordinary compassion in nursing, and has grown leaps and bounds internationally as well as at UW Health.

We would like to highlight some of these remarkable nurses who consistently demonstrate an exceptional standard of nursing practice at UW Health by sharing comments from some of the patients and families who nominated them, and the impressive number of nominations they’ve each received as shown in their daisies below.

Kudos to all our nurses who make a difference every day in the lives of our patients and families through the excellent care they provide!

### Remarkable DAISYs
Honoring nurses with 5+ nominations

**Clare Baumann, BSN, RN**
“We’ve been to a lot of different hospitals and have had many different nurses. Clare’s light shined well beyond any others.”

**Suzanne Card, RN**
“When I was struggling Suzanne was kind, compassionate, and professional… I was truly blessed to have her as my nurse.”

**Andrea Carman, BSN, RN**
“Moment to moment, Andrea showed great compassion and caring… She has excellent nursing skills… I wanted to wrap her up and take her home with me.”

**Adrienne Luber-Heller, RN, CMSRN**
“Adrienne is a nurse my family and I will NEVER forget. …I believe nurses are the foundation and backbone of any hospital and to have a nurse like Adrienne is a gift. She is a natural healer.”

**Chrystina Schroeder, BSN, RN**
“There is something special about Chrystina. Her personality, compassion, kindness and willingness to help shined through, even during our darkest hours. It is obvious she loves her job as well as her patients.”

**Brian Shannon, BSN, RN**
“His balance of care, guidance, attentiveness, energy and touch is a spectacular gift!…We were blessed to have him for our father’s care. He is the essence of remarkable care, clinical skills and extraordinary compassion.”

**Neelam Shrestha, BSN, RN**
“I was approached by a small, mighty woman with a soft smile… Neelam is an asset to UW Hospital and makes this world a better place with her smiling face and giving heart. I’m blessed to know her.”

**Jennifer Jaeger, BSN, RN**
“She showed incredible compassion and kindness at a time when I certainly needed it! Her care went beyond ‘normal nursing.’”
Making Strides in Our 2014 Nursing Annual Review

By Tamara Zupanc, MSN, RN, CCRN

At most health care facilities, mandatory competencies are common practice for nursing staff. The topics for these competencies are usually based on requirements by regulatory agencies or facility policy. The annual competency assessment process provides a method through which facilities can both evaluate staff and provide necessary training. The institutions can determine the most appropriate methods for assessment of competency.

UW Hospital and Clinics completes its annual nursing competency assessment (Annual Review) during January and February, which is coordinated by education and development for nursing and patient care services. In the past, the competency assessments were completed on the units by unit trainers, but nurse satisfaction with this particular method was poor.

In 2013, a new Annual Review process was piloted on medical nursing units, using simulation to centralize and improve our annual competency assessment. Based on the success of the pilot, it was decided the process would be rolled out house-wide. For the 2014 Annual Review, nursing staff came to the UW Health Clinical Simulation Program facility to complete the components of the competency assessment, which included:

- Mock Code
- Central Line Dressing Change
- Restraint Competencies
- Nova Meter Competencies
- Safe Patient Handling Equipment
- Nursing Poster Sessions
- Nursing Assistant-Specific Content

Ninety percent of inpatient units participated (35 out of the 39), totaling 1,363 RNs and NAs who attended the new Annual Review process at the simulation facility. A survey of participants reflected increased satisfaction (with the process) and improved confidence to provide the skills reviewed in the simulation facility. Improved outcomes in patient care were also noted through a decrease in falls and central line infections.
WHY UW HEALTH?
K: All of my degrees are from UW-Madison, I did all of my nursing school clinicals here, and I enjoy the teaching hospital environment.

L: I came to UWHC through its premiere Nurse Residency Program and chose my unit because of their nationally-recognized geriatric care. With my strong desire for an academic health care environment, UWHC’s Magnet status and family ties with UW-Madison, I couldn’t think of anywhere else I’d rather be!

WHAT INSPIRES YOU?
K: When patients have a health scare and are empowered to take charge of their own health.

L: My patients and my co-workers. I’m passionate about my work and being around amazing people is its own reward.

PROUDEST ACCOMPLISHMENT
K: Leading the team that completed the environmental site investigation of the Coeur d’Alene Basin Superfund Site in Coeur d’Alene, Idaho.

