The American Nurses Credentialing Center’s (ANCC) 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 is organized into five Model Components, including a focus on outcome measurement.

In keeping with the spirit of the Magnet Recognition Program® organizational structure, the 2012 UW Hospital and Clinics Nursing Annual Report, covering July 2011-June 2012, has also been organized into five distinct sections, each representing a Magnet component as identified by ANCC.

**Table of Contents**

ANCC Magnet Recognition Program Model® Component* 2012 UWHC Nursing Annual Report

**Transformational Leadership**

“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.”  

**Structural Empowerment**

“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.”

**Exemplary Practice**

“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.”

**New Knowledge, Innovation and Improvements**

“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.”

**Empirical Quality**

“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?’ Magnet-recognized organizations are in a unique position to become pioneers of the future and to demonstrate solutions to numerous problems inherent in our health care systems today.”

*Source for all material in quotations: Magnet Recognition Program® Model. Retrieved November 2012 from nursecredentialing.org/magnetmodel.aspx
Transformational Leadership

I am grateful to celebrate the myriad of accomplishments in nursing and patient care services this past year at UWHC. Once again, our team has focused on providing compassionate care with exceptional patient outcomes. In addition, as a Magnet organization, our strength is exemplified through our passion for excellence in all we do.

We were thrilled to learn our New Graduate Residency program was accredited for a full five years by the American Association of Colleges of Nursing. One of only nine hospitals in the nation with this esteemed designation – the UWHC program prepares new nurses for the transition from academia to practice for a lifelong career in nursing.

Our interprofessional teams have developed and implemented processes to better manage inpatient capacity to accept external patients needing transfer to a higher level of care. Since May 2012, we have not denied a patient transfer for lack of staff or beds – yielding access to care for regional patients as well.

Our collaborative governance structure is evolving and maturing. To cite just a few examples, the Nursing Recognition Council researched the Daisy Award for exceptional nurses and determined it to be a great fit for our organization. We have recognized over 50 nominees and awarded three nurses the Daisy distinction.

The Nursing Advancement Council summarized and presented their longitudinal study and recommendations for an advancement program to recognize and reward frontline nurses for progressive professional acumen. The particulars of the program are currently being shared with all frontline nurses.

The Nursing Research Council has set forth an aggressive agenda for engaging frontline staff in several evidence-based projects and rigorous research initiatives.

While our patients and families are at the core of all efforts, we are also dedicated to creating a healthful work environment for our nurses and healthcare providers. Staff who experience joy and meaning in their contributions demonstrate a higher level of engagement. Our nursing satisfaction survey results are reflective of this as more nurses noted a higher level of satisfaction with their work and intend to stay at UWHC in the foreseeable future.

There are many exciting times and challenges ahead of us in health care. We have a foundation of excellence in our staff at UWHC such that we are poised to make the years ahead...remarkable.

Beth Houlahan, MSN, RN, CENP
Senior Vice President Patient Care Services, Chief Nursing Officer
# FY12 Nursing Strategic Goals

<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>• Clinical Leadership Institute (CLI) expands leaders’ self-knowledge, skills and competency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinicians empowered through collaborative governance, participative decision-making and a commitment to professional development</td>
<td>• Capacity Management forecasting successes</td>
</tr>
<tr>
<td>Structural Empowerment</td>
<td>Best Work and Learning Environment</td>
<td>• Clinical practice areas provide healthy work environment • Collaboration with other academic programs to advance education, professional development and research for clinical disciplines</td>
<td>• Nurse Residency Program receives national accreditation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient- and family-centered care superior in quality and safety • Exemplary professional practice • Interdisciplinary Model of Care to improve patient access, interdisciplinary communications, collaboration, patient outcomes and satisfaction</td>
<td>• Nursing education and development: 191 courses and 704 contact hours in FY12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Optimize technology and informatics to support innovative patient care and professional practice • 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>• 522 UWHC nurses and nutritionists hold professional certification, including 89 obtained for first time in FY12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Deliver outstanding patient- and family-centered care that is: • Superior in quality • Evidence-based • Culturally congruent • Extraordinary service • Fiscally responsible</td>
<td>• NDNQI Nurse Survey results used to plan workplace and care environment improvements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transitions of care workgroup • Ambulatory Nursing Council including primary care nurses • Nurses actively involved in primary care redesign and Microsystems teams</td>
<td>• DAISY Award for Exemplary Nursing care introduced at UWHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evidence-based practice (EBP) survey explores current thoughts and beliefs about EBP, perception of organizational readiness for EBP, CNS Outcomes tool created to track process and outcome measures, financial implications.</td>
<td>• Quality metrics and unit-level data used to improve nurse sensitive outcomes</td>
</tr>
<tr>
<td>Empirical Quality Results</td>
<td>Service Excellence</td>
<td></td>
<td>• Ongoing monitoring of organizational and unit-level data on patient satisfaction, nursing satisfaction and multiple quality indicators</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></td>
<td>Support primary care initiatives through care transition processes that maximize the quality of care for patients with chronic disease states</td>
<td>• Transitions of care workgroup • Ambulatory Nursing Council including primary care nurses • Nurses actively involved in primary care redesign and Microsystems teams</td>
</tr>
</tbody>
</table>


Clinical Leadership Institute

By: Dianne Danis, MS, RN, NEA-BC, FAAN

The fifth year of the Clinical Leadership Institute (CLI) began in January 2012. This program, which provides staff with a variety of opportunities to advance their leadership abilities, is a collaborative venture between the UW-Madison School of Nursing (SON) and UWHC. The program has been highly successful, with one participant commenting: “…my participation in the CLI has opened my eyes to a whole new world of literature, books and awareness of self that I did not possess before. I view my leadership role now in a much different light; it has more richness, depth and potential than I thought possible.”

