When nurses know no bounds, remarkable care happens
Your Magnet® Key

As you make your way through this annual report, you’ll see that each feature is tagged with color-coded hexagons. What do they mean? That this remarkable work represents one or more Magnet components, further reinforcing that our nurses and other staff are the reason UW Health is Magnet. Below is your key for easy reference. For complete descriptions, visit the American Nurses Credentialing Center website.

- **TL**: Transformational Leadership
- **EP**: Exemplary Professional Practice
- **SE**: Structural Empowerment
- **EO**: Empirical Outcomes
- **NK**: New Knowledge, Innovations and Improvements
I recently had a conversation with one of our nurses about the annual report and its significance. She asked me an interesting question that surprised me a bit, “Why is the annual report so important and what is the value of creating one?” After we spoke, I thought a lot about the question and wondered how many others had the same question. Therefore, I wanted to take this opportunity to share my thoughts on the value of our report.

Over the course of a year, we have so many things to be proud of. We work together to improve patient care and make positive changes to our work environment; our nurses do extraordinary things on their personal time that impact people within our system and in our communities; we embrace challenges and work together to overcome them. Our report is not just an opportunity to reflect on how we work together to provide remarkable health care, but also an opportunity to highlight the amazing and innovative work that has made us a national leader in nursing.

As nurses, it is not our natural instinct to pat ourselves on the back or recognize the things we do. The most common response a nurse gives when being recognized is, “I was just doing my job.” It’s that sentiment that makes this report so important. What we do is not just about “the job,” it’s about the impact we make every day. Every time I round, I learn something. Every time I attend a nursing council meeting, I learn something. I have meaningful one-on-one conversations with frontline nurses that often lead to innovative changes to our work environment. With so many nurses doing so many wonderful things, it is impossible to capture everything. Hopefully, this gives you a sample of how valued each of you are.

The theme of our 2022 report is “When nurses know no bounds, remarkable care happens.” In my experience, nowhere does that ring truer than at UW Health. The incredible talent of our RNs and support staff, and their drive to continuously innovate and blaze trails in so many areas, not only improves nursing practice, but also leads to better outcomes and satisfaction for patients and nurses alike. They also inspire us, every day.

I hope you enjoy this remarkable snapshot of nursing at UW Health in 2022.

Rudy Jackson, DNP, MHA, RN, CENP
Senior Vice President, Chief Nurse Executive
UW Health
Nurses are known for their clinical expertise, compassion and humility as well as a deep appreciation for their care team members. That’s why UW Health RNs often refer to nursing as a “team sport”—to recognize the hard work of their peers and the resulting positive patient outcomes.

Kingston’s inspiring journey
When Tommy Wragg received the news in 2018 that his son, Kingston, had a rare condition at 3 months old, he never imagined the unbelievable journey that lay ahead at American Family Children’s Hospital. When a kidney transplant was inevitable, Tommy helped manage an extensive medical protocol for several months to support Kingston while his body had time to grow. Complications arose a year later, requiring hospitalization for two years until Kingston was finally ready to receive his transplant in June 2022.

Tommy, who has been a single dad since Kingston was 10 months old, was touched by the endless compassion they received along the way from nearly 40 nurses and care team members from the Pediatric Nephrology Program, Pediatric Transplant Program, Pediatric Intensive Care Unit, Child Life services and others. “Kingston’s relationship with his nurses is where everything came full circle,” he said. “He was no longer lacking a mom. They became family.”

Ross’s surprise reunion
Following a harrowing car crash in 2020, Ross Kopfer (above) spent more than 60 days at University Hospital fighting for his life. In 2022, Ross was interviewed about his experience and expressed appreciation for his nurses. Little did he know that all his nurses were around the corner to surprise him after his interview, which made for an emotional reunion.
Teamwork results in new life for a young mother
At 37 weeks pregnant, Darlene was infected with COVID-19. She declined rapidly, doctors delivered her baby and she was admitted to the ICU at UW Health SwedishAmerican Hospital in Rockford, Illinois, where she spent two months. Darlene continued to decline and her care team worried that she wouldn’t survive. But she continued to fight and it was determined she needed a lung transplant. Only one program would accept her: the UW Health Lung Transplant Program.

Over the next four months, a comprehensive team of caregivers worked to get Darlene strong enough to be eligible for transplant, which finally happened in March 2022. Darlene returned home 10 months after she was first hospitalized.

“It was so rewarding to see how someone as sick as she was, make it through,” said Brittany Schappe, BSN, CCRN, Cardiothoracic Surgery Unit at University Hospital. “She could finally go home, and she came out stronger.”

Performing a lifesaving procedure for the first time
In September 2022, the perioperative team at American Family Children’s Hospital received a referral for a fetal EXIT (ex-utero intrapartum treatment) procedure on a pregnant mom—something they had never done before, given that they rarely deliver babies.

“The procedure is needed when a baby is having developmental issues with its airway due to a blockage,” said Aimee Muchie, BSN, RN, manager, perioperative services. “If the baby is born with no intervention, it is not able to breathe.”

The operating team would need to perform a cesarian section and meticulously control the bleeding to allow the surgeon to go into the uterus, take out the baby’s head, neck and one extremity, with the anesthesia team placing lines. The otolaryngology surgeon would then establish an airway while the baby was still attached to the mom.

“We hadn’t received any education, so we had about seven weeks to plan, order the correct instrumentation and determine what to expect,” Aimee said. Pressure mounted when they received word that the baby was having trouble and the procedure would take place two weeks earlier than expected. “We had to make it happen,” Aimee continued. “If we weren’t ready, the baby would be delivered normally and likely die.”

Aimee said their team got “in the zone,” and performed the procedure successfully. The baby was then transferred to the neonatal intensive care unit (NICU). Both Aimee and Inna Lobeck, MD, pediatric general surgeon, attribute the success to the exceptional coordination orchestrated by the nurses and all teams—anesthesia, instrumentation, NICU, otolaryngology, perioperative—and all support services involved.

“It’s astonishing to think what we accomplished,” Aimee concludes, who shared that the team faced another fetal EXIT procedure just four weeks later and that it “went off without a hitch.”
We couldn’t do what we do without them

While their responsibilities are different, the staff who support nurses and patient care have some things in common: they appreciate the trust the nurses have in them, they are compassionate in caring for patients, and they find even the smallest task rewarding. Another common thread they share is that nurses rely on them and appreciate the invaluable support they provide, which allows them to focus their energy where it’s needed most.

Dawn Cleary, medical assistant

When Dawn Cleary walks through the door to perform her duties as a medical assistant (MA) she feels respected by her colleagues. “The nurses and other providers are always willing to help, they’re easy to approach and I am always learning from them,” Dawn said.

Dawn became an MA in 2015 after working for years in a completely different field at another area employer. She went back to school, drawn to help others through health care.

There is always something to do, and I get to interact with patients and make connections with them and the other staff,” Dawn said.

Among her tasks as an MA at the Odana Rd Clinic, Dawn prepares exam rooms and patients for examination, takes vital signs, documents allergies and medications, assists with minor procedures, performs EKGs and bladder scans, administers vaccines and other injections, keeps track of forms, responds to MyChart messages and processes prescription refill requests. Dawn also helps train students and new employees or uses her expertise on larger projects.

The daily structure provides stability, but every day is different. “The most difficult part of the job is responding to unexpected clinical and administrative emergencies while maintaining professionalism and patience,” Dawn said.

Most importantly, Dawn looks forward to going to work. “While some days are rough, I remember I can’t control everything, and I have a great team of people around me who support each other.”

Don Mai, nursing care partner

No two days are the same for Don Mai. As a nursing care partner his work has varied from delivering meal trays to holding a 6-month-old baby, from playing card games with a 20-year-old patient to sitting with a middle-aged patient in the emergency department (ED).

“I enjoy my job because I get to help our staff with the smallest things that can make their days easier, such as turning over rooms in the ED, running things to different locations in the hospital, answering phone calls and call lights and restocking supplies on the unit,” he said.

For most of the shifts, Don experiences something new often with a new care team in different departments. “This is extremely exciting and motivating for me as I get to learn new things about the medical field,” Don said.

Don is channeling that experience and applying to medical school in 2023 to advance his career.

Naomi Massey Haas, health unit coordinator

After many years working as a health unit coordinator (HUC), Naomi Massey Haas continues to learn something new almost every day. “I frequently run out of time to delve further into my never-ending wish list of opportunities to improve our workflow and processes,” Naomi said.

Naomi works at American Family Children’s Hospital on the Pediatric General Medicine/Surgical Unit.
“A health unit coordinator serves as a bridge between a unit’s nursing staff and colleagues across UW Health,” Naomi said.

Through communication and quick problem-solving skills, HUCs anticipate the needs of team members providing direct patient care. “We have a go-with-the-flow attitude and need to be quick on our feet to support the team as patient conditions change rapidly,” she said.

Naomi credits leaders who encourage the HUC team to share ideas about improving workflow and increasing efficiency. “We get to apply our diverse skills, create new work processes and collaborate across disciplines, which results in engaged individuals on the team,” Naomi said.

“Nick Moorehead, nursing assistant
As Nick Moorehead worked his way up to a senior role in environmental services supporting the surgery team at University Hospital, he got a close-up look at the inner workings of what it takes to help nurses and other providers with patient care. “I am a person who loves to help others whenever I can,” Nick said.

His experience combined with his attitude made it an easier transition when Nick made the career move about a year ago to work as a nursing assistant (NA) after completing the UW Health NA Apprenticeship Program.

Among his duties, Nick assists patients with personal hygiene, repositions them in their beds and takes their vital signs. Primarily working with orthopedic and medical patients at East Madison Hospital, he finds a way to connect with them, ensuring they are comfortable during their stay.

Nick’s patients share their appreciation for his “can-do” attitude and his ability to brighten their day with his smile, even through the mask.

“I am motivated by knowing I can come into work to help different patients and their families through the tough times of being in the hospital,” Nick said.

“We focus on patient safety and confidentiality while working with our nurses to provide patient- and family-centered care by establishing connections between our patient families and UW Health’s incredible variety of resources,” Naomi added.
Within a large academic health system like UW Health, collaboration is an important element of our culture. It keeps the organization moving forward and allows staff and providers to share in both the work and rewards. When it comes to improvements, an identified gap or dissatisfier is followed by a plan for how to improve the issue. In these instances, frontline nurses are often the visionaries who ignite the change.