L: Being a staff RN on a multi-medical geriatric floor, residency project implementation and appointments to UWHC Nursing Practice Council and F6/5 Unit Council.
Improving Shift Handoff Reports
By Kathryn Carpenter, BSN, RN, and Lori Tebrinke, BSN, RN

When people meet us, they assume we’ve been nursing for years. We actually graduated from the UW-Madison School of Nursing in May 2013 and recently completed the Nurse Residency Program. Needless to say, nursing is not our first career. Together, we have more than 40 years of prior work experience—Lori with more than 24 years in education, banking, and volunteer leadership positions—Kathryn with 18 working as an environmental consultant and spending more than two years in Afghanistan working on water development projects.

In our previous careers, collecting and analyzing data was a routine part of our work. So we were both surprised to observe that nurses were using handwritten notes during shift-to-shift handoffs and felt the process could be improved through the use of technology. As part of our Nurse Residency Program, we were asked to complete an evidence-based practice project to implement on our unit that would meet unit priorities (as well as the UW Health Strategic Plan), so we thought improving shift handoffs would be perfect.

Based on an extensive literature review, we found that very few hospitals use an electronically-driven handoff tool through existing electronic health records (EHR) systems. Research also validated that using EHR systems to drive handoff reports benefits the communication process by allowing for fewer errors and increasing nursing and patient satisfaction with the quality of the bedside handoff report.

With support from our informatics colleagues, we designed a patient report (developed in Health Link, UW Health’s EHR), to streamline shift-to-shift handoff. The report included the most current patient data from Health Link and downloaded it to a standardized one-page report per patient. This process minimized transcription and reporting errors, thereby improving the quality of the bedside report. These patient reports have been trialed, evaluated, revised, and implemented on several units within UW Hospital and Clinics. Current unit culture consists of printing off the patient reports at the beginning of every shift, making them available to all nurses. Nurses can pick up their patients’ reports and go directly to the bedside.

While this innovative tool addresses Magnet and national priorities, it also addresses the unit’s goals of using technology to improve staff communication for patients’ plan of care, patient outcomes and safety, as well as staff efficiency. Hospital-driven goals were also achieved as UW Hospital and Clinics strives to be superior in quality and safety by using existing technology to incorporate most recent patient data during handoff reporting. Evidence-based implementation of this new clinical practice has been successfully piloted. Fiscally responsible use of existing technology has reduced time spent at the computer and improved efficiency. The Joint Commission on Accreditation of Healthcare Organizations has also established as National Patient Safety Goals: to improve communication between caregivers; and for nurses to use a combination of written and face-to-face format during bed-side handoffs to prevent sentinel events.

Optimizing the power and potential of technology and informatics to support innovative patient care and enhancing the effectiveness of professional practice, utilizes our available data to its fullest potential. Quality care for patients and standardized EHR-based shift change bedside reports will ensure that the most up-to-date patient information is available to all parties involved in the handoff. Most significantly, the desired clinical outcome of more quality time spent at the bedside and inviting patients and families to actively participate in developing their individualized care plan improves overall safety, communication and patient and nursing satisfaction.
Complex Case Management
Coordinating care for our most complex patients

By Jan Hastreiter, MSN, RN

“Sam” is a 57-year old female with uncontrolled diabetes, hypertension, congestive heart failure, chronic kidney disease who has been homeless since October 2013. Sam has a dog as a companion, a bond that has helped her cope with the many obstacles she faces. Having her dog also has limited her ability to use homeless shelters and even to stay at the homes of friends or family, but she is not willing to give him up. Sam had a tent and had been staying at campgrounds since spring, but the tent was destroyed during a severe storm. Sam and her case management (CM) team discussed her options and priorities: Sam could borrow a tent from a family member, but did not have the finances to pay for the campground. The CM team was able to work with the campground of the patient’s choice to pay for two weeks of camping ($214) until Sam’s social security check arrived. The best news was delivered on the last day of her campground stay, when she moved into a room at the YWCA—with her dog—and now has permanent housing. In her words, “It feels great to have a roof over my head!”

Immediately after being accepted into the Medicare Shared Savings Program in 2013, UW Health developed a Complex Case Management (CCM) program to partner with patients and other clinicians to improve care and manage risks for patients, like Sam, with complex health and life challenges. UW Health receives both direct referrals and a Medicare claims data tool to help identify and potentially intervene with patients most at risk of hospitalizations. A CM team of registered nurses (RNs) and social service assists patients to meet their goals by providing advocacy, coordination of care, navigation of health care services, community resources, education and support. The CCM program has expanded as a delegate to Unity, providing CCM services to Unity members in May 2014. When fully staffed, CCM will employ seven social service case managers and seven RNs in the program.

“As Sam’s primary care provider, I am very appreciative of the CCM team’s assistance. Since getting involved, I think her compliance, medical health, and quite frankly, her overall life expectancy have gone up immeasurably. Thank you so much.” —Dr. Patrick Huffer

“As an accountable care organization, we are responsible for the quality and cost of the care we provide,” says Richard Welnick, MD, who serves as Medical Director of UW Health’s CCM program. “We must better manage the risks of caring for complex patients, and case management has been shown to work in improving care.”