Leading & Managing in a Clinical Practice Discipline

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 Ruth Kleinpell, PhD, RN, FAANP, FAAN, Director of the Center for Clinical Research and Scholarship at Rush University Medical Center and a Professor at Rush University College of Nursing.

CLI Scholar Program

This year-long program is designed for current leadership staff who want to further develop their leadership ability. The 2012 “class” includes 14 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.

Out of 60 past and present scholars, there have been a total of seven (11.7%) departures from UWHC over the five-year life of the program. Otherwise stated, this is an 88.3% retention rate.

The CLI program coordinators are Dianne Danis, MS, RN, NEA-BC, FAAN, Director, Nursing Practice Innovation, and Marilyn Haynes-Brokopp, MS, RN, APHN-BC, Clinical Associate Professor, UW-Madison School of Nursing.

“I view my leadership role now in a much different light; it has more richness, depth and potential than I thought possible.”

<table>
<thead>
<tr>
<th>2012 Scholars</th>
<th>Scholar Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elise Arsenault Knudsen, MS, RN</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Dawn Berndt, MS, RN, CRNI</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Becky Bertram, MSN, RN</td>
<td>Clinical Coordinator SON</td>
</tr>
<tr>
<td>Troy Betts, MS, RN</td>
<td>Nursing Education Specialist</td>
</tr>
<tr>
<td>Susan Cox, BSN, RN</td>
<td>Nursing Coordinator</td>
</tr>
<tr>
<td>Nola Endres, MS, RD, CD</td>
<td>Clinical Nutritionist</td>
</tr>
<tr>
<td>Kathy Golos, MS, RD, CNSC</td>
<td>Sr. Clinical Nutritionist</td>
</tr>
<tr>
<td>Stephanie Kraus, MS, RN, CCRN</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Diane Mikelsons, MN, RN</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Rebecca Rankin, MS, RN, CPHQ, PMP</td>
<td>Director, Nursing Informatics</td>
</tr>
<tr>
<td>Anne Rikkers, BSN, RN</td>
<td>Nursing Coordinator</td>
</tr>
<tr>
<td>Robin Valley-Massey, BSN, RN</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>Jessica Weber, MSN, RN, ACNS-BC, CCTN</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Kira Wilson, MS, RD, CDE</td>
<td>Clinic Manager</td>
</tr>
</tbody>
</table>
Capacity Management Improvements

By: Dennise Lavrenz, BSN, MBA, RN

In our region, we have many great health care providers, including the #1-rated Hospital in Wisconsin – UW Hospital and Clinics (UWHC). So imagine you or one of your family members required specialized health care that only UWHC offers. Now imagine UWHC turned you or your family member away due to lack of staff or availability of beds. With more than 590 beds and thousands of health care providers, this couldn’t happen at UWHC, right? Except it did.

In 2011, UWHC diverted 87 patients and their families, a level of diversions that had become commonplace and was in total contrast to UW Health’s mission, vision and values.

To meet our goal of accepting all appropriate patients seeking our services, we’ve been working on preparedness strategies by planning for bed capacity and assuring adequacy in staffing.

Reversing the Trend

Reducing diversions has allowed us to rebuild our relationships with patients, their families and referring physicians and medical organizations. In 2012, we began implementing strategies to enhance our capacity management and assure that UWHC is able to meet our mission to provide excellent tertiary care.

The following strategies have been put in place to assure flexibility in staffing to meet fluctuations in capacity.

- Launching of plans for capacity management and restriction avoidance to adequately respond to higher-than-budgeted census. This includes escalating communication among many areas as census increases.
- Implementing standardized staffing guidelines to assure that all areas operate under the same principles and consider the same options when making staffing decisions.
- Expanding morning staffing rounds to include the Emergency Department and Access Center.
- Including SOS (Save Our Shift) staff in morning rounds and initiating routine check-ins with the Nursing Coordinators to gain a more global picture of all areas within the organization to assure SOS is aware of the areas with the greatest need and can deploy staff to them accordingly.
- Hiring travelers to respond to short-term volume increases.
- Expanding float capacity by adding 20 FTE to our Float Pool (10 within core positions and 10 within travelers) to allow us to be more flexible in responding to areas with high census.
- Proactive planning for unit needs: As census increases, looking beyond the next shift and projecting needs 20 hours in advance while planning for weekend staffing on Thursdays.
- When staffing or beds become tight, organizing emergent “huddles” with care team leaders and nursing leadership to work together to meet all patient needs.
- Improving timeliness of bed assignments to prevent delays or cancellations due to wait times.
- Working toward “Being a Bed Ahead” to assure we have the right bed open at the right time for the right patient.
- Utilizing morning rounds to discuss capacity management strategies.
- Forming a team to focus on Patient Safety Attendant (PSA) usage and examining our processes to request a PSA and provide resources. The team is reviewing how we treat the underlying cause for the behavior necessitating the PSA.
- Creating an escalation process to contact the Nursing Operations Support Director 24/7 with any potential denial/diversion situations due to lack of beds or staffing. This assures all strategies have been exhausted before we determine we are unable to accept a patient.

