



Madison ICU RN
SPLASH SHIELD.

**2020: The year of
the resilient,
remarkable nurse**

UWHealth



Responding to crises with grit and gumption

A Message from Sue Rees, DNP, RN, CPHQ, CENP
 Interim Chief Nurse Executive; Regional Vice President, Chief Nursing Officer, Inpatient

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

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

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

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

I would also like to take this opportunity to introduce you to our new Chief Nurse Executive, Rudy Jackson, DNP, MHA, RN, CENP, who comes to us from Buffalo, New York and officially took the reins on August 17, 2020. Welcome, Rudy! We look forward to your vision and leadership as we close out 2020 and head into what we hope is a restorative 2021.



Sue Rees, Regional Vice President; Chief Nursing Officer-Inpatient



Rudy Jackson, DNP, MHA, RN, CENP, Senior Vice President, Chief Nurse Executive



Unforgettable bond

A recovered COVID-19 patient and her nurse

Patient Lona Towsley met UW Health Nurse Britney Kershner at one of the worst moments of her life. Lona was admitted to University Hospital to be treated for COVID-19. Even though she was scared and unable to have the visitors we'd all want in the hospital — close friends and family — she developed a special connection and camaraderie with Britney during her stay.

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

“She is a nurse I will never forget. I would not have survived without her support.”

*— Lona Towsley
former UW Health patient
and COVID-19 survivor*

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

“Meeting a patient like Lona makes me want to just keep working hard and be there for all my patients,” said Kershner.

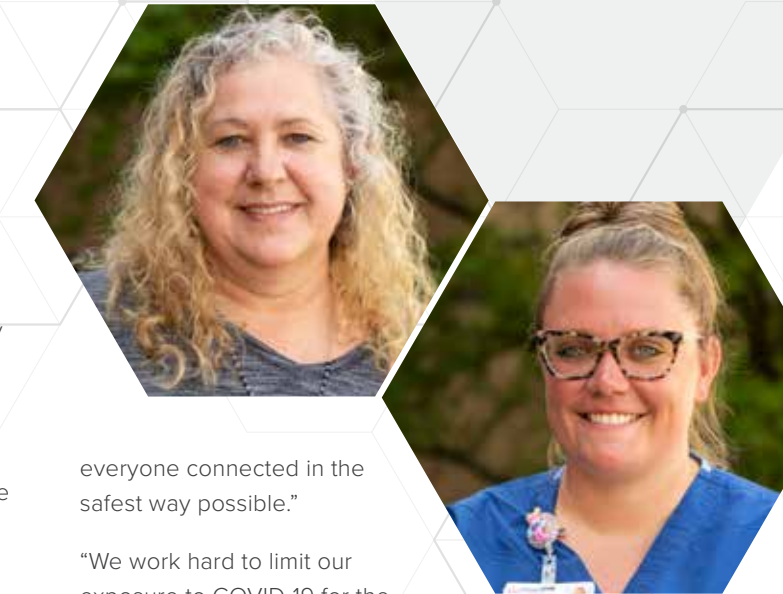
While infection control policies prohibit COVID-19 patients from having visitors, nurses are working to provide a new level of care; trying to ensure patients feel supported even when family and friends cannot be in the room. In fact, nurses are helping facilitate the vital connection between patients and their loved ones using video visits.

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

“COVID-19 has changed so much in our unit. We have all really come together,” said Kershner. “With no family allowed in the room of COVID-19 positive patients, nurses step up to be like family.”

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

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



everyone connected in the safest way possible.”

“We work hard to limit our exposure to COVID-19 for the sake of our patients and our nurses. For example, if a respiratory therapist is in the room with me, they would help me with routine care instead of bringing someone else like a nursing assistant in to help me,” said Kershner.

Nurses are on the frontlines of this ongoing pandemic, taking on even more responsibility to ensure patients are safe and do not feel alone.

“COVID-19 has changed the world and we are doing our best to provide excellent healthcare to all,” said Kershner.

Facing page: After a frightening bout with COVID-19 in April 2020, Lona Towsley returned in June for a happy and tearful reunion with her nurse, Britney Kershner, BSN, RN, CCRN.

Nurses lead the “wild ride” to telehealth rapid adoption

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

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

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

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

Others, like Jason Laseman, BS, MA, RN-BC, and his colleagues in Nursing Informatics, are behind the scenes, providing the training, programming the iPads and creating the workflows.

Laseman recalled the wild week in March, when virtual rounds went from an idea to reality in four workdays. His group trained nurses on about 25 units at UW Health’s three Madison hospitals.