Improving post-hospital education for transplant patients

When Jay Klamer, BSN, RN, started working on the Transplant Unit at University Hospital, daily patient and family education sessions were held in the nearby family lounge. “It was great because transplant patients and their support people would attend along with nurses and pharmacists,” Jay recalled. “The sessions were very useful because the patients and families could interact with the care team and ask questions.”

Unfortunately, that changed in early 2020 with the onset of COVID-19 pandemic. The transplant teams could no longer use the lounge, so they moved to nurse-to-family and nurse-to-patient models, which weren’t as effective. “When there is one person instead of eight providing the education, it takes less time away from patient care. Providing all the education at discharge takes a lot more time and is very challenging for the person managing the discharge,” Jay said of the resulting strain on nurses. “It was equally difficult for patients who weren’t getting their post-hospital care education needs met because everyone was doing it differently.” That’s when Jay knew there was a better way to help patients and his nursing colleagues.

The first attempt to fix the issue involved patients using iPads to attend a daily virtual class led by a clinical nurse specialist or nurse. “Consistency was still a challenge and support people would often miss it due to COVID visitor restrictions,” Jay explained. “So, I took a closer look at how much we were missing and wondered how we could fill in the gaps.”

Jay recalled that pharmacy had a similar issue and subsequently changed their class to a video format, which provided more viewing flexibility for patients. He realized this same approach would help transplant patients receive the education they needed, while greatly helping nurses from a time perspective.
Jay standardized the video content and engaged key colleagues, including clinical nurse specialists Gwen Klinkner, DNP, RN, BC-ADM, CDE; and Jess Viste, DNP, RN, ACNS-BC, CCTM. “I could not have gotten this far without the help from Gwen and Jess,” Jay said, noting that Gwen ensured the language was at the appropriate medical literacy level and helped with scripting, while Jess provided the core educational content and reviewed everything for accuracy.

Although creating the videos has taken more time than Jay anticipated, he is excited to help patients and nurses once all videos are accessible via MyChart and uwhealth.org. “We have robust written versions of our materials, but there are limitations. Having this education available on video improves access for all patients and will help everyone in the long run.”

Pre-admission discharge planning is a win for patients

It’s safe to assume that no one wants to be hospitalized longer than necessary. Unfortunately, there are instances when patients are medically ready for discharge but unable to leave for an outlying reason, such as needing long-term care and a nursing home bed is not available. These are referred to as "avoidable days" and cause a ripple of dissatisfaction for patients ready for discharge and those in need of care. The cost also adds up.

Outcomes manager Katie Meicher, BSN, RN, identified an opportunity to address this preventable issue with improvements to case management workflows. “It had been hypothesized that discharge planning before scheduled surgical admissions would provide several benefits,” Katie said. “It could reduce avoidable days as well as the number of patients turned away, while improving patient satisfaction, outcomes and hospital capacity issues.”

To put things in motion, Katie conducted a test of change on a subset of vascular surgery patients who met the criteria of having a planned surgery. Prior to admission, they were called by a case manager for an initial interview to gather information pertinent to discharge planning, and to help set reasonable expectations for the length of stay and anticipated discharge needs. Case management was then able to start pre-admission discharge planning.

“The results were astonishing,” Katie remarked. “Not only did the six-month test of change reduce avoidable days by greater than 90%, we discovered an unintended benefit—there was more time to reprioritize patients who were urgently admitted but had at least 24 hours before going to the operating room.”

With the prioritization of those patients, the vascular surgery case manager was able to begin discharge planning pre-operatively, thereby reducing avoidable days in that population by greater than 90% as well. The estimated annual financial impact of this intervention was a reduction in cost of $245,813 with a projected reduction of over $3.1 million annually once scaled across surgical services.

“Follow-up survey data also revealed that the patient experience had been overwhelmingly positive regarding the reduction of avoidable days and improved patient communications,” Katie shared. “With further reduction of avoidable days, we project that bed availability will increase, benefitting patients in need of quaternary care.”

During a test of change to help reduce avoidable days a patient may spend in the hospital, case managers called patients with planned surgeries to gather information and anticipate discharge needs prior to their stay.
In summer 2022, the Burn Intensive Care Unit (ICU) saw an unusually high number of large burn cases, 13 in total, which is almost unheard of, according to Luke Markus, BSN, RN, burn unit care team leader (CTL).

“To apply some perspective, over the last three years, our 11-bed ICU has cared for an average of 16 large burns, adult and pediatric, in a given year,” Luke said. “The reason this is notable is because when a patient is considered a large burn—20% or greater of their body is burned—they need highly specialized care during their stay, with an emphasis on the first 24–48 hours, which is performed by the burn unit nurses.”

Luke explained that in those first critical hours, the priority is not standard wound care—burn nurses are monitoring the patient’s urine output and increasing or decreasing the patient’s intravenous fluids because the kidneys could shut down without proper fluid management. In addition, a high protein and high calorie diet is an essential building block to wound healing and because large burn patients cannot physically eat enough calories to heal their burn, a feeding tube provides what they need.

“"We all rally together to support the nurses who are assigned the large burn cases," said Naomi Staton, BSN, RN, burn unit CTL. "It was very tough this summer—so much wound care, so many sick patients, and not enough burn nurses." That’s where collaboration was vital.

The burn unit nurses joined forces with many if not all units throughout University Hospital and American Family Children’s Hospital, as well as the emergency department. According to Luke, some patients are moved to the trauma and life support center or pediatric intensive care unit due to specialized care needs, with burn nurses still performing the patient’s wound care every day, sometimes twice a day.

“What’s incredible is that burn nurses can be seen throughout the hospital performing wound care on non-burn patients as well,” Luke said. “The provider burn team is asked to help manage a wide array of wounds and the burn nurses complete the care, which speaks volumes to their clinical acumen.”

Burn unit nurse Britney Hanko, BSN, RN, greatly values the partnership in these instances. “To collaborate with other nurses throughout our system is special, and working with them during stressful times like the summer of 2022 builds relationships that last years.”

That camaraderie, creativity and collaboration among the burn nurses and interdisciplinary teams of physicians, advanced practice providers, physical therapists, occupational therapists, nursing education specialists and clinical nurse specialists has resulted in positive outcomes for our patients. This was validated by the redesignation of the UW Health Burn Center in 2022 as an Adult and Pediatric Verified Burn Center by the American Burn Association and American College of Surgeons.

Burn RNs transcend high volume with team support
When a significant uptick in emergency department (ED) and inpatient volumes occurred at University Hospital in fall 2022, considerable strain was placed on care teams and system capacity. To ensure that patients were getting the care they needed in a timely fashion, UW Health nursing and coordinated care teams flew into action by reimagining how they could continue caring for the community. As a result, they quickly stood up an Internal Discharge Lounge that opened October 13, 2022, as a small test of change to move patients who were ready for discharge to a safe place while freeing up inpatient beds for ED patients and transfers.

“Inpatient care teams were initially provided information about the lounge process,” stated Connie Allen, MSN, RN, director nursing operations support, who helped coordinate the effort with frontline nurses, clinical nurse specialists, nursing education specialists and coordinated care colleagues. In addition, guidance was given to staff and providers on applying a new lens to consider each patient as a possible candidate for the lounge. “The coordination of efforts throughout our ED and inpatient units to raise awareness was outstanding.”

Becky Lovett, BSN, RN, care team leader and diabetes resource nurse for the General Internal Medicine Unit, was the first staff member to send a patient to the internal lounge. “I had been in communication with the patient’s nurse, and together, we determined that the patient was eligible for transfer to the lounge,” Becky said. “The patient’s ride wasn’t coming until 4 pm that day and we got her to the lounge by 11 am. Connie was there and two of our nurse managers escorted the patient to the lounge, which was so wonderful and kind.”

Becky admitted to hiccups along the way, but remembered wise words from the University Hospital Chief Nursing Officer, Michele McClure, who stated, “Don’t let perfection get in the way of progress.” And they didn’t. “The communication and collaboration were seamless, as everyone pivoted left and right to make it happen,” continued Becky. “Everyone worked together to figure it out as we went along. Being nimble is so important. We got a lot accomplished—the lounge was a fantastic idea.”

This innovative approach complements the existing External Discharge Lounge located at the Best Western InnTowner hotel that has been serving as a transitional option for University Hospital patients and families. “We were extremely pleased to see the success of this effort in helping free up inpatient beds to ensure patients were receiving the right level of care at the right time,” Connie stated. “Although our capacity issues continue to be concerning, this key improvement helps curb the strain.”
Michelle Hornung, BSN, RN, was looking for a creative outlet after working long hours as a trauma nurse. She found it online in Huntington Beach, California: a 1969 Volkswagen® Transporter that a lifelong surfer used to haul surfboards to the beach. Picture a vintage VW van with its roof removed. Her husband and father-in-law modified it so she could fill the rear with buckets of locally grown flowers, and the Crazy Daisy flower truck was born.

Michelle and Crazy Daisy became a bright spot at the Sun Prairie Farmers Market, and at local celebrations, where she offered a “build-your-own-bouquet” experience for bridesmaids, baby showers and corporate events.

“It was exactly the respite I needed from the trauma unit,” Michelle said. But funny thing, the flower truck eventually became a vehicle for sharing a breast cancer journey that would drive her to a new calling: nurse navigator in the UW Health Breast Center.

First, a word on the truck’s name. Michelle’s team on the trauma unit already called her “Daisy” because of the amazing number of nominations she has received over the years for the DAISY Award® that recognizes exceptional nurses.

“To date, I’ve had 20 nominations and one win,” she said. “And every one of them means the world to me, because they come from patients and families of patients.”

Michelle was 41, and had no family history of breast cancer, so when she found a lump in her right breast, she assumed it was a cyst. A mammogram, followed by an ultrasound and biopsy, revealed instead that she had stage 2B triple negative breast cancer.

Michelle Hornung, BSN, RN, shares a sisterhood with her chemotherapy nurses, Laura Stolen, BSN, RN (left), and Carly Stuessy, BSN, RN (right), who gave her a “Nurses Inspire Nurses” T-shirt. It touched her so much that she bought shirts for her nursing teammates to bring the love full circle.

One nurse's "crazy" journey to sisterhood, and a dream job
When Michelle was looking for a creative outlet, it came in the shape of a 1969 classic that she soon converted to her “Crazy Daisy Flower Truck” to help spread some locally-grown love (see more on page 29).

“Never in a million years did I think I would be on this side of the hospital bed,” Michelle told her followers on Crazy Daisy’s Instagram and Facebook pages. Michelle said she initially shared her diagnosis on social media to let the flower truck’s fans know why she was canceling public appearances.