It’s working!

These strategies are making a difference. In 2012, we have turned away only two patients and none away since May. It’s now viewed as a failure to not be prepared to care for all patients seeking our services. This success is a result of strengthening our communication, systems and processes for capacity management. We are always looking for ways to improve and appreciate staff input and guidance to assure that we remain ready to care for all patients and families.
UW Hospital and Clinics Nurse Residency Program Receives Accreditation

By: Kim McPhee, MS, RN-BC

UW Hospital and Clinics (UWHC) has become one of only nine programs in the nation to receive accreditation of its Nurse Residency Program (NRP). Since initiating the University HealthSystem Consortium/American Association of Colleges of Nursing national NRP at UWHC in 2004, we have seen many positive outcomes, including a reduction in turnover and statistically significant improvements in adjustment to the RN role, organization/prioritization, and communication and leadership skills. Nurse residents have consistently rated the NRP high in their evaluations at the end of the year, and more than 690 nurses have successfully completed the program.

The Commission on Collegiate Nursing Education (CCNE) is the standard-setting organization for post-baccalaureate NRPs. CCNE began accrediting NRPs in 2008, and UWHC began preparing to seek accreditation shortly thereafter. The CCNE process consists of the following components:

• Review of the program’s mission, goals, and expected outcomes
• Assessment of the performance of the program in achieving its mission, goals, and expected outcomes through effective implementation and utilization of resources
• Review of evidence for how the program is meeting each of the key elements within the accreditation standards
• Site visit by CCNE to validate the outcomes reported by the program in a self-study document

During UWHC’s site visit in October 2011, the surveyors met with more than 70 people who interact with the NRP in a variety of ways. They spoke with hospital administration, current and previous nurse residents, preceptors, nurse managers, clinical nurse specialists, nursing education specialists, presenters in the NRP, members of the NRP Advisory Committee, and University of Wisconsin-Madison School of Nursing faculty. After sharing their perceptions of our program with representatives from UWHC, the survey team submitted its report to the CCNE board for review. The CCNE board awarded the UWHC NRP accreditation during its April 2012 meeting. UWHC’s accreditation term is 5 years, the maximum duration awarded.

The NRP’s success at UWHC is due to the ongoing support by staff at all levels to welcome and nurture new-to-practice nurses as they begin their nursing career here.

Nursing Education and Development Offerings

By: Michele Glynn, MSN, RN-BC

In FY12, the Department of Education and Development for Nursing and Patient Care Services sponsored or facilitated 191 programs offering continuing education contact hours. A total of 704.2 contact hours were offered for 3,682 participants. The number of programs with continuing education credit has been increasing steadily over the past few years (see table). In FY12, these programs included certification review courses, 42 on-line journal club offerings, the Clinical Grand Rounds and Leading & Managing Grand Rounds series, Evidence-Based Practice workshops, workshops for care team leaders and preceptors, and a variety of service, department and unit clinical topics.

<table>
<thead>
<tr>
<th># CE Courses</th>
<th># Contact Hours</th>
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<tbody>
<tr>
<td>FY12</td>
<td>191</td>
</tr>
<tr>
<td>FY11</td>
<td>161</td>
</tr>
<tr>
<td>FY10</td>
<td>125</td>
</tr>
<tr>
<td>FY09</td>
<td>94</td>
</tr>
<tr>
<td>FY08</td>
<td>65</td>
</tr>
</tbody>
</table>

Nursing Education and Development Courses – Winter 2013

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 winter:

January
• Pediatric Hot Topics 2013 Series
• Behavioral Management
• Evidence-Based Practice Workshop
• LEAP Transitional Nursing Program

February
• Evidence-Based Practice Workshop
• Partnering for Non-RN Staff–Ambulatory and Inpatient

March
• Ambulatory Certification Workshop
• LEAP Transitional Nursing Program
• Medical-Surgical Nursing Certification Review Course

Learn more at: U-Connect>Nursing>Education and Development for Nursing and Patient Care Services
Professional nurses practicing at UWHC take great pride in being highly educated leaders. As indicated by the accompanying table, 79 percent hold a BS or higher degree; 67 percent hold a BSN; 12 percent hold a masters degree; 10 percent hold a masters degree in nursing and .05 percent hold an earned doctorate.

<table>
<thead>
<tr>
<th>RN Education – FY12</th>
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</thead>
<tbody>
<tr>
<td>2160 Total RNs</td>
</tr>
<tr>
<td>79% Hold a BS or higher degree</td>
</tr>
<tr>
<td>67% Hold a BSN</td>
</tr>
<tr>
<td>12% Hold a masters degree</td>
</tr>
<tr>
<td>10% Hold a masters degree in nursing</td>
</tr>
<tr>
<td>0.5% Hold an earned doctorate</td>
</tr>
</tbody>
</table>

The number of UWHC nurses and nutritionists achieving professional certification increased again in 2012. Twenty-four percent of professional nurses and nutritionists are certified (N=522), a 640 percent increase between 2004 and 2012.
New Certifications for Professional Nurses and Clinical Nutritionists in FY12

Congratulations to the 89 professional nurses and nutritionists who were newly certified or re-certified during FY12!