They started with having two iPads per unit but have since evolved so that all inpatient iPads have the capability, as well as a Webex app they can use to video chat with family and friends who can’t visit them in the hospital.

Laseman says the group is doing a patient satisfaction survey among parents of PICU patients at American Family Children’s Hospital, where complex cases may have 15 specialists joining by video.

“We want to know if they are effective and how comfortable patients’ families are with virtual rounds,” he says. “There isn’t a lot of data on this right now.”

UW Health Care Anywhere video visits with Urgent Care launched in late 2017, but really took off as the COVID-19 pandemic hit. Last year, UW Health had approximately 2,800 video visits all year. The first six months of 2020, there were 6,800 visits.

“By the end of the year, I’m sure we will have more than tripled last year’s numbers of patients being cared for in this way,” says Riese, who spent the first weeks of the pandemic training more providers to deliver care via the UW Health Care Anywhere platform. UW Health increased both the numbers of APPs doing visits and the hours the calls were staffed by UW staff (rather than a service) from eight hours a day to 12 hours.

“Now everyone, across the planet, knows what telehealth is,” she says. “Patients really like it, although it does have some limitations for detailed patient diagnostics.”

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



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

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

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

Bill Yerges, MSN RN CPN, Transplant Coordinator, quickly became a Vidyo superuser, using video to educate patients post-surgery so they would be able to care for themselves at home. He says the transplant group continues to find new uses for video, from selection conferences to using video to interview potential organ recipients.

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

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

Before COVID-19, the group was monitoring 93 ICU beds at University Hospital, The American Center, Swedish American Hospital and community hospitals in Freeport, Ill., Medford, Richland Center and Monroe. They’re now up to 126 beds, as mobile monitoring carts were innovatively added at several sites and a D6/5 wing was converted to an 8-bed COVID ICU using spare eICU hardwired monitoring parts to create mobile carts.

“Usually we have six months of work before we go live with a new ICU, but D6/5 went live in three days,” she says. “Our nurses and nursing assistants have been through a massive amount of change very quickly in preparing to take care of patients with COVID-19 along with our typical intensive care patients and their professionalism over how they embraced this challenge during this pandemic should be applauded.”

In addition to extensive data collection and monitoring patients’ vital signs, best practice compliance, and preventing falls and extubations, the eICU staff mentors the new to ICU practice nurses at the



The eICU team consists of 13 experienced Intensive Care Nurses, like Cindy Pressnell, BSN, RN, PCCN (above) and Jana Keller, BSN, RN, CCRN (facing page), 19 intensivists and 6 nursing assistants who monitor and collect data on ICU patients at UW Health and in community hospitals from Medford in northern Wisconsin to Freeport in northern Illinois. The average experience level on the nursing team is over 25 years.

remote locations, with check-ins at the beginning and end of every shift. These novice nurses are encouraged to call the experienced eICU nurses during their shift with any questions as well.

“We provide a pretty detailed post-orientation mentoring,” Jacobs says. “It’s a scary time to be a new nurse in any ICU but especially now during COVID-19.

The eICU nurses are able to walk them through a wide variety of patient care issues and our sites think it’s important that we bring additional physician and nursing expertise in light of the COVID-19 pandemic.”

The eICU monitoring equipment also tracks outcomes, and the vendor, Philips, is compiling COVID-19 outcome data from ICUs across the country, as well as locations in Japan and Great Britain. UW nurses and physicians will be co-authors on the study. The ability to track this data is made possible by the dedicated work of eICU nursing assistants.



Pandemic front line

Healthcare heroes on the COVID unit

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

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

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

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

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

Other relatively simple tasks, like checking patients’ oxygen levels, became difficult during the early days of the pandemic, too, mostly because nurses couldn’t physically round on their patients as often as they had in the past. Prior to the pandemic, when a patient’s oxygen levels got too low a nurse would be alerted about their vitals on a pager, after which they would then go to the room to address the problem. But that wasn’t possible during COVID-19, when reducing the amount of staff exposure to the virus and preserving the dwindling supply of PPE made such simple tasks more challenging. As a workaround, staff developed a process by which each patient’s pulse oximeter was hooked up to the regular telemetry box in the room, allowing the oxygen levels to be monitored at the nurses station without anybody having to enter the room, saving precious PPE and minimizing unnecessary exposure.

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

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

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

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

Innovations led by nurses in COVID-19 response

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

COVID-19 hotline

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

"Within 36 hours we had a full, impressive delegation system," said Sally Frings, MA, BSN, Director of Ambulatory Operations. "Our nurses had new tools in their toolbox so everyone could work from the same guidelines to address COVID-19 concerns."