But she continued to share: her biopsy results, her chemo infusions, her lumpectomy and the day she had her head shaved. Some of her posts were brutally honest: crying ugly tears, struggling through brain fog and being plagued with the lingering taste of onions from the chemo. Others were funny. She dubbed her final eyelash “Lorraine the Lash,” a “tough old bird,” who hung on long after all her other lashes fell out. And she showed off the daisy caps, T-shirts and goofy chipmunk costumes her nurse colleagues wore to cheer her up.

For some on social media, this was too much information.

“It was interesting to see how many followers I lost—and how many I gained,” Michelle said. As some flower fanciers faded away, she gained a new following among women with breast cancer. They’d direct message her for advice and ask about coming to UW Health from as far away as North Carolina for a second opinion.

“I learned that breast cancer is a sisterhood,” she said. When Michelle rang the bell in radiation oncology to signal the end of her own treatment, she was surprised by how sad she felt. “I had such a bond with my team when I was fighting cancer,” she said. “And I was left with this uneasiness, this feeling of, ‘Now what?’”

The answer arrived three months later when the Breast Center posted an opening for a nurse navigator. While Michelle said she was blessed with an “all-star team” and great support, she saw ways the system could be more approachable for breast cancer patients.

“When this position was posted, I knew at that moment: This is my dream job,” she said. “Once you’ve been through breast cancer, you want to do ten-fold to help the next person.”

Besides beating breast cancer, Michelle had something else to celebrate: finding her dream job as a nurse navigator in the UW Health Breast Center.
When nurse manager Kristen Stine, MS, RN, ACNS-BC, was thinking about ways to improve patient care and employee morale on the Medical Surgical Unit at East Madison Hospital, she knew exactly what to do—empower the nurses to help move the needle.

5-minute huddle leads to big changes
As part of UW Health Way leader training, Kristen learned about PICK huddles and brought the idea to the unit council in summer 2021. “PICK stands for possible, implement, challenge or kibosh, and the huddles provide an opportunity for frontline staff to impact their practice and their unit, and to really own the process,” she said. Unit council leader, Kelli Susee, RN, played an active role in implementing and championing the huddles on the unit, which gained traction and results in 2022.

Anyone who works on the unit is welcome to submit an idea card that describes a problem or opportunity, the idea for improvement, expected benefits and results, and the stakeholders (including patients and families) who should be consulted for feedback or to implement the change.

Ideas are reviewed at the PICK huddle held every Friday at 7 am to allow both night and day shift staff to participate. Each huddle is led by a unit council member and decisions by huddle participants are based on the level of effort and resources needed and the expected impact. Suggestions requiring low effort with high impact easily fall under “implement.” Those defined as “possible” require little effort but are low impact while “challenge” means high effort and high impact. Recommendations under “kibosh” typically fall outside the nursing council’s scope.

Ideas from the PICK huddle that have been implemented include working with Post-Anesthesia Care Unit nurses to improve medication management for patients who are transferred to the unit after surgery; using secure chat to improve communication efficiency with colleagues from imaging to schedule appointments for patients; and moving intravenous fluids from central supply to the pharmacy so they are easier to access. Some ideas such as making a public announcement about the end of visiting hours were easier to implement. Updating the phone list took a great amount of time but both Kelli and Kristen said it was well worth the effort.

In addition to vetting ideas for patient care improvement, PICK huddles have also become a space to share recognition such as positive patient feedback, DAISY Award nominations for nurses, Sunshine Award nominations for nursing assistants, Hi-5s from colleagues and colleagues’ birthdays.

“PICK huddles are a constructive place to give feedback. It’s a great outlet for people to voice their concerns, and staff and providers can see the great work that’s being done because we post a list of what’s been completed,” Kelli said. “It was a big transition, but everyone really embraces the huddle now and it’s just so much fun. It seems like this should be on every unit.”

Care team leader rounding improves satisfaction
Elevating the role of care team leaders (CTLs) on the Medical Surgical Unit has had an exceptionally positive impact on patients and employees.

“I want to empower people at the bedside to make decisions in the moment and be proactive. This impacts quality outcomes and patient satisfaction, as well as staff satisfaction,” said Kristen Stine, unit nurse manager. “We are a growing hospital, so this was also a way to start succession planning and build leadership skills to ensure that staff members have opportunities to grow professionally when they’re ready.”
The hiring of a house supervisor a year ago to maintain the inpatient nursing operations of the hospital meant that CTLs such as Eden Larson, BSN, RN-BC, had more time for patients and staff. CTLs on the unit now round on patients each shift, something Eden says has made a world of difference.

“CTL rounding with the patients is a great way for us to support our nurses. They can see that we’re more available to them, and it’s a positive change for patients,” Eden shared. “When a patient who’s had a dissatisfying experience can feel that they’ve been heard, it changes their outlook on their stay. And the nurse doesn’t have to feel alone when they have another person who can talk to the patient, really listen to them and address their concerns.”

Eden and Kristen feel a renewed sense of teamwork on the unit. “People really enjoy coming to work and say this is their work family,” Eden said. “Medical surgical nursing is not easy and most people don’t stay in this field for very long. I’ve been here for six years and I just love the people I work with. Morale has improved over the last year. People smile a lot.”

CTLs on the unit worked with the nurse manager and clinical nurse specialist to develop a standard set of questions for rounding based on patient satisfaction metrics. Since they began rounding in July 2022, there has been a dramatic increase in their top box scores:

- "General hospital satisfaction" rating increased from the 86th to the 93rd percentile;
- “Staff worked together to care for you” rating increased from the 74th to the 92nd percentile; and
- “Response to complaints” rating increased from the 88th to 92nd percentile.

When asked about the increase in the scores, Eden shared, “I think it was a little unbelievable. I initially thought it was wrong, and that it had to be a different unit.” Kristen added, “It’s a validation that we’re doing something right and it just keeps pushing us forward.”
Learning to speak the same DEI language

It is essential that every patient who enters a UW Health hospital or clinic feels that they’re in a diverse and inclusive environment that fully supports their care and healing journey. The same holds true for employees—feeling confident that their work environment is supportive allows them to thrive and provide the best care possible. To build on our commitment to becoming a diverse, inclusive and antiracist organization, UW Health has made it a priority to embed diversity, equity and inclusion (DEI) as a foundational competency and strategic priority throughout the organization.

In 2022, a group of our nursing leaders collaborated with the DEI department to present a customized learning session for all nursing leaders. Entitled “DEI Tools Supporting Through Lived Experiences,” twenty-two directors and four chief nursing officers attended a half-day learning session while 73 nurse managers attended a day-long retreat.

“As nurses, we’re trained on a lot of things. It’s easy for us to talk to people about changes in health care, the newest vaccine or a new workflow, but for most people, it’s not so easy to talk about DEI,” said Lea Veltum, RN, General Internal Medicine clinic manager at 20 S Park St Clinic and 1102 S Park St Clinic. She proposed DEI be the focus of the Nurse Manager Monthly Retreat and shared, “Our hope was that more nurse managers would be comfortable integrating DEI learning with their nurses on a regular basis so that it becomes a core competency and part of how we talk about the strategic plan.”

The learning sessions centered around DEI principles that are the foundation of the UW Health vision to be a leader in actively dismantling racism in ourselves, in our system and in our community. They included facilitated, small group discussions based on the real-life experiences of UW Health employees. The nurses were coached on how to respond when an employee experiences a racial microaggression by using the LEADER Perspective: listen and validate, express empathy and acknowledge harm, ask the employee what they need, do recognize the cumulative impact, ensure an antiracist and inclusive workplace and reach out to the DEI and Performance Management teams.

“I think for many it was very eye-opening. It was great to have difficult discussions and learning opportunities in a safe space.”

“Intention does not equal impact—microaggressions are too common, but they can be interrupted. As leaders, we need to help change the language and the culture. Learning to speak the same language is helpful for leadership and transparency with our teams.”

In addition to DEI learning and professional development resources, the DEI department provides support to leaders who are looking for resources and tools to help their employees navigate concerns. The department also serves as a resource for Black, Indigenous and People of Color (BIPOC) and/or LGBTQ+ providers and staff to share their experiences at work.

“It’s so wonderful and supportive to have a resource like the DEI team,” Lea said. “Now managers can say, ‘I sat in that learning session, I know who to go to. I don’t need to react to this or solve this problem instantly. I can loop in other people and make sure that we do this right instead of just doing this fast.’”
Keeping nurse well-being front and center

The trauma and overtime hours that come with being a nurse caught up to Amanda Klinge this year.

“This has been one of my harder years,” said Amanda, BSN, RN, who works on the inpatient Orthopedics Unit at University Hospital. “I experienced burnout and had to take time away. Coming back from that helped me realize there needs to be more focus on basic needs for nurses. My experience opened my eyes that there are resources out there, I just had to look hard to find them.”

Finding and providing these resources for nurses has become the biggest goal for the UW Health Nurse Well-Being Council. Now in its second year, the council is 26 members strong and meets monthly to review nursing obstacles, practice well-being activities and gather resources.

“Well-being throughout the pandemic has been a very hot topic,” said council member Brandon Stiefel, MSN, FNP-BC, RN, who works on the Inpatient Psychiatry Unit at University Hospital. “We definitely saw the burnout that can result from working a lot of overtime and with very high acuity patients. That’s what started the discussion for the council.”

After spending a large part of its first year meeting new council requirements such as establishing by-laws and electing members, the Well-Being Council headed into its second year fully formed and ready to address its original goals. But something that started as a response to the pandemic quickly became a platform to address nursing needs that go much deeper.

“We recognized that some of our goals were pretty lofty,” said Amanda, who serves as council chair. “While they were great goals, things are so challenging for everyone that we needed to reevaluate. We realized we weren’t even meeting our basic needs. How can we expect ourselves and our peers to consult a website for resources when we don’t even have time to get a drink of water?”

One of the first groups the Nurse Well-Being Council targeted to help was nurse residents. They now collaborate with nurse residency classes and incorporate the Well-Being Wheel (modified version shown above) into training. With its assessment of emotional well-being and direction of where to turn for help, the wheel has become one of the most used exercises for council members.

“The wheel is great any day, for anyone,” said Andrea Romer, BSN, RN, council chair-elect. “It can take you both ways. It can give you the answers you might need and help you celebrate yourself. Nurses don’t often take time to celebrate themselves.”

While the pandemic has slowed down, the work of the Nurse Well-Being Council has not. Members are eager to share what they’ve learned with the organization in the coming months, with the continued goal of encouraging nurses to take care of themselves the same way they care for their patients.