Abitz, Tracey, CTN-B
Adams, Brooke, CCRN
Aide, Diane, CORLN
Allaire, Karen, AHN-BC
Arenson, Rebecca, RN-BC GER
Arsenault Knudsen, Elise, ACNS-BC
Baker, Carisa, CPNP-PC
Bartos, Margaret, PCCN
Bazur-Leidy, Betsy, CPN
Bodine, Laura, CNSC
Braithwaite, Ashley, PCCN
Brauer, Erich, CCRN
Buth, Allison, CCRN
Campbell, Bethaney, AOCNS
Cayton, Jessamine, CMSRN
Danke, Heather, CCRN
Demo, Frances, CWON
Dieckhoff, Shelly, CPNP-PC
Dills, Rebecca, CCTC
Drewlow, Steven, CEN
Drewry, Kristine, CPN
Dullum, Judie, CMSRN
Fisher, Jill, CPEN
Flentje, Daryn, CMSRN
Fowler, Melissa, CCRN
Gabriel, Kristin, CCRN
Gold, Susan, ACRN
Gunn, Anne, CPN
Hanson, Amanda, CCRN
Hayes, Katie, PCCN
Hermannson, Leigh, CCRN
Hertel, Emily, CMSRN
Honstad, Alexa, CCRN
Houlahan, Beth, CENP
Huge, Elizabeth, CCRN
Hyde, Jessica, CMSRN
Jacobus, Amy, CCRN
Jaedike, Amanda, OCN
Jansa, Deana, RN-BC IN
Johnson, Deborah, CWOCN
Kappelman, Leah, CCTC
Kunde, Anna, CCRN
La Tarte, David, CCRN
Lang, Barbara, CMSRN
Linsenmeyer, Charles, RN-BC CV
Lock, Judith, RN-BC IN
Locke, Stephanie, ANP-BC
Mainguth, Lori, CPNP-PC
Mannetter, Marloe, OCN
Markus, Jill, CPNP-PC
Meyer, Teresa, ACRN
Miller, Tina, RN-BC CV
Moldenhauer, Sara, CTN-B
Nolan, April, CCRN
Nottingham, Cassandra, RNC-NIC
O’Connor, Carlee, CCTC
O’Flahrity, Andrea, CFRN
Orzechowski, Stephanie, CENP
Otto, Ruth, CPNP-PC
Paris, Patricia, CPN
Plesh, Mary, AE-C
Pluess, Toni, CMSRN
Popp, Shanna, CCRN
Porter, Shannon, CEN
Pufahl, Kaitlyn, CPNP-PC
Rees, Susan, CENP
Roepke, Abbey, CCRN
Rogrud, Roger, CFRN
Roth, Abigail, CPHON
Schaser, Karen, CRNI
Schmaling, Lorie, CPN
Schoenwetter, Kyla, CCRN
Schwerdtfeger, Jody, CCTC
Shoemaker, Michele, PCCN
Smith, Ilene, CLC
Smith, Tricia, CPNP-PC
Squire, Janell, CCTN
Stevens, Linda, CSPHP
Szewczyk, Catherine, CCRN
Szotkowski, Molly, ACNP-BC
Tinker, Deborah, CENP
Weber, Jessica, ACNS-BC
Wilson, Kenneth, CMSRN
Winsor, Clara, CPHQ
Yeager, Jennifer, CCRN
Yerges, April, CPN
Zimmerman, Cindy, RN-BC CV
Zitlow, Danielle, CCRN