These tools were invaluable. With as many as 900 calls in an eight-hour period, nurses staffing the hotline had to learn quickly. Ambulatory nurse educators were supported in person during the first weeks of centralized operation, then supported via a Cisco Jabber (instant messaging) chatroom. With this support, nurses were quickly able to assess symptoms, categorize patient needs and schedule testing as needed.



Nurses from ambulatory, float, Madison Surgery Center, nursing education—even retirees—flew into action to staff the initial, centralized hotline to help triage patients with respiratory symptoms. Pictured here in early March (left to right): Beth Sommerfeldt, Barb Uselman, Marifrances Schaffrath, Lynn Hertel, Mary Lou Draves, Katie Penniman-Moser, Peggy Sullivan, Matthew Vander Steeg and Jennifer Schneider.

Nurses being able to schedule testing was critical to our COVID-19 response. Typically, a clinician orders tests for a patient but that was not feasible in a pandemic. So, nurse educators along with the Center for Clinical Knowledge Management (CCKM) created a delegation protocol that streamlined testing and cleared a path for nurses to order COVID-19 tests.

When UW Health began offering serology tests for employees—a blood test that detects COVID-19 antibodies in the bloodstream, showing if a person has had contact with the virus—there was immediate, fervent interest. Nurses knew there would be a rush of patient interest too, so they rapidly expanded triage capacity to screen callers and order COVID-19 or serology tests.

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

COVID-19 testing drive through

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

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

Brittany and her colleague, Rachel Alex, BSN, RN, did not let their uneasiness about the situation interfere with their work. In fact, they were the first to put on personal protective equipment (PPE) at the testing site. Ambulatory nurse educators and infection control nurses were onsite to train staff on how to safely use PPE and test patients for COVID-19. After training, Brittany and Rachel were the first to swab a patient.

"We knew we needed to meet the moment," Brittany said.

They also worked to continually improve testing workflows. It was Brittany, originally from the UW Health Digestive Health Center (DHC), who realized they could use an electronic medical records system to better organize patients onsite for testing. Essentially, DHC uses color-coded online stickers to indicate when a patient arrives, is prepped for a procedure or has completed it, which kept the center on schedule. Brittany devised that the same system could be used for the testing site to communicate a patient's arrival, test time and completion. This made testing faster, safer and more efficient.

Nurses also created a way to speed up testing results. In the beginning, patients' samples were given basic labels onsite then relabeled at the lab for testing. This duplicated work and slowed down the process. By making a few changes to the testing site, nurses were able to print lab labels onsite and use those, eliminating duplicative work and ultimately getting test results to patients sooner.



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

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



Rachel Alex, BSN, RN, was one of the first nurses to staff UW Health's drive through COVID-19 testing site for employees. The site was operationalized within 48 hours and started testing employees on March 15, 2020.

Nursing research:

How can we better support triage nurses?

Triage nurses on the frontlines of the COVID-19 pandemic are charged with making complex decisions as patients call in with lists of symptoms and nurses work to ensure that patients receive timely and appropriate care, which may require being seen in person or monitored differently.

This balancing act is further influenced by the reality of working with a previously unknown virus, which results in often changing guidelines and resources to guide care, and the concern of overburdening hospitals and clinics – all the while recognizing the potential consequences related to the spread of the pandemic and individual patient outcomes.

Élise Arsenault Knudsen, PhD, RN, ACNS-BC, is a co-investigator at UW Health for a multi-site study to better understand and model how nurses make triaging decisions during the COVID-19 pandemic.



Élise Arsenault Knudsen, PhD, RN, ACNS-BC, Clinical Nurse Specialist for Research and Evidence-based Practice at UW Health

“We’re interested in how nurses are making decisions and what resources are available to them in their work environment to guide their decision-making,” says Arsenault Knudsen.

She was invited to join the study by colleagues at the University of Iowa, including principal investigator Priyadarshini Pennathur, PhD, and co-investigators, Laura Cullen DNP, RN, FAAN, and Stephanie Edmonds, PhD, MPH, RN. The study team has received funding from the National Science Foundation (NSF) through a rapid response research grant to explore what resources nurses use for decision-making, understand the cognitive work of triage nurses, and how nurses’ perception of risk influences their decisions during a pandemic.

After attaining Institutional Review Board (IRB) approval, the researchers plan to use transcripts of phone calls during the peaks of the COVID-19 pandemic and analyze non-clinical data from those calls. They also hope to use screen capture technology to show which resources nurses use, and likely toggle between, to guide their decision making. They will then interview between 40 and 60 triage nurses at UW Health and the University of Iowa to understand their cognitive process and their perceptions of risk.