“I also faced burnout 10 years ago, and thankfully I was able to get help,” Andrea said. “We knew burnout before the pandemic but more people became aware of it during that time. We want to refocus on being great nurses and being able to use our tools for ourselves first. That’s how we impact our world, and that’s why it’s so powerful to me. I didn’t have to quit the job I love to get help. And now we can provide that same help for others.”

The Well-being Wheel provides nurses, providers and other staff with helpful resources to support their emotional well-being.
Recognizing our remarkable RNs

Nurses typically don’t look to be recognized for the care they provide or the work they do. You’ll often hear, “I was just doing my job,” when lives are saved and remarkable outcomes result. But we will continue honoring UW Health nurses for their awesome work in clinical care and leadership because we are proud to work alongside them and most importantly, they make a difference.

Here are just a few of the ways the Nursing Recognition Council, nursing leaders and UW Health helped shine a light on the exceptional work of our nurses in 2022:

DAISY Awards

In 2022, UW Health expanded the DAISY (diseases attacking the immune system) Awards to honor recipients in an ambulatory setting, American Family Children’s Hospital, East Madison Hospital and University Hospital. Initially adopted in 2012 from the DAISY Foundation, this award provides a way for grateful patients and families to recognize nurses who touch their lives through remarkable care and extraordinary compassion. DAISY Award recipients, like Stephanie Kleinschmidt, BSN, RN (pictured above), are honored on a monthly and quarterly basis by nursing leaders and Nursing Recognition Council members, who review and vote on them each month. From January to December 2022, 832 UW Health RNs were nominated for DAISY Awards. This brings the total number of RNs who’ve been nominated to 7,746 since the program was started!

Nurse Excellence Awards

Each year, UW Health nurses, employees and providers have a special opportunity to recognize nursing colleagues for the outstanding care, teamwork and leadership they demonstrate each and every day. Nurse Excellence Award recipients have been celebrated every year during Nurses Week in May since the program started in 1996. In 2022, UW Health honored 13 recipients, including Stephanie Blazek Davis, BSN, RN (pictured above with her team), who received their awards during surprise visits from nursing leaders.

Celebrating a first

When Chris Schroeder, BSN, RN, (pictured second from right), received his board certification in vascular access (VA-BS), his team and nursing leaders through it was definitely worth celebrating as Chris was the first member of the UW Health Venous Access team to achieve this particular certification. Pictured with Chris (left to right): Michele McClure, chief nursing officer, University Hospital; Connie Allen, director, nursing operations support; and Troy Betts, former nurse manager.
Local recognition
Each year, we look forward to seeing who lands on the list of “Madison’s Top Nurses” because we know we’ll see UW Health RNs. In 2022, diversity and cultural congruence resource nurse Jessi Kendall, BSN, RN, Access Center (top image), received the Leadership Award for her work in helping dismantle racism and health disparities. Adam Schneider, DNP, NP, UW Organ and Tissue Donation (bottom image), received the Innovation Award for always looking to improve the organ donation process for donor families with the loss of loved ones.

Another annual top honor given during Nurses Week in Madison, Wisconsin, is the Heart of Healthcare Awards presented by Madison.com/Wisconsin State Journal. In 2022, two UW Health RNs were recognized for this award. Jodi Pilgrim, BSN, RN, CCRN, Float Pool (pictured above), was brought to tears by the nomination her daughter wrote, honoring her mom’s outstanding 39 years of nursing (read by former nurse manager Troy Betts). Andrew Brown, RN, Hematology, Oncology and Bone Marrow Transplant Unit (pictured center in bottom photo, first column), was nominated by the spouse of a patient for the exceptional care he provided.

National recognition
Two special nurses were celebrated in 2022 when they were nominated for the prestigious Magnet® Nurse of the Year Award that recognizes the outstanding contributions of clinical nurses in Magnet-designated organizations. Maggie Orlando, BSN, RN, Pediatric Universal Care Unit (top image pictured third from left with her team), was nominated in the category of New Knowledge, Innovations and Improvements (for the 2021 award), and Jill Kietzke, MSN, RN, BC-ADM, care coordinator (bottom image), was nominated in the category of Structural Empowerment (for the 2022 award). Jill (center) is pictured with UW Health leaders (left to right) Anne Mork, chief nursing officer-ambulatory; Rudy Jackson, chief nurse executive; Dr. Alan Kaplan, chief executive officer; Andrea Wipperfurth, RN director; and Wendy Adams, vice president, primary care.
In 2015, when Kelly O’Connor, BSN, RN, CPN, started working at American Family Children’s Hospital, she noticed some personal challenges. “It was really difficult to transition from being a student nurse to a new-to-practice nurse,” Kelly said. “As a student, you receive a lot of support. As a new nurse, there is a gap period after orientation with your preceptor until you feel confident on your own. You may feel alone and don’t yet have those authentic connections with other nurses for support.” Kelly thought it was just her, until she started seeing those same challenges with other new nurses. Knowing this may be more than a coincidence, Kelly did some research. It turns out, those common experiences of fear, disillusionment and overall stress felt by new-to-practice nurses are real and described as transition shock. “I learned that transitioning into nursing is often traumatic, and new nurses may be fearful at work throughout their first year,” Kelly noted. She also found that there were distinct developmental stages that new-to-practice nurses went through, and that nurse mentorship programs helped ease those transitions.

With her research in mind, Kelly approached Élise Arsenault Knudsen, PhD, RN, ACNS-BC, nurse scientist who leads the Nursing Research and Evidence-Based Practice (EBP) Programs, about starting an EBP project focused on supporting new-to-practice nurses on her unit. “To help retain new, bright nurses, we need to develop a culture that accepts and embraces them,” Kelly said. “A mentorship program is a first step in creating a positive loop: new nurses who are accepted, appreciated and guided will eventually offer the same acceptance, appreciation and guidance to new nurses who come after them.”

In 2022, Tessa Martin, BSN, RN, CPN, nurse manager of the Pediatric Medical/Surgical Unit where Kelly currently works, made the decision to include the mentorship program in the onboarding process for all new nurses on the unit. After the initial 14-week orientation where nurses are paired with a preceptor to learn the ropes, the new nurses are matched with an experienced frontline nurse mentor. For the next seven months, in addition to support on the unit, mentors and mentees meet outside of work for one hour each month to informally discuss any fears, concerns or highlights the new nurse wants to share.

Furthermore, Kelly created mentorship resources and worked with Tessa to distribute information about the program to staff and nurse residents. “In addition to the mentor/mentee relationships, we created a visual management board in our conference room that staff can reference at any time,” Tessa said. “We also posted the new nurse development stages that Kelly identified through her research and have our mentor/mentee pairs printed on cards to show their progress through the stages.”

“The mentorship program has become incredibly successful,” Tessa stated. “Our job is really hard, and this program helps acknowledge those feelings and supports new graduates through those evidence-based struggles.”

To help support new-to-practice nurses, Kelly O’Connor, BSN, RN, CPN, created an evidence-based mentorship program on the Pediatric Medical/Surgical Unit at American Family Children’s Hospital.
Blazing trails in clinical research

As she began nursing school, it never dawned on Tamara Kempken Mehring, MSN, RN, CRN-BC, that her future would be in clinical research. “I fell into the world of clinical research nursing, as did most of my colleagues,” she said.

Decades later, Tamara is blazing trails as a leader in her field, confident she made the right choice. “There is a reason I ended up on this path—it’s been extremely rewarding,” she said.

For the past eight years, Tamara has been the clinical nurse specialist (CNS) on the Clinical Research Unit (CRU) at University Hospital. She leads a team through research protocol implementation while supporting the conduct of safe, ethical, compliant and high-quality clinical research at UW Health.

Tamara disseminates best practices as she fosters the specialty practice of clinical research nursing.

Each day brings new opportunities and appreciation

“Much of my role is operationalizing a clinical research protocol in the clinical setting. Education and training are a significant part of my day-to-day, supporting nurses and other research professionals to be able to ensure fidelity to the research protocol while providing remarkable care to our patients,” Tamara said.

One moment she may be working with CRU nurses caring for patients, the next she’s collaborating with the interdisciplinary research team during the protocol implementation process. Jessica Branson, CNS manager, says Tamara’s expertise in bridging the gap between clinical work and research helps both worlds better understand one another. “It allows us to successfully provide a multitude and variety of studies to our patients on and off the Clinical Research Unit,” Jessica said. “Tamara’s dedication to her unit, practice and profession is evident in everything she does,” said Tammy Kiger, MSN, RN, nurse manager. “She heightens the visibility of clinical research nursing at University Hospital and has earned the respect of national and international colleagues through her incredible contributions.”

Collaboration and outcomes

The variety of work and collaboration with clinicians, researchers and patients keeps Tamara engaged and inspired.

“If we don’t carry out research protocols accurately, and ensure protections for human subjects, new treatments will not make it to market—new discoveries may not be made,” she said.

This was evident during the early days of the pandemic when there weren’t standard-of-care vaccines or treatments for COVID-19. “We only had research and clinical trials. Today we have approved vaccines and treatments.”

Being on that clinical research path was something Tamara never would have predicted, but it’s the trail she’s grateful to walk every day.
Patient safety is always top of mind among clinical teams at UW Health. Given the integral role nurses play, they often identify areas of opportunity and lead the improvement work that follows.

Orthopedic Clinics Nursing Council leads DVT triage project

When RN supervisors from orthopedic specialty clinics noticed that a standardized process was lacking to effectively triage and treat patients with suspected deep vein thrombosis (DVT), they engaged the Orthopedic Clinics Nursing Council to take the reins on leading an improvement project.

According to RN clinic supervisor Terry Rehm, BSN, RN, swift evaluation of a potential DVT is imperative to avoid complications. “A DVT is essentially a blood clot that has developed,” Terry said. “Postoperative patients are typically more at risk because they may have restrictions or braces that limit movement, and they have more swelling. When a blood clot develops, there is a risk it could break away and end up somewhere else such as in the heart or brain where it could cause serious complications or a stroke.”

The nursing council started its work by conducting a root cause analysis (see table below), and establishing a SMART goal (specific, measurable, achievable, relevant and time-bound) to improve the patient triage process. They determined it would be done through development of a nurse DVT triage SmartPhrase—abbreviations or words used to pull long phrases or paragraphs into a note within the electronic medical record—and utilization of shared guidelines.

“In addition to the standard SmartPhrase, our nursing council worked with radiology to create a ‘back door’ phone number...”