Certification Descriptions

<table>
<thead>
<tr>
<th>Certification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACNP-BC</td>
<td>Acute Care Nurse Practitioner</td>
</tr>
<tr>
<td>ACNS-BC</td>
<td>Adult Health Clinical Nurse</td>
</tr>
<tr>
<td>ACRN</td>
<td>AIDS Certified Nurse</td>
</tr>
<tr>
<td>AE-C</td>
<td>Asthma Educator-Certified</td>
</tr>
<tr>
<td>AHN-BC</td>
<td>Advanced Holistic Nurse</td>
</tr>
<tr>
<td>ANP-BC</td>
<td>Adult Nurse Practitioner</td>
</tr>
<tr>
<td>AOCNS</td>
<td>Adv Onc Clin Nurse Spec</td>
</tr>
<tr>
<td>CCRN</td>
<td>Cert Critical Care Nurse</td>
</tr>
<tr>
<td>CCTC</td>
<td>Cert Clinical Transplant Coord</td>
</tr>
<tr>
<td>CCTN</td>
<td>Cert Clinical Transplant Nurse</td>
</tr>
<tr>
<td>CEN</td>
<td>Certified Emergency Nurse</td>
</tr>
<tr>
<td>CENP</td>
<td>Cert in Executive Nsg Practice</td>
</tr>
<tr>
<td>CFRN</td>
<td>Certified Flight RN</td>
</tr>
<tr>
<td>CLC</td>
<td>Certified Lactation Counselor</td>
</tr>
<tr>
<td>CMSRN</td>
<td>Certified Medical-Surgical RN</td>
</tr>
<tr>
<td>CNSC</td>
<td>Cert Nutr Support Clinician</td>
</tr>
<tr>
<td>CORLN</td>
<td>Cert Otorhinolaryngology Nurse</td>
</tr>
<tr>
<td>CPEN</td>
<td>Certified Peds Emergency Nurse</td>
</tr>
<tr>
<td>CPHON</td>
<td>Certified Peds Hem/Onc Nurse</td>
</tr>
<tr>
<td>CPHQ</td>
<td>Cert Prof-Healthcare Quality</td>
</tr>
<tr>
<td>CPN</td>
<td>Certified Pediatric Nurse</td>
</tr>
<tr>
<td>CPNP-PC</td>
<td>Cert Ped Nrs Prac Primary Care</td>
</tr>
<tr>
<td>CRNI</td>
<td>Certified RN Infusion</td>
</tr>
<tr>
<td>CSPHP</td>
<td>Cert Safe Pt Handling Prof</td>
</tr>
<tr>
<td>CTN-B</td>
<td>Cert Transcultural Nurse-Basic</td>
</tr>
<tr>
<td>CWOCN</td>
<td>Cert Wound, Ostomy, Continence Nurse</td>
</tr>
<tr>
<td>CWON</td>
<td>Cert Wound and Ostomy Nurse</td>
</tr>
<tr>
<td>OCN</td>
<td>Oncology Certified Nurse</td>
</tr>
<tr>
<td>PCCN</td>
<td>Progressive Care Cert Nurse</td>
</tr>
<tr>
<td>RN-BC CV</td>
<td>RN, Cardiac/Vascular Nurse</td>
</tr>
<tr>
<td>RN-BC IN</td>
<td>RN, Informatics</td>
</tr>
<tr>
<td>RN-BC GER</td>
<td>Gerontological Nurse Cert</td>
</tr>
<tr>
<td>RNC-NIC</td>
<td>Neonatal Intensive Care Nursing</td>
</tr>
</tbody>
</table>
Nursing Accomplishments

Publications

Presentations
Murray, M. (2012, April). Improving community emergency medical services/emergency rooms ability to care for mechanical circulatory devices. Poster presentation at International Society of Heart and Lung Transplantation, Prague, Czech Republic.
Stevens, L. (2012, May). Creating a culture of safety for safe patient handling. Podium presentation at 19th National Evidence-Based Practice Conference, Iowa City, IA.

Appointments
Black, L. (June, 2012). Appointed to Critical Care Nurse Continuing Education Item Writer Panel, American Association of Critical-Care Nurses.
Cockroft, N. (May, 2012). Appointed to the Society of Vascular Nursing Registry of vascular nurses with expertise in peripheral arterial disease.
Hoffland, K. (June, 2012). Appointed to the American Nurses Credentialing Center as a content expert in development of test questions for the ANCC Adult-Gerontology Primary Care Nurse Practitioner certification exam to be offered in 2013.
Stevens, L. (March, 2012). Appointed Secretary, Exam Committee, Association of Safe Patient Handling Professionals [International].

Awards
Zibell Milsap, L. (March, 2012). 2012 International Society of Psychiatric Consultation CNS-Liaison Nurses Leadership Award for contributions to psychiatric mental health nursing, 14th Annual International Society of Psychiatric Nursing, Atlanta, GA.

Degree Completions
Ankowicz, D.G. (May, 2012). Master of Science in Patient Safety Leadership, University of Illinois School of Medicine, Chicago, IL.
Burke, D.M. (May, 2012). Master of Science in Nursing, University of Wisconsin School of Nursing, Madison, WI.
Gray, C.A. (May, 2012). Master of Science in Nursing, University of Wisconsin School of Nursing, Madison, WI.
Peters, L.G. (February, 2012). Master of Science in Nursing/Health Education, University of Phoenix, Milwaukee, WI.
Stevens, L. (June, 2012). Doctorate of Nursing Practice. Rush University, Chicago, IL.

To submit an accomplishment for the next issue, use the Nursing Accomplishments Submission button on the Nursing page on U-Connect.
On the Magnet Journey
By: Susan Berns, MSN, RN

As announced in May 2012, UW Hospital and Clinics (UWHC) is applying for redesignation as a Magnet organization. Magnet recognition is a four-year designation and the UWHC Nursing service received initial designation in May, 2009. The process for redesignation follows the same steps as for initial designation. The following timeline describes the redesignation process for the UWHC Nursing Service.

On May 31, 2012, Chief Nursing Officer Beth Houlahan submitted the letter of intent to reapply for Magnet designation. Submission of the reapplication document is due June 3, 2013. This massive document tells the story of nursing excellence at UWHC during the years 2011 and 2012. Members of UWHC’s Magnet Steering committee began organizing the data and writing the narratives in April 2012.

Once the AANC’s Magnet office receives our reapplication document, their appraisers will be assigned to read and score it, a process that can take three to four months to complete. In order to move on to a UWHC site visit, the document must be scored at a level of excellence determined by the Magnet program. Often, the appraisers ask for further documentation, adding a month or two to the process.