Giving Sam a relatively stable place to stay allowed her to have a routine and successfully meet her goals of finding housing and managing her diabetes. She now has a plan on when and how to take her medications, resulting in adherence to her treatment plan. Sam is reaching her diabetes goal by taking her insulin as prescribed. A consistent walking exercise program and improved eating habits resulted in a nearly 20 pound weight loss since June 2014.

Through this and many other successful patient stories like it, UW Health’s CCM program is delivering financial, clinical, and operational results while also demonstrating positive changes in patients’ lives. Even though she may never be fully free of all her medical challenges, Sam has a care plan in place that she embraces and a team at UW Health that she trusts.
New Knowledge, Innovations and Improvements

Enhancing the Discharge Process Step by Step

By Ann Malec, MS, RN, ACNP

As the saying goes, “a picture is worth a thousand words.” I vividly recall the “picture” of a patient’s family member walking up to the nurses’ station. The man, visibly distraught, said, “We were told we could leave six hours ago. I just want to take my wife home. We have hours to drive! Why can’t my wife be discharged? Can someone please help us?”

This wasn’t the “picture” we wanted patients to take home. Additionally, our Press Ganey data also reinforced that this picture was not the experience of just one patient, but of many patients. In fact, satisfaction data revealed that only half of our patients were satisfied with their discharge experience. As an organization committed to a core goal to provide a patient and family experience of compassion and excellent clinical quality, it was time to get the paint brush out and paint a new picture.

We set out to create an enhanced discharge process and we tackled it, step by step. The “artists,” otherwise known as the interdisciplinary team, which also included patient and family advisors, gathered together to problem solve new approaches to the process. Over the course of several months, the team worked diligently to outline a structure to improve the process. The main purpose was to coordinate the time of discharge with the patient, family and interdisciplinary team to avoid confusion, fragmentation and frustration.

The new process now includes documenting an anticipated discharge date and a confirmed discharge date and time on the patient’s whiteboard and the Discharge Status Board in Health Link, the electronic health record. The anticipated discharge date is intended to provide an estimated date of discharge. Because several factors may influence this date, daily discussions between the interdisciplinary team and the patient and family during bedside rounds, are of the utmost importance. These daily discussions also help to narrow down an actual confirmed discharge date and time. Because there are so many steps involved in the discharge process, early planning is critical to avoiding fragmentation and frustration for everyone involved. Most importantly, this new way of planning and collaborating with patients and families supports the true essence of patient- and family-centered care.

Initial efforts to improve the patient experience around the discharge process are yielding positive results. While this significant change in culture will take time, the percentage of patients with a confirmed discharge date and time is now up to 68 percent since the go live of March 31, 2014. Likewise, initial Press Ganey satisfaction data also demonstrates improvement. We are hopeful that ongoing improvement will paint a “new picture” that will leave a lasting positive impression on the patients and families we serve.
WHY DID YOU BECOME A NURSE?
After graduating from high school, I had no idea what I wanted to be. My mom walked into my room one day and said she thought that I would make a great nurse. So I enrolled in Alverno College in the nursing program and loved it.

WHY UW HEALTH?
I chose UW Health because of the ambulatory opportunities that were available.

WHAT INSPIRES YOU?
My family, colleagues and patients inspire me to be the best nurse that I can be every day.

PROUDEST ACCOMPLISHMENT
Being named the “2014 Working Mother of the Year” for UW Hospital and Clinics.

PROFESSIONAL WISH LIST
In the future, I would like the opportunity to expand my nursing career by going back to school and considering working in management.
Empirical Outcomes

Partnering with Physicians to Improve Communication
by Lisa Wannebo, BSN, RN

Over the past couple of years, I have been the primary coordinator of a quality improvement project involving the ambulatory float nurses and the providers and nurses in the Endocrine, Neurology, and Pulmonary Clinics. The project uses the ambulatory float nurses’ unique knowledge of current practice and clinic-specific workflows to help us devise an intervention to improve utilization of Health Link—our electronic health record—and specifically the InBasket function.

The goal of the project was to promote proper use of the InBasket among the providers to improve workflow, work efficiency, RN satisfaction, and ultimately provide excellent patient- and family-centered care. The project involved one-on-one education between an ambulatory float nurse and provider focusing on 18 points of InBasket education, which included pre- and post-surveys. The surveys were key in indicating improvement in provider knowledge, understanding and use of the InBasket, increased workflow efficiency and improved RN job satisfaction.