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<thead>
<tr>
<th>Root causes</th>
<th>Best practices</th>
<th>Change idea(s)</th>
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<tr>
<td>No standard process for DVT triage</td>
<td>Patients triaged with DVT symptoms need urgent ultrasound to rule out DVT</td>
<td>Creation of standard SmartPhrase</td>
</tr>
<tr>
<td>No consistent way to schedule patient for same day ultrasound</td>
<td>Provide RN staff with ‘back door’ phone number to schedule ultrasound</td>
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to ensure these patients would get same-day imaging and evaluation, start treatment sooner for the DVT and avoid potential complications,” Terry continued. “We also partnered with orthopedic surgeons and advanced practice providers to finalize the process and received their approval for rollout.”

Once the approved workflow was tested in the ambulatory setting for six months, it was rolled out to all orthopedic specialty clinics in January 2022.

“The process has gone very well,” Terry added. “The SmartPhrase has been used multiple times a month and the radiology back door number has increased efficiency in getting patients same-day scheduling for imaging evaluation. It was great to see our teams work together to improve patient safety.”

Nurses partner to improve medication security

According to the Centers for Medicare and Medicaid Services, drug diversion is defined as the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber.

Drug diversion poses a serious security issue that has the potential to impact patients, health care employees and health care organizations.

“UW Health takes drug diversion very seriously and has several security measures in place to prevent diversion from occurring,” said Courtney Olson, MSN, RN, nursing informatics specialist. “But even with security measures in place, we continue to identify new ways to secure controlled substances.”

One of those methods started when the Pharmacy Diversion Workgroup identified a security issue related to controlled substance infusions in March 2021.

“While some controlled substance infusions were in locked patient-controlled analgesia (PCA) pumps, others were stored outside of a formal locked box, making them susceptible to manipulation and diversion,” said Brittani Reinhardt, MSN, RN, CCRN, nursing education specialist.

Given this opportunity to improve the security of these substances, the Pharmacy Diversion Workgroup developed the Non-PCA Controlled Substance Security Workgroup, which included employees from nursing, pharmacy, supply chain and environmental services. The group began meeting in March 2021 to review the ways in which patients receive controlled substances and to explore options for making those substances more secure.

“We thought a lock box would be the most appropriate option for securing non-PCA controlled substances,” Courtney said. “We collaborated with frontline nurses who were critical to the success of the implementation.”

In May 2021, the lock box pilot idea was shared with the UW Health Nursing Practice Council members who provided helpful feedback and identified a pilot unit, the Trauma and Life Support Center (TLC), due to its high volume of controlled substance use.

“Throughout the pilot, TLC nurses provided a lot of helpful feedback and shared ideas for improvement such as reducing the size of the lock box, obtaining clear boxes to improve visualization and obtaining a universal key that opens each lock box,” Brittani said.

The workgroup moved forward with obtaining the recommended lock boxes and universal key system with the goal of implementing them throughout UW Health hospitals in Wisconsin. However, a COVID-19 surge forced them to pause implementation to support reallocation of resources. Following the surge, the workgroup reconvened in January 2022 and made the decision to move forward with the lock box rollout in May 2022.

“The workgroup created education, which was shared with nursing leaders and direct care nurses in preparation for the rollout,” Courtney added. “In addition, the organization’s Controlled Substance Control Systems in Patient Care Areas Policy (6.1.13) was updated to reflect usage of the lock box. The rollout went live successfully across the organization.”
When health systems are overwhelmed with patients, as they have been across the nation for the past few years, academic medical centers such as UW Health feel the pinch even more than most. Patients continue to need care, so the challenge is moving them through the system as efficiently as possible without compromising quality of care or patient safety.

“As a regional referral center, we see the sickest of the sick,” said Jacinda Krueger, RN, a supervisor in the UW Health BerbeeWalsh Emergency Department at University Hospital. “So, in addition to the patients who walk in the door, community hospitals that are not able to care for highly acute patients send them to us. In addition, Dane County’s population is growing at a higher rate than any other county in Wisconsin.”

In just three years, combined emergency department (ED) patient volume (University Hospital and East Madison Hospital) has increased from an average of 234 people per day (October 2019) to 278 per day (October 2022)—a 19% increase. Incidentally, more pediatric patients (1,904) were treated in the ED in November 2022, more than any month in UW Health history, a likely consequence of the spike in respiratory syncytial virus (RSV) and flu cases.

Emergency department overcrowding is a hospital-wide challenge
Patient crowding in the ED is usually a sign that the entire health system is stressed. When there are no beds available throughout the hospital, patients who need to be admitted must either be moved to temporary holding areas in the hospital, moved to hallways on inpatient units or remain in the ED taking up treatment spaces.

Despite having only 58 ED rooms at University Hospital, staff have increased bed capacity to more than 80 patients through use of flexible treatment areas and converted hallways.

“With the record volumes we’ve been seeing, we’ve expanded our ability to care for patients by adding additional treatment spaces and evaluating which patients can be treated in chairs,” said Didi Buckley, BSN, RN, CEN, another ED supervisor at University Hospital. “This helps us reserve beds for the patients who truly need them,” she said.

The new Expedited Care Area at East Madison Hospital was created to evaluate patients as soon as possible and get them where they need to be.

These patients, referred to as “inpatient boarders,” are cared for while they wait, but the situation is far from optimal.

In recent years, ED staff at both UW Health hospitals in Madison have worked to creatively address the space problem while also continuing to ensure that the sickest and most vulnerable patients are given highest priority in the queue. Lower acuity patients, such as those who have pneumonia or influenza, are often seen in a special part of the ED, treated and discharged or admitted directly from the front end of the ED. These areas—known as CareSTART and the Flexible Care Area at University Hospital, and the Expedited Care Area at East Madison Hospital—are overseen by a physician and advanced practice provider team.
Similarly, East Madison Hospital has seen demand at its ED grow by 19% between fall 2021 and fall 2022, continuing a trend of double-digit, year-over-year volume growth. Staff at East Madison Hospital are also creatively addressing overcrowding by making efficient use of adjacent spaces.

“Within our Universal Care Center, we’ve been able to ‘borrow’ space from the pre- and post-surgical area adjacent to the ED,” said Melanie Hankes, BSN, RN, nurse manager of the East Madison Hospital ED. Hankes credits Lindsey Lehner, MSN, RN, CNOR, director of perioperative services and Samantha Madsen, MSN, RN, manager of pre/post/PACU for being an accommodating neighbor by making certain pre- and post-surgical beds available to ED patients when Lehner’s unit volumes decline later in the day.

Similar to the steps taken at University Hospital, East Madison Hospital also prioritizes its 16 emergency beds for the sickest patients. “Certain patients are evaluated in our Expedited Care Area to reserve our beds for those who truly need one, while sending home others who can be safely treated without being taken to a bed,” Hankes said.

While ED crowding is unlikely to significantly diminish anytime soon, UW Health staff are encouraged by the progress being made, despite knowing that much work still needs to be done.

“Most people are pretty reasonable and understanding,” said Jackie Payne, BSN, RN, care team leader in the ED at East Madison Hospital. “Despite the growing volumes, our door-to-doctor wait times have remained stable. Of course, we would love to see wait times go down but the steps we have taken prevented them from increasing.”

**East Madison Hospital Emergency Department “borrows” adjacent space**

“Communication with patients as they enter the waiting area goes a long way toward keeping stress levels from rising,” Buckley said. “We are also grateful to Guest Services for extending its Guest Ambassador Program to the ED at University Hospital.”

A longtime hospitality hallmark of the Surgical Waiting Area at University Hospital, guest ambassadors—conspicuous by their bright red shirts—warmly greet patients and family members, help familiarize them with the surroundings and provide a much-appreciated sense of comfort and reassurance.

“We’ll provide a blanket if someone is cold,” said Stephanie Bracken, Guest Services supervisor. “We’ll escort loved ones to the visitor waiting area down the hall, take people to the cafeteria or accompany them to their car when it’s time to leave. The goal is to enhance the guest experience in a stressful situation for both patients and loved ones.”
In health care, innovation is key to keep pace with the ever-changing landscape. Health care systems must be increasingly nimble, have a steady influx of innovative ideas and most importantly, have teams that can execute those ideas. Enter the esteemed nursing informaticists at UW Health, otherwise known as the “wizards behind the curtain” who wield their expertise to turn those ideas into action and progress.

One of the first to integrate two unique systems
When nursing informaticists Jade Lee, Chelsey Langer and Sandy Vergenz were presented with an innovative idea from inpatient nursing staff, they saw a prime opportunity to improve patient safety and nursing satisfaction.

The idea pertained to the nurse call system (Responder 5) on inpatient units that provides dual alerts after a patient pushes a nurse call button: flashing lights outside the room that help nursing staff quickly identify the location, and an alert/call to the unit desk that any care team member can answer to see if help is needed.

On units where constant observation cameras (AvaSure) are located inside patient rooms, the lack of visual alerts when an alarm was activated presented a challenge. "Offsite video monitor technicians alert nurses to distress in those rooms by sounding an alarm and calling the unit desk," Lee explained. "The techs also were having to quickly multitask—speaking to the patient in the room while calling the unit desk—hindering nurse response time, which was exacerbated when there were multiple cameras in use on the unit."

Langer added, "Based on what we knew about Responder 5 capabilities, we thought it made sense to align that function with the AvaSure cameras to help nursing staff quickly identify the patient room via a visual message on the nurse call console at the unit desk and initiating lights outside the patient room."

When it was confirmed that the integration was possible, technicians from AvaSure and analysts from UW Health Unified Communications and the Health Link inpatient teams were consulted for the Health Link (electronic medical record) build. It was a long and arduous process but the nursing informaticists were a driving force and committed to making it happen.

Instead of moving to a pilot phase, the team “tested the heck out of it” according to Lee, who said they went with a “big bang” approach and launched the integration on 23 of 31 units at University Hospital, American Family Children’s Hospital and East Madison Hospital. The remaining eight units will be integrated once they upgrade from Responder 4 to Responder 5.

“This was a wonderful collaboration that has improved patient safety and nurse efficiency by closing the gap on that critical window of time from when the observer sets off the alarm to when the nurse enters the room,” stated Vergenz, who said the icing on the cake was threefold. “Not only was UW Health one of the first health systems to make this type of integration possible, the reward of improving patient safety and nurse satisfaction is invaluable.”

Streamlining a process boosts patient and nurse satisfaction
Having a surgical procedure is stressful, so when Kerry Martin, MSN, RN, nurse manager, Thoracic Unit, University Hospital, saw an opportunity to improve the patient experience and streamline the workflow, she took action. The issue? Patients coming out of surgery are understandably groggy and often want to be left alone. But a nurse needs to ask several questions to help care for them.