The projected timeframe for a site visit at UWHC is late 2013 to early 2014. The Magnet appraisers who evaluate the document will conduct the site visit. The appraisers’ job during the site visit is to amplify, verify and clarify the information provided in our written document. Once the site visit is complete, the appraisers will readjust the scoring and submit a summary of their findings to the Commission on Magnet. The commissioners will review all the materials and render a decision regarding our redesignation. The decision to redesignate needs to be a unanimous decision by the commissioners. Once the decision is made to approve our redesignation, Beth Houlahan will be notified and the UWHC Magnet Journey continues!

Be sure to watch for updates about our Magnet Journey throughout 2013 and 2014.

What is a PRECEPTOR?
By: Kim McPhee, MS, RN-BC

It is difficult to identify all the things preceptors do, but their impact is obvious in ensuring that nurses who are new to UWHC practice according to our high standards. Preceptors work tirelessly to share current knowledge with orientees and assess their ongoing competence so they are prepared to practice independently and safely. Preceptors serve as role models, socializers, and educators. They are leaders on their units and facilitate learning experiences for others while enhancing their own professional growth.

Last year, 100 percent of the nurse residents who completed the year-end survey agreed or strongly agreed with the statement “preceptors guided me to successfully manage clinical experiences.” If you are interested in becoming a preceptor on your unit, please discuss with your manager so you can attend one of the preceptor training classes.

UWHC appreciates the work that preceptors do and recognizes their contributions towards retaining nurses with a preceptor bonus. Take a moment to think back to your first preceptor and the impact he/she had on your nursing career. Then take a moment to thank the UWHC preceptors for their ongoing commitment to the profession of nursing and preparing the next generation of nurses!
2011 Nurse Satisfaction Survey Update

By: Kris Leahy-Gross, BSN, RN

The National Database of Nursing Quality Indicators (NDNQI) RN satisfaction survey was completed in October 2011. The National Quality Forum-endorsed Practice Environment Scale of the Nursing Work Index (PES-NWI) was used because it evaluates the presence of organizational characteristics that encourage and facilitate professional nursing practice. The survey subscales include: Nurse Participation in Hospital Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations. In addition, work context items such as RN job plans, quality of care, rating of care, ratings of the last shift worked, floating and overtime are included in the survey.

2011 Results
The survey was conducted October 3 through October 23, 2011 and included data from 893 hospitals with 326,750 RNs participating nationwide. At UWHC, a total of 1,294 RNs from 77 areas (inpatient, ambulatory and surgical services) participated. The overall response rate at UWHC was 72 percent.

Responses to the PES-NWI survey were grouped into five subscales. The table below compares UWHC’s scores to the mean scores for academic medical centers (AMC) nationwide. Another important measure of nurse satisfaction is job enjoyment. The UWHC job enjoyment score was 59.67, the highest score since the survey began in 2003 and a 12 percent increase from 2003 (score of 53.14) to 2011.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>UWHC Score</th>
<th>NDNQI AMC Score</th>
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</thead>
<tbody>
<tr>
<td>Nurse participation in hospital affairs</td>
<td>2.75</td>
<td>2.81</td>
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<tr>
<td>Nursing foundations for quality of care</td>
<td>3.02</td>
<td>3.04</td>
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<tr>
<td>Nurse manager ability, leadership, and support of nurses</td>
<td>2.93</td>
<td>2.91</td>
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<tr>
<td>Staffing and resource adequacy</td>
<td>2.83</td>
<td>2.71</td>
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<tr>
<td>Collegial nurse-physician relations</td>
<td>3.05</td>
<td>3.01</td>
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Analysis and Interpretation
The Magnet Recognition Program® expects Magnet organizations to demonstrate that more than 50 percent of units/clinics/areas outperform the national benchmark on three or more of the PES-NWI subscales. At UWHC three of five subscales, or 60 percent, exceeded the AMC benchmark mean. The subscales that exceeded the benchmark are: Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations. At a more granular level, 26 units/clinics/areas outperformed the benchmark in three or more of the five subscales, and 55 percent of divisions exceeded the benchmark (critical care, medical, pediatrics, psychiatry, rehabilitation, emergency).

Action Planning
The survey results were disseminated to nursing leadership and unit council chairs in January 2012. Action plans to improve RN satisfaction were submitted in spring 2012 and addressed at least one of the practice environment subscales. For example:

- F6/6 (Gynecology, Urology, Plastics, and Otolaryngology) will continue to focus on improving collegial nurse-physician relations by creating a positive work environment with a welcome card for new physicians to the unit and sharing new information gained at conferences. This subscale was also a focus in the unit’s 2011 action plan in which its “collegial nurse-physician relations” score increased from 2.86 (2010) to 2.93 (2011).

- Inpatient surgical services plans to focus on staffing and resource adequacy by placing one in-service person and one out-of-service person together when staffing the operative suites.

- The diabetes clinic plans to continue work to improve “nurse participation in hospital affairs” by increasing the number of nurses on the nursing council and increasing the clinic’s involvement in the Diabetes Primary Care Initiative. The action plan was developed initially in 2010, and the clinic’s score related to “nurse participation in hospital affairs” increased from 2.76 (2010) to 3.12 (2011).