Overall, working with providers and nurses in the various clinics was a very rewarding experience and improved my own job satisfaction. This project opened new opportunities and allowed me to grow professionally, for example, by giving a poster presentation titled, “Optimization and Utilization of Electronic Medical Record” with one of my colleagues at the annual AAACN nursing conference in Las Vegas. I also presented the project and outcomes with two of my colleagues at the annual EPIC conference, to hospital administrators from all over the country and to various UW Health clinics and ambulatory clinic managers.

This project has certainly reinforced to me that nursing makes a difference. With assertive nursing, we can improve the use of our electronic health record and provide seamless high quality patient care.
Many initiatives are underway to reduce hospital-acquired infections (HAIs) at UW Health, but how do we know if these initiatives and changes are working? Infection control practitioners review infections reported by the laboratory to see if they meet criteria for an HAI. Two of these HAIs—catheter-associated urinary tract infections (CAUTI) and central line-associated bloodstream infections (CLABSI)—have gotten a lot of attention this past year and efforts have been underway to make improvements. Both of these infections have an interdisciplinary team that meets regularly to review the data and make recommendations to improve these outcomes.

The CLABSI interdisciplinary team now meets twice a month and completes a gap analysis between recommended evidence-based practices and current UW Hospital and Clinics practice. This analysis will help us identify future areas to focus on. Top priorities already identified are to evaluate the use of midline catheters versus peripherally inserted central catheter (PICC) lines, discontinuing unnecessary central lines, and to investigate having two RNs present at central line dressing changes. Unit-based CLABSI champions completed eight hours of central line training in FY14 and are monitoring central lines and their dressings on their units. They are also responsible for educating other staff on their units. New products have been added to central supply to assist with better line care, including an alternative to the bio patch that assists with hemostasis and a better, larger dressing for larger central lines.

The CAUTI workgroup also meets twice a month and has joined the 2014 CAUTI Improvement Collaborative through the University Health System Consortium (UHC). The past year’s initiatives to reduce CAUTI have included:

- Standardization of catheter kits with urine meters and size on all units throughout the organization
- Use of indwelling urinary catheter checklist for all indwelling catheter insertions on inpatient units, including the emergency department
- Ongoing education of all staff on proper catheter care that is to occur twice daily
- CAUTI champion education
- Daily evaluation of the necessity of the indwelling catheter
- Formation of a pediatric specific CAUTI subgroup
Transitional Care Program: A Year in Review

By Kristine Leahy-Gross, MSN, RN, CPHQ, and Peggy Troller, MS, RN

Transitions of care occur each time a patient moves from one health care provider or health setting to another. These care transitions are the highest risk phases of care for patients and may result in preventable readmissions. In fact, nearly one in five Medicare patients readmits to the hospital within 30 days.¹ Transitional care programs have been shown to improve outcomes by bridging care between providers and health care settings.

UW Hospital and Clinics implemented an evidence-based Transitional Care Program in 2013 that utilizes a low-resource, telephone-based model designed to improve care transitions of patients and reduce 30-day re-hospitalizations. Patients enrolled in the Transitional Care Program are at least 65 years old, have a working telephone and are discharging home or to an assisted-living facility. Patients must be from general medicine, hospitalist, cardiology and family medicine services or referred by the Acute Care for Elders (ACE) team if they are coming from surgical services.

The program consists of registered nurses, a nurse practitioner (NP), and a social worker who identify patients at risk for re-hospitalization. Patients enrolled in the program receive post-discharge follow-up phone calls for 30 days and may receive NP home visits. The Transitional Care Program staff work closely with inpatient nurses, coordinated care staff and medical teams to determine discharge goals and assure coordination of care. After discharge, the team works with the patient and family, caregivers, primary care provider, home health and other providers as needed to coordinate care.

Outcomes

In its first year, the Transitional Care Program enrolled 915 patients. There was an average of three calls per patient (total of 2,524 calls), and a total of 859 calls to providers, nurses, social workers and other clinical supports. During the post-discharge telephone medication reconciliation, 36 percent of patients had at least one medication discrepancy. Nearly one fourth of medication discrepancies were with cardiovascular medications.

Risk criteria and consults assist the transitional care nurses in prioritizing enrollment in the program. The enrollment risk criteria are: lives alone, hospitalized in previous 12 months and documentation of dementia, delirium or other cognitive issues. More than 53 percent of patients enrolled in the program were hospitalized in the previous 12 months.


Transitional Care Program nurse, Peggy Troller, MS, RN, discusses discharge goals with a patient to ensure coordination of care before, during and after the hospital stay.
Celebrating our Magnet Re-designation