“Patients often ask ‘don’t you have this in your computer already?’ or ‘don’t you talk to each other?’,” Kerry said. “Inpatient nurses know that having patients complete these questions at home before their procedure would be a much better process. It is just a matter of how that idea becomes a reality.”

The innovative integration of Responder 5 and AvaSure now provides visual alerts to nurses at the unit desk and in the hallways, improving nurse response time and reducing the chance for patient injuries.
Kerry submitted the suggestion—a preadmission adult health assessment for surgical patients—to the UW Health Workforce Innovation Hub, an area on the organization’s intranet where staff can share innovative improvement ideas. When Anne Mork, MS, MHCDS, RN, chief nursing officer of ambulatory services saw the submission, she immediately reached out to Linda Xiong, BSN, RN, interim director of nursing informatics, to make the idea a reality.

“We started with a test of change that involved care team leaders (CTLs) from University Hospital and East Madison Hospital, as well as first-day surgery RNs,” Linda said. “The goal was to have patients answer necessary questions in their optimal state, prior to surgery.” Three phases were involved:

- **Phase 1:** CTLs called patients at home who had pre-scheduled surgeries and would need hospitalization afterward. They passed along the information to the pre-op nurse to avoid repeating the process when the patient arrived on the day of their procedure.
- **Phase 2:** To optimize the pre-surgery downtime between nursing assessments and physician check-ins, patients in first-day surgery answered intake questions (on a hospital-provided iPad) that inpatient nurses previously asked after surgery.
- **Phase 3:** Admission questions were moved to MyChart in advance of surgery as a pre-admission questionnaire.

To gauge effectiveness, the nursing informatics team implemented a time study that revealed a time savings of 14–16 minutes per inpatient, while it saved pre-op nurses from asking 7–8 questions. Linda and her team rounded on those units following the launch to see how things were going.

“Nurses were so happy to hear about the project and that part of their admission process was done,” Linda said. “They were literally high-fiving us at the unit desk, which was incredibly rewarding for our team knowing that we helped remove a burden for them.”

“Being part of this test of change has been exciting,” Kerry said. “It’s really fun to see when your idea goes to actual implementation and then expands to other units.”

Linda credits the success of this implementation to having great partners like Kerry and Ashley Bishop, RN, BSN, manager of perioperative services as well as the pre-op and inpatient nurses who were involved. “Having some of the questions already answered allows the pre-op nurses to focus more on what matters most—preparing and comforting our patients for surgery,” Ashley added.

“This was the type of project we love working on, proving that ideas are seen and nurses are being heard,” Linda concluded. “It’s an exciting time for our team, showing how we contribute to remarkable health care.”

At the intersection of nursing and technology, this expert team of nursing informaticists keeps nursing at UW Health moving forward. Pictured (left to right): Chelsey Langer, Becky Kohler, Linda Xiong, Sandy Vergenz, Courtney Olson, Jason Laseman, Brooke Ramsey, Vicki Bentley, Christa Westenberger, Wendy Wittwer, Jade Lee. Not pictured: Andi Kyser and Brenda Wendle.
Providing the tools for lifelong learning

Even with the constant changes in health care, UW Health nurses are endlessly knowledgeable and incredibly skilled. But where do they go for the learning and professional development that allows them to be so infallible? This is where the Department of Nursing Professional Development comes in.

Nursing Professional Development includes more than 20 nursing education specialists who are responsible for clinical staff onboarding, professional development, new equipment, procedure and protocol training, and management of the prestigious Nurse Residency Program, which onboarded nearly 200 nurse residents in 2022.

Nursing education specialists (NESs) work to ensure staff have the tools and education they need to be confident in their abilities to provide remarkable care and feel fulfilled working at UW Health. “Mentorship and advocacy are the foundations of my practice as an educator,” said NES Molly Daniels, MSN, RN, CMSRN. “We are champions for both the orientee and preceptor,” stated NES Bianca Nelson, MSN, RN, CCRN. “Our job is to advocate for the nurse and tie education and professional development back to better patient outcomes.”

Tricia Ejzak, MSN, RN, CNOR, provided a closer look at her role as a NES in the operating room:

What does a typical day look like as a nursing education specialist (NES)?

Every day is different. As an NES in the operating room at East Madison Hospital, I am responsible for onboarding all new staff who will work in the OR. When someone starts, they spend their first week with me practicing skills and learning how to be safe in the space before moving on to work with a preceptor.

Since I work with the OR team, I monitor quality measures for surgical site infections and educate staff on opportunities for improvement. Another focus is continuing education. If there is a new procedure, new equipment or equipment that staff needs more experience with, I ensure they have the training they need. I also support staff with their professional goals and manage required trainings.

It sounds like you also create process efficiency?

Absolutely! A new sports medicine surgeon started doing a procedure with a risk of significant blood loss. In those instances, we use a Fresenius Kabi Continuous Autotransfusion System® to collect and clean blood for reinfusion. In the past, for every procedure, a trained technician from University Hospital had to travel to East Madison Hospital in case we needed to use the machine. Knowing the process could be more efficient, I coordinated training on the Fresenius Kabi Continuous Autotransfusion System® for eight of our OR nurses. Now, we have trained staff at East Madison Hospital.

In addition, all the surgical nursing education specialists recently created a centralized OR orientation. We teach core content and utilize the UW Health Clinical Simulation Program facility for a more realistic training environment.

How do you know what to focus on as an NES?

We get direct requests from staff members and feedback from surveys. I work closely with OR leadership who inform me of any practice and protocol changes.

What is the best part of being an NES?

My job allows me to work with remarkable people in many different departments. I also enjoy being a part of the Nursing Professional Development team. Everyone is incredibly knowledgeable and supportive. It is tremendously fulfilling.
<table>
<thead>
<tr>
<th>Nursing Education and Professional Development 2022 at UW Health</th>
<th>Ambulatory: Clinical Staff Education Department</th>
<th>Inpatient: Nursing Professional Development Department</th>
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</thead>
<tbody>
<tr>
<td># of staff onboarded</td>
<td>Clinical staff: Registered nurses (RNs), medical assistants (MAs) and other clinical roles: 280  Non-clinical: 829  Online orientation: 734 employees  Ambulatory nurse residents: 13</td>
<td>Registered nurses: 524  Nursing assistants (NAs): 318  NAs hired through the NA Apprentice Program: 61  Age-friendly partner: 2  Student nursing assistants: 63  Nurse residents: 203  Nurse externs: 28  Personal safety observer: 1  Nursing care partners: 74  Anesthesia technicians: 2  Surgical technicians (STs): 7  ST travelers: 2</td>
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<td># of nurse resident cohorts</td>
<td>2 with 432 hours of education provided, including 52 lectures from content experts and 15 skills sessions</td>
<td>7 (increased from 6 to accommodate hiring more nurse residents sooner)</td>
</tr>
<tr>
<td># of staff trained</td>
<td>Retrained all primary care staff in COVID vaccine reconstitution and administration  Conducted 75 N-95 trainings for specialty care clinics</td>
<td>Critical Care class: 111  Intravenous Ultrasound class: 81  Preceptor workshop: 202  Advanced Preceptor workshop: 28  Peripheral IV class and roadshow: 165  Nurse Resident (NR) IV skills: 147  Inpatient Trauma class: 80  Nursing assistant professional development: 68  Basic Arrhythmia class: 218  Continuous Renal Replacement Therapy  Advanced User course: 54  Adult Stroke class: 35  Maternal mock code training to improve care and outcomes for pregnant patients: 56 RNs  Non-violent crisis intervention (NVCI) Initial class: 54  NVCI Refresher class: 28</td>
</tr>
<tr>
<td># of annual competencies/validation tools created for the staff-driven competency process</td>
<td>Comprehensive staff-driven competency packages for RNs: 9  Shifted medical assistant focus to CEU/educational opportunities</td>
<td>Competencies: 65  Validation Tools: 130</td>
</tr>
<tr>
<td># of education requests completed</td>
<td>280</td>
<td>108</td>
</tr>
<tr>
<td>Example of one major initiative rolled out by nursing education</td>
<td>Completed Health Link (electronic medical record) Nurse Decision Support Tool rollout to primary care sites. Offered 180 hours of on-site triage support, 16 trainings and 12 Q&amp;A sessions in addition to offering WebEx messaging RN support, Monday–Friday, 8 am–5 pm to nurses using the new tool.</td>
<td>In partnership with the Nursing Education Council, established Nursing Professional Development Days.</td>
</tr>
<tr>
<td>Other notable accomplishments</td>
<td>Competency management January 2022: Released competencies covering approximately 1,000 staff members as part of Annual Staff-driven Competency. Improved electronic process to make system more user-friendly for end user. Educators relieved managers of validation method checking and competency completion responsibilities. Evidence-based practice Held 24 Introduction to Triage and 7 Advanced Triage classes. Piloted one Nurse Extern cohort with 10 scheduled for 2023.</td>
<td>Perioperative nursing student shadow experience Spring 2022 collaboration with the University of Wisconsin-Madison School of Nursing to host nearly 50 Bachelor of Science in Nursing students for a perioperative shadow experience from First Day Surgery to intraoperative to Post-Anesthesia Care Unit. Revised Nurse Resident (NR) Orientation Added more hands-on skills and specific breakout sessions for pediatrics and surgical services. Goal was to provide NRs with more basic skills to help reduce the amount of teaching help needed from the nursing education specialist and reduce the preceptor workload on units.</td>
</tr>
</tbody>
</table>
Supporting our communities, near and far

From orphanages and hospitals in Africa to breast cancer research and support for patients here at home, UW Health nurses impact lives across the globe.

Strong bonds in Africa

January 2023 marked the 20th year for Susan Gold, BSN, RN, ACRN, and her volunteering efforts with HIV/AIDS patients in Africa. In January, she brought the latest group, now totaling 122, of UW-Madison students who are interested in global health and help teach the “Talking Health Out Loud” curriculum on sexuality and healthy relationships that Susan developed.

Susan is the only clinical nurse to have won a Fulbright Grant and a Washington Mandela Fellowship. She said her Tanzanian patients have many questions about HIV treatments and are curious about the different treatments available in the UW Health HIV/AIDS Clinic.

“Being a nurse gives you credibility,” she said, “as does being trained in patient education in the clinic.”

Susan retired from her full-time work in the clinic but continues to work as a per-diem nurse. Her nursing achievements are more amazing considering she didn’t earn her nursing degree until the week she turned 40. She was busy raising three children and it took her more than five years to graduate, although she did graduate top in her class.