By: Kris Leahy-Gross, BSN, RN

2011 Nurse Satisfaction Survey Update

91.5% of UWHC Nurses Plan to Stay

8.5% of UWHC Nurses Intend to Leave

![Bar chart showing percentage of nurses planning to stay vs. leave by year.](chart1)

![Bar chart showing reasons for leaving or staying by year.](chart2)
First Winner of the DAISY Award for Nursing at University of Wisconsin Hospital and Clinics

Gail Hettrick, BSN, RN, OCN, sat in the front row with the other nursing finalists for the inaugural DAISY Award at University of Wisconsin Hospital and Clinics on July 19, 2012.

Her thoughts were probably much the same as those of her peers in the chairs down the row.

“I thought, ‘Those stories are much more deserving. That’s the person that’s going to win,’” said Hettrick, a nurse in the Hematology, Oncology, Bone Marrow Transplant and Palliative Care unit.

But it was Hettrick who was honored as the first nurse at UWHC to receive the DAISY Award, which recognizes remarkable care, clinical skills and extraordinary compassion in nursing.

“I had no idea it was going to be me,” said Hettrick. “All the people that I was up here with were totally deserving of this award. The amazing stories of nursing and nursing care and the difference people made in patients’ lives, in families’ lives, is amazing. Everybody here deserved the award.”

Beth Houlahan, Senior Vice President for Patient Care Services and Chief Nursing Officer, agreed. “I can absolutely attest to the fact that this organization has a multitude of extraordinary nurses among the ranks,” said Houlahan. “An award like DAISY gives us a moment to pause, to look around us and thank our nurses for going above and beyond to create a meaningful experience for our patients.”

Adding to what Hettrick called a “little bit of a whirlwind” of a day, was the fact that she was presented her award by 12-year-old Riley Carraher, the daughter of the man who inspired the DAISY Award.

J. Patrick Barnes was 33 years old – and Riley just six weeks old – when he passed away in 1999, following an eight-week battle with idiopathic thrombocytopenia purpura, an auto-immune disease.

“We needed to do something. We needed to find some way to begin to fill that just enormous hole that losing Pat left in our hearts,” said Bonnie Barnes, Patrick’s stepmother who was also in attendance on July 19. “And we needed to figure out how we were going to keep his very special spirit alive, because he was such a great guy.”

So Patrick’s widow Tena, his father Mark and stepmother Bonnie, started The DAISY Foundation with the goal to thank nurses for their extraordinary work. The name DAISY comes from the phrase “diseases attacking immune systems.”

“It’s wonderful to be recognized,” said Hettrick, who followed in her mother’s footsteps in becoming a nurse. “I work with a wonderful staff. The support we give each other is amazing. You feel very honored when you come from a wonderful unit and you were the one who was nominated. It’s a very special feeling.”

UW Health celebrated its inaugural DAISY Award for excellence in nursing in July 2012. Nominees were honored by patients and colleagues for demonstrating remarkable care through superior clinical skills and extraordinary compassion for patients and their families. Nominees included: Carly Collins, Denise Cooper, Suzanne Cooper, Erica Schwab, Monica Livingston, Gail Hettrick, Tamara Kempken-Mehring, Andreya Carman, Ruth Miller, Barb Uselman. Not pictured: Dana Fulton and Jenna Stellmacher

Exemplary Practice

Congratulations to all of the July 2012 DAISY Award nominees at UW Hospital and Clinics:

Andraya Carman, BSN, RN, with F6/5 General Medicine and Geriatrics
Carly Collins, MSN, RN, CPN, with Diagnostic & Therapy Center
Suzanne Cooper, BSN, RN, with Oncology
Denise Cooper, BSN, RN, CPON, with Diagnostic & Therapy Center
Dana Fulton, BSN, RN, with Clinical Research Center
Gail Hettrick, BSN, RN, OCN, with B6/6 Infusion Center
Tamara Kempken-Mehring, MSN, RN, Clinical Research Center
Monica Livingston, BSN, RN, with F4/4 Surgical Trauma Unit
Ruth Miller, BSN, RN, with D4/5 Heart and Vascular Progressive Care
Erica Schwab, BSN, RN, with D6/5 Acute Med/Progressive Care
Jenna Stellmacher, BSN, RN, with F6/6 Gyn, Urol, Plastics and Otolaryn
Barb Uselman, BSN, RN, with West Endo/Diabetes Clinic
Evidence-Based Practice (EBP) Updates for FY12

By: Élise Arsenault Knudsen, MS, RN, ACNS-BC

Everywhere you turn, you hear talk of “this new study” or “that new study.” But what does the talk mean for nurses? What does it mean for our patients and their families? We know that a culture of evidence-based practice (EBP) facilitates high-quality, evidence-based nursing care that stems from clinician inquiry. We also know nurses need a structure within which to assess the available evidence and formulate appropriate practice guidelines. This year, UW Hospital and Clinics (UWHC) took steps to advance its EBP culture as it developed, approved, and disseminated the UWHC EBP Program for Nursing.

In January 2012, all nurses across the organization received a survey that explored nurses’ current thoughts and beliefs about EBP as well as the perception of our organizational readiness for EBP. Nearly 850 nurses responded (about a 38 percent response rate), providing rich data that highlights the barriers and facilitators of EBP and indicates a high belief among UWHC nurses that EBP leads to the best clinical care for patients. The survey results guided the development of a number of EBP workshops for a variety of roles within nursing.