“I think being a UW Health nurse is an honor and being able to represent the UW School of Nursing all over the world is a big honor,” she said. “I so strongly believe that the education you get from the school could benefit the whole world. You have knowledge that can save lives everywhere.”

The African connection started when she and her husband climbed Mount Kilimanjaro. “The guides knew I was a nurse and said, ‘Come back and help our people,’” she said. “And when I came down off that mountain, I knew I could do anything.”

Susan first started working with AIDS orphans in Kenya. As they lived into adulthood as HIV-positive people, she saw the need for sexuality education. Her work moved to Tanzania as the security situation in Kenya worsened.

Over the years, she’s watched proudly as the global health students she’s introduced to Africa have gone on to earn degrees and find their dream jobs. She was even able to introduce some of her grown children and grandchildren to Tanzania, where she is known as “Mama Susan.”
All heart in Rwanda

A group of nurses on the Cardiothoracic Surgery and Transplant Unit also have a strong bond with Africa after traveling to Rwanda as part of Team Heart. This volunteer group was founded by a Boston nurse who visited Rwanda and found a hospital ward full of young people whose hearts had been damaged when untreated strep throat progressed to rheumatic fever and heart valve damage. The group has been going to Rwanda to perform heart surgery since 2008. Recently, though, the focus has shifted to building sustainable cardiac care in Rwanda, and that is where the cardiothoracic nurses come in. Nurses Alexa Callahan, BSN, RN; Mikayla Kohls, BSN, RN; and Bella Penniston, BSN, RN, have all traveled to King Faisal Hospital in Kigali to teach their Rwandan colleagues the fine points of caring for patients following heart surgery. Bella said she did international nursing work in India as a student and was thrilled to have the chance to go to Africa.

“Alexa saw shoelaces being used to keep breathing tubes in place, and ventilator tubes being sterilized and reused. Rwandan nurses also have to mix their own infusion medications. “It’s very bare bones, with much fewer resources,” she said. “But the Rwandan nurses are so smart and so eager to learn. They are very passionate about cardiac care.”

Spreading cheer locally

Michelle Hornung, BSN, RN, uses her flair for beauty to help support breast cancer research at the UW Health Breast Center.

“Paying it forward always feels great,” said Michelle, who has a side business called the Crazy Daisy Flower Truck that often graces local farmers markets, and uses her Crazy Daisy Instagram feed to promote breast cancer awareness. As a breast cancer survivor (see related story, pages 10-11), Hornung has donated flower truck experiences to the Wine, Women & Shoes breast center fundraiser and a “build-a-bouquet for breast cancer” to an event called Cocktails, Bouquets & Komen.
Shared goveRNance going strong

UW Health Nursing Shared Governance continues to strengthen the voice of RNs throughout the system each year. With 11 system-level nursing councils and more than 75 local-level councils, shared governance is a proven driver of nursing practice growth, empowerment and positive change. To optimize its reach and accessibility to all nurses at UW Health, several key efforts were put into motion in 2022.

Transparency tools share progress and results

One of the more notable efforts involved creating two newer communication tools to elevate the great work of the system-level councils:

- **Key decisions**: Provides a list of decisions made by each council for a given month
- **Stoplight report**: Provides a color-coded progress report of all questions and ideas sent into the system-level councils, whereby:
  - **Green** represents questions that have been addressed and are completed
  - **Yellow** represents questions that are being reviewed and are in progress
  - **Red** represents questions or ideas that cannot be done based on the reason provided

In the past year, system councils and experts, including chief nursing officers, have helped answer nearly 70 questions—58 were addressed/completed, while the remainder were split between ‘in progress’ and unable to do with the reason provided.

“We receive a steady influx of questions each month, which shows that these tools are really working,” said Foster Lake, BSN, RN, inpatient imaging, FY22-23 chair of the Nursing Coordinating Council (NCC). “The questions nurses are asking are leading to improvements and really making an impact.

More support

System-level councils did a significant amount of work to refine the council structures. The role of the administrative liaison on each council was changed to help bring diversity of thought to teams and allow for more leadership support of councils. Now, the role is always occupied by a nursing director. This change has also allowed for experts, who previously served as administrative liaisons, to serve the councils and the councils’ work in advisory roles.

Growing ambulatory nurse councils

A workgroup of ambulatory clinical nurses was developed to create new tools and resources, and address barriers experienced by local-level councils to ensure ambulatory nurses have a voice in practice decisions. The team uses these improvement tools to systematically review processes and help ambulatory councils advance nursing practice in their areas. The improvement tools are grounded in the UW Health Way—a systemwide philosophy and framework that ensures consistency in the way we work to provide safe, reliable, high-quality services to patients and customers.
Annual workshop educates and excites council leaders

As a way to formally welcome incoming shared governance council chairs, chair-elects, administrative liaisons (nursing directors) and administrative support staff, the Nursing Coordinating Council (NCC) hosts an annual two-day workshop in June. Foster kicked off the 2022 event with an enthusiastic and inspiring message.

“Nothing about nurses, without nurses!” Foster stated. “This is the culture we have worked hard to build over the last 18 months. This important annual workshop allows us to equip the nurses who are leading the councils. More importantly, it gives time for all attendees to get to know each other and together, set the direction for their respective councils for the coming year and continue to build on the shared governance culture.”

A bonus was having in attendance the chief nursing officer for UW Health in northern Illinois, as well as the Magnet® program director, to share their ideas on the structure for shared governance and help build a foundation for future collaboration between UW Health nursing in Wisconsin and Illinois.

“The NCC workshop allowed leaders in shared governance to meet in person and begin to establish relationships, both as collaborators and as friends. “These human connections made us a stronger and more effective team. It also makes the challenging work that we do together more fun,” shared Colin Gillis, BSN, RN, inpatient general internal medicine, FY23 chair-elect for the Council of Unit Chairs.

During the workshop, the NCC also distributed to all attendees a document titled Shared Governance Council Accomplishments: Year in Review FY22, which highlighted the most notable accomplishments and decisions made by each council throughout fiscal year 2021–2022. Presenter and UW Health CEO Alan Kaplan, MD, shared the document with the UW Hospital and Clinics Authority board members to show the great work being done by UW Health nurses.

The success of the workshop in setting SMART goals (specific, measurable, achievable, relevant and time-bound), networking and aligning the work of councils warranted a second, mid-year workshop held in January 2023. This helped guarantee additional planning time and ensured that the councils remained focused in elevating decision making and the voice of nursing.

“I continue to be energized and inspired by everything we’re doing in shared governance,” Foster said. “It’s a great time to be a nurse, be at the table and be part of change and forward movement. We are making a difference.”

<table>
<thead>
<tr>
<th>Theme</th>
<th>Item/Oportunity</th>
<th>Nursing Council or Expert Owner</th>
<th>Date/Actions taken/Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor pay</td>
<td>Can preceptor pay be evaluated for the entire organization?</td>
<td>Nursing Staffing and Operations Council (NSOC)</td>
<td>1/2/22: New RN preceptor pay program began based on an improvement plan submitted by the NSOC, which proposed moving the pay structure to an hourly preceptor differential to address several identified gaps and opportunities.</td>
</tr>
<tr>
<td>Nurse education hours</td>
<td>There are concerns about completing the required education training during normal work hours.</td>
<td>Nursing Education Council</td>
<td>8/22/22: Designed a pilot to trial an education method from Oct. to Dec. 2022 on one inpatient unit and one ambulatory area to ensure nurses have time to complete education.</td>
</tr>
<tr>
<td>Discharge instructions in preferred language</td>
<td>Patients who speak English as a second language would like discharge paperwork printed in their preferred language.</td>
<td>Nursing Practice Council; workgroup formed to address this issue</td>
<td>10/7/22: Current constraints in the electronic medical record prevent printing in preferred languages. Resource provided for care team members to connect patients to interpreter services to request written translations.</td>
</tr>
</tbody>
</table>

NCC workshop attendees enjoyed networking with fellow council chairs and discussing important topics with executive nursing leaders. Direct care nurses sparked valuable ideas that were moved forward.
Leading, supporting and partnering with RNs

The essence of a leader is to serve as a visionary while providing guidance, support and the tools employees need to thrive. At UW Health, the nursing leadership structure embraces this approach while promoting a culture of accessibility and transparency.

Working with RNs to address important issues

Through the UW Health Nursing Shared Governance Council structure, nursing leaders attend system-level council meetings to provide executive support to each council and help move work forward. Two prime examples from 2022 pertain to the ever-hot topic of staffing:

• Short- and long-term staffing solutions
  At the peak of the RN staffing crisis, executive nursing leaders quickly launched an Internal Traveler Program to leverage talent from within the organization to fill shifts, with additional pay incentives. Although the program was successful in filling 90% of open shifts, it was a short-term solution due to the financial strain on the organization. To work toward a more sustainable solution, leaders engaged the Nurse Staffing and Operations Council and other direct care RNs to gain insight on what might work best.
  “The RN input we received was extremely insightful and helped us arrive at a long-term solution,” said Rudy Jackson, chief nurse executive.
  The result was a Phased Staffing Plan involving four phases based on need (normal, urgent, critical or crisis), with relative incentive pay per phase and shorter shift-length options. While staffing issues still exist, leaders continue to work with nurses on ways to address it.

• Advocating for nurses and all staff
  When the Flexing Staff to Work Volumes policy went into effect in 2019, it established a process for instances when employees were reassigned or required to take time off, with or without pay, when staffing adjustments were needed based on patient volume and/or department workload. At that time, there was no cap on the number of hours an employee could be “flexed down,” which was a huge dissatisfier. Through robust collaboration with the Staffing and Operations Council and Betsy Clough, chief human resources officer, Rudy was able to advocate for employees across the organization to reduce the number of hours any employee could be flexed annually from 208 to 60 per year. The updated policy went into effect in July 2022.

Support at every level: defining nursing leader roles

Aniqueka Scott, MPH, BSN, RN, has always had an interest in learning more about different nursing leader roles. So, when she decided to pursue her Doctor of Nursing Practice (DNP) degree, she explored the various levels of leadership through a DNP in Systems Leadership and Innovation practicum.
“This was a unique opportunity for me to evaluate leadership at various levels, see how they differ and how they interact with, support and complement each other,” said Aniqueka, who works on the Family Practice and Forensics Unit at University Hospital.

Through contact with UW Health leaders in meetings, steering committees and workgroups, Aniqueka learned about the oversight responsibility for each role and how it supports nurses.

- **Nurse manager**: unit leader who provides oversight for a unit’s nursing operations and transitional care
- **Nursing director**: oversees nurse managers and provides operational oversight of multiple units/areas
- **Leader through influence**: oversees departments that support nursing and influence nursing outcomes such as education, quality, safety, infection control and shared governance
- **Chief nursing officer (CNO)**: provides oversight of a designated facility or services, and the respective nursing or clinic operations directors
- **Chief nurse executive**: oversees CNOs and leads strategic organizational changes within nursing and other departments

Aniqueka recognized two common threads among UW Health leadership roles: a genuine sense of concern for RNs on the frontline and a commitment to serving as mentors. “Not only do these leaders want to share their knowledge, they care what nurses have to say and want to support their roles in any way possible.”

**Cultivating professional growth**

When Josh Ernst, BSN, RN, and Aniqueka Scott, MPH, BSN, RN, pursued their DNP degrees, they experienced the leadership culture from a new lens.

“UW Health nurse leaders have provided me with substantial support throughout my doctorate studies,” said Josh, who serves as a clinical program coordinator for the Telestroke program. “With this experience, I learned from various leaders within the organization, and I will take their advice with me wherever I go.”

In one of Josh’s practicums, Melanie Hankes, BSN, RN, nurse manager, UW Health East Madison Hospital Emergency Department, showed him how to overcome unique department challenges by coming up with creative and innovative solutions. “Teamwork is essential and expectations are high,” he continued. “There is always a sustained commitment to our patients, staff and the community. It is nothing short of inspiring.”

What stands out most for Aniqueka is having leaders who believe in her.

“They see my potential, and no one has ever made me feel I was reaching too high or dreaming too big,” she said. “I’ve been supported by every leader I’ve interacted with, confirming my decision to get my DNP.”

Aniqueka said she’s received the same advice from many leaders—stay curious and keep asking questions. One takeaway came to light when she saw the work that went into establishing the Internal Discharge Lounge that was quickly operationalized by nurses and nursing leaders to help free up inpatient beds (see story, page 9).

“I’ll never forget when Michele McClure (chief nursing officer for University Hospital) said, ‘Don’t let perfection get in the way of progress. We didn’t get it perfect, but we were off to a good start,’” Aniqueka recalled. “That realistic approach—acknowledging the need to evolve—really stuck with me.”
Growing the nursing workforce

Like most health care organizations, UW Health continues to be challenged by a nationwide nursing shortage. Addressing the shortage, however, is not just a near-term objective but a long-term goal as well. Taking a proactive stance, UW Health has created new, innovative programs designed to both grow and diversify our nursing workforce while creating new pathways for career advancement and professional growth.

Befitting the reputation UW Health nurses have as national leaders, a first of its kind Nurse Apprenticeship Program was recently launched. Funded by a generous seed gift from Verona-based Epic, this innovative program creates pathways to employment, training and advancement to join the nursing profession. Local community partnerships, educational support and a focus on diversity are all part of this effort to grow our nursing workforce.

The first cohort for this program will pull from selected UW Health entry-level clinical staff, such as certified nursing assistants (CNA) and CNA-credentialed certified medical assistants (CMA), with a plan to expand applicant pools to help grow our overall workforce.

“This program offers a comprehensive growth pathway like nothing we have ever seen before. We are excited to start opening the doors to employees who have wanted to pursue a career in nursing but could not afford it or take the necessary time away from work for their schooling.”

“This Nurse Apprenticeship Program offers a comprehensive growth pathway like nothing we have ever seen before,” said Anne Mork, MS, MHCDS, RN, chief nursing officer, ambulatory and nursing support services. “We are excited to start opening the doors to employees who have wanted to pursue a career in nursing but could not afford it or take the necessary time away from work for their schooling. This Nurse Apprenticeship Program lets them work while they learn, covering all education expenses. It helps foster a culture of learning, support and professional growth by offering wrap-around support as necessary.”

ADN to BSN career path

In addition to increasing the number of ADN RNs through the Nurse Apprenticeship Program, UW Health is offering an ADN to BSN (Bachelor’s Degree in Nursing) career path through a partnership with UW–Madison School of Nursing.

The first cohort of 6 ADN nurses was enrolled in spring 2023, with an additional 50 ADN spots set aside for the fall 2023 semester.

Funding limitations preclude every UW Health employee who wishes to participate from being accepted for enrollment. Accordingly, ADNs from inpatient and ambulatory units with the highest number of ADNs will be among the first ones invited to apply for enrollment in the ADN to BSN career path.

“Regardless of degree or title, every employee who interacts with patients is essential to ensuring outstanding patient care,” Mork said. “At the same time,” she added, “the literature shows that health care systems with greater numbers of BSN prepared nurses have been shown to have better patient outcomes. BSN educated nurses are also better positioned for leadership, teaching and quality improvement opportunities. The Magnet organization endorses the Institute of Medicine’s 80% BSN recommendation for nursing and has set up the program to drive organizations to reaching and maintaining that threshold.”

Community partners making a difference

Karina Rohrer-Meck, a nurse and clinical information leader at Epic, said her company is pleased to help UW Health champion new solutions to challenges such as the nursing shortage.

“UW Health and the University of Wisconsin have a long tradition of serving as beacons of support, advancement and excellence in our community, and innovative programs like these build on that tradition,” Rohrer-Meck said. “We are happy to help them champion new solutions to such important challenges.”
When Beverly Reynolds decided to become a nurse, she didn’t realize the impact she would have not only on patients, but on her own family. Years later, she proudly watched as her daughter and granddaughter followed in her footsteps.

Beverly’s daughter, Tori Sonday, RN, has been a nurse at UW Health for 35 years, currently working in the Rheumatology Clinic at Junction Rd Medical Center, and her granddaughter, Kalyn Sonday, BSN, RN, is a nurse at East Madison Hospital.

“I grew up seeing what a positive impact my mom had on patients and how much she loved her job, so it was a no-brainer to follow in her footsteps,” Kalyn said. “I can remember always wanting to help people when I was growing up, so I couldn’t wait to become a nurse like her.”

Kalyn also remembers the influence her grandmother had on her as a neuroscience ICU nurse and is grateful for the impact both her mom and grandma had on her life. She also appreciates the impact they had on the lives of their patients.

“We are all very passionate about nursing, and knowing that patients still stay in touch with my mom after all these years shows the awesome power of nursing,” Tori said.

Their connection as nurses has also strengthened their bond as mothers and daughters—Kalyn calls her mom after every shift knowing she can relate and is there to share ideas with. “It’s huge for my own mental health and my nursing practice,” Kalyn said.

Tori enjoys the conversations and recalls doing the same with her own mom.

“It’s such a wonderful feeling, especially seeing the positive effect we can have on future generations. This is very important work that we do and it’s just who we are.”

Three generations of caring

It was a proud moment for retired nurse Beverly Reynolds (left) to see her granddaughter, Kalyn Sonday, BSN, RN (center), receive a 2022 UW Health Nurse Excellence Award 17 years after Beverly received the award herself. Kalyn’s mom, Tori Sonday, RN (right), has also been nominated several times and beamed with pride that Kalyn received it in her first year of practice.
Sharpening our nursing strategic focus

Finalizing our nursing strategic plan in 2022 was an exciting milestone: We solidified our six areas of strategic focus that we are proudly introducing below. These areas serve as the foundation for the work we’ve already started and the exciting work that will continue for the next three to five years. Our efforts are directly connected to the UW Health Nursing Vision: to serve as remarkable and trusted national leaders in nursing—every day.

To effectively move our work forward, we identified and prioritized two of these areas to serve as our main pillars: “Promote a culture of well-being” and “Attract and retain a talented workforce.” The first addresses the importance of seeing our nurses as humans first, and nurses second, thereby providing them with the self-care resources they need to be at their best, personally and professionally. Additionally, we continue to implement innovative strategies to attract and retain the best and brightest nurses to help address the national shortage and alleviate the staffing strain on our nurses. These two pillars are vital to sustaining a healthy and high-functioning nursing workforce, and therefore, support all other areas of strategic focus and help drive all work forward.

Promote a culture of well-being
Nurses must prioritize their own well-being to provide exceptional care to our patients. We will develop tactics and strategies to positively influence the holistic well-being of nurses throughout UW Health by creating an inclusive culture that supports and optimizes their emotional and physical health throughout their careers.

Attract and retain a talented workforce
The global workforce shortage has stressed the nursing profession. We will use innovative approaches to recruit new nurses and retain a highly skilled nursing workforce.

Elevate nurse influence
The voices of individual nurses and the collective nursing workforce have significant influence on the care provided to UW Health patients. Through the continued empowerment of our nurses, their influence will be elevated to positively impact patient outcomes and organizational decisions while increasing respect within care teams.

Enhance professional development
The nursing profession is a journey of continuous growth and development. UW Health nursing will enhance professional development opportunities to help our nurses remain astute to advancements in science and practice.

Expand health literacy
Patients should feel they are partners with UW Health and nurses throughout their health care experiences. We are committed to improving the degree to which patients feel empowered to find, understand, and use information and services that help them make informed health-related decisions.

Influence nursing practice nationally
Nurses within a Magnet® institution ask questions, advance the science of nursing and disseminate work broadly. UW Health nursing will optimize opportunities for nurses to fully live UW Health’s Nursing Vision: to serve as remarkable and trusted national leaders in nursing—every day.

We look forward to working together—with nurses across UW Health—to continue advancing our professional nursing practice and strategic plan. Stay tuned for future updates on our progress and the details of this important work.

Current UW Health Chief Nursing Officer Council:
Rudy Jackson, Chief Nurse Executive
Nicole Kalscheur, Chief Nursing Officer, East Madison Hospital
Michele McClure, Chief Nursing Officer, University Hospital
Anne Mork, Chief Nursing Officer, Ambulatory and Nursing Care Services
Luke Sticht, Interim Chief Nursing Officer, American Family Children’s Hospital
Becky Kohler, Chief Nursing Information Officer
Sarah Brzozowski, Director, Magnet and Nurse Excellence
Our remarkable nursing workforce

With more than 4,000 nurses supporting 672 inpatient beds and 189 ambulatory clinics, UW Health RNs make an immeasurable difference in the lives of patients, families and our communities. All figures reflect the 2022 calendar year.

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<tr>
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<th>60+: 239</th>
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<td>Black/African/African American: 49</td>
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<th>13.7% for 2022 (national average is 271%)</th>
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<th>1,082 (26.6%)</th>
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<table>
<thead>
<tr>
<th>ADVANCED DEGREES</th>
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*According to PricewaterhouseCoopers (PwC) Saratoga