The first groups educated included clinical nurse specialists and nursing education specialists, resulting in 29 new EBP coaches! EBP workshops for direct care nurses began in May, repeated in September, and will continue to be offered in early 2013. Those who have participated in workshops will be vital to promoting and sustaining evidence-based care.

Clinical Nurse Specialist Outcomes Report

By: Gwen Klinkner, MS, RN, APRN, BC-ADM, CDE

Clinical nurse specialists (CNSs) are innovators of health care change. As patient and system outcomes are increasingly scrutinized and evaluated, CNSs must be able to quantify and communicate their contributions to high quality, safe patient care. Despite various reporting tools used by individual CNSs to capture activities and outcomes, UWHC until recently had no single document to represent the outcomes of all CNSs. The lack of a centralized reporting tool created challenges for goal-setting and communication about how the 36 CNSs at UWHC contribute to organizational goals.

In the spring of 2012, a group of UWHC CNSs attended the National Association of Clinical Nurse Specialists (NACNS) annual conference. They returned with a goal of designing a tool that would capture CNS activities and related outcomes. A subgroup of CNSs (including Amy Alexander, Élise Arsenault Knudsen, Rhonda Gessler, Julie Hunter, Gwen Klinkner, Jayne McGrath, Margaret Murray, and Suzanne Purvis) met regularly to draft a tool that could track process and outcome measures along with any known financial implications. After multiple workgroup meetings, the larger CNS group provided feedback about how to progress to next steps. The group decided what content to include and to use the UW Health and Nursing and Patient Care Services Strategic Goals for the organizing framework.

In June 2012, all CNSs inserted their own activities into the CNS Outcomes tool for FY12. Many clinical projects, initiatives and education-related activities were included. Information about publications, poster and podium presentations, and certifications was also gathered. The comprehensive document was summarized and shared with nursing executive leadership. For example, CNSs were involved in at least 54 evidence-based practice or quality improvement projects, 186 Health Link projects, 64 policy drafts/revisions, and 60 Health Facts for You updates. About 69% of UWHC CNSs are certified.

For those of us who prepared the report, it was an opportunity to measure our worth. We believe the CNS Outcomes Report will increase awareness of the valuable contributions of CNSs and will provide improved clarity about our impact on clinical outcomes and linkages to the nursing and patient care services strategic plan.

Although we’re pleased with our first CNS Outcomes Report, we are already thinking about how it can be improved. We are also discussing FY13 goals, adding more data related to the financial impact of our work and hoping to increase the number of external publications and presentations. CNSs will have access to the outcomes report and will be expected to add content so that a yearly report can be compiled.

Rather than simply attending the NACNS conference in 2013, at least four CNSs hope to be podium presenters of a symposium entitled “Leading Change for Patients, Nurses, and Organization: The Role of the CNS.” If their abstracts are accepted, these four CNSs will present their work on the CNS Outcomes Report and two clinical projects that were included in the report.
Empirical Outcomes

**Overall Nursing Section Score - Inpatient Adult**

Press Ganey Patient Satisfaction Survey
Academic Medical Centers Peer Group

**Patient Satisfaction**—Overall adult patient satisfaction with nursing care percentile rank leveled off at the 92nd percentile at the end of FY12.

**Overall Nursing Section Score - American Family Children’s Hospital Inpatient Peds**

Press Ganey Patient Satisfaction Survey
All Hospitals in Database Peer Group

**Patient Satisfaction**—After a decrease in overall percentile rank in pediatric patient satisfaction with nursing care in quarter 3 FY12, the rank increased to the 88th percentile in quarter 4 FY12.
Empirical Outcomes cont.

Overall Nursing Section Score - Emergency Department
Press Ganey Patient Satisfaction Survey
40K-50K ED Visits Peer Group

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

Patient Satisfaction—For FY12, the percentile rank for overall ED patient satisfaction with nursing care started at the 63rd and ended at the 89th percentile rank.

Total Patient Falls Per 1000 Blended Patient Days

Nursing Sensitive Outcome Measures—Overall patient falls reached a high rate of 4.04 in April 2012, then decreased to a rate of 2.23 in June 2012.
**Nursing Sensitive Outcome Measures**—Overall patient falls with injury reached a high rate of 1.26 in May 2012, then decreased substantially with a rate of 0.56 in June 2012.

**Overall Pressure Ulcer Incidence (Hospital Acquired) Rate**

**Nursing Sensitive Outcome Measures**—After a low in hospital acquired pressure ulcers in August 2011 of 1.42 percent, the rate demonstrated an overall upward trend throughout FY12 with a rate of 4.52 percent in June 2012.
Empirical Outcomes cont.

Recruitment and Retention—During FY12, the RN vacancy rate hit -4.1 percent - its lowest level since FY10.

Recruitment and Retention—BSN new-graduate turnover within the first year of employment decreased by 54 percent from FY11 to FY12.

Recruitment and Retention—As the general economy has improved since FY11, RN turnover increased to 7.63 percent in FY12.
UWHC is fortunate to have innovation and engagement of both seasoned and new-to-practice nurses.
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.

Engage • Energize • Celebrate