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

Arsenault Knudsen is the Clinical Nurse Specialist for Research and Evidence-based Practice at UW Health. Her job is to support nurses across the healthcare system to do research and to use research evidence in their practice. Her program of research explores ways to support nurses to change their practice, while accounting for the dynamic context in which nurses work, to optimize patient outcomes.



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

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

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

UW Health is a site for multiple clinical trials involving COVID-19 treatment, which means nurses are not only caring for these patients, but they are also supporting research protocols that will help us to learn more about how to treat them.

“It’s been fascinating to see how quickly studies are getting up and running, patients are being enrolled, and the teams are coming together to accelerate knowledge and treatment for patients here, and all around the world,” she says. “These nurses are doing amazing things.”

Giving back comes naturally to care team leader

Emergency Department (ED) Care Team Leader Sue Wolfe, BSN, RN, was a little overwhelmed by the public displays of support for her team at University Hospital shortly after the COVID-19 pandemic took hold in March.

“People from the community were bringing us food and holding up signs of encouragement,” says Sue. “It was all very humbling since we were just doing our jobs. Still, it was incredibly kind for the public to show so much support at a time when it felt like everyone’s world was being turned upside down.”

Seeing news coverage of growing lines at local food banks, Sue instinctively knew she had to do something to give back.

“We clearly had our share of stress in the ED with COVID-19, but so many people outside our doors were losing their jobs and having trouble feeding their families,” Sue says. “That’s a whole different level of stress.”

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

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

“It was blowing up in a way I couldn’t imagine,” Sue says. Social media helped spread the word even further. By the time two weeks elapsed, Sue had raised \$10,400 for the Dane County Food Pantry Network.

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

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

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

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

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



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

Often referred to as the “department Mom” by her colleagues, Sue Wolfe’s compassion for others extends far beyond the walls of the UW Health Emergency Department.





Nurses lead move to more culturally congruent care

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

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

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



Adrian Jones

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

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

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

Kendall, a Madison native, went back to nursing school as an adult, and says she's experienced the impact she has on Black patients.

"When I walk into the room, I see their shoulders relax, and they say, 'I can actually tell you what I'm feeling. This is what quality of care looks like to the patients, it's not an extra,'" Kendall says.



Jessi Kendall

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



Tracey Abitz

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

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

Improved processes lead to more remarkable care

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

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

These three leaders chose to collaborate because of the synergy among their areas of responsibility, as research shows that improvement in one of these areas improves the other two, ultimately yielding improved patient care.

Lean process improvement methodology—the basis for the UW Health Way—focuses on small changes, which was the focus of the team's efforts.

"We felt that the UW Health Way 'A3' tool was ideal," says Linda Stevens, "because it helps employees identify process breakdowns that should be easily correctable. You can get your arms around fixing a few smaller things in less time than waiting for a large, complex process to be overhauled."

The team identified several problems that could be examined through the "A3" magnifying glass, with the goal of achieving modest, but measurable improvement.

On the F6/5 General Medicine/COVID unit, for example, Nurse Colin Gillis discovered that a newly admitted patient did not receive telemetry (for heart rhythm monitoring) for at least 24 hours, despite its inclusion in the patient's admittance orders. After Colin filled out a Patient Safety Net (PSN) report, CNS Shelly VanDenbergh began working to implement Colin's suggestion to add a prominently visible telemetry status indicator on each patient report sheet.

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

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



Left to right: Lori Haack, Linda Sparks and Linda Stevens chose to collaborate on improvement efforts given the existing synergy among their respective areas of patient safety, patient and family experience, and nursing quality and safety.

Another example occurred at UW Health at the American Center Surgical Services, which reported a lack of understanding of the roles and duties of co-workers on a given day, leading to negative perceptions employees have about their peers. A lack of recognition for staff who go above and beyond to help their peers also was cited as a root cause. Following process changes, collaboration during patient rounds has increased and a commitment was made to prioritize recognition for staff who go the extra mile.

Key to the success of these initiatives, says Linda Stevens, is a cultural shift that embraces process improvement as a constant, not just a task to scratch off the to-do list.

"It's not one-and-done," she says. "We know there are plenty of ways to improve the way we deliver care and improve the work environment. Our goal is to foster an environment that constantly incorporates improvement."

It takes a village to staff a pandemic

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

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

In her third year on the council and first year as chair, Dillmann and staffing council members collaborated with the Nursing Coordinating Council (NCC)—a group comprised of chairs and co-chairs of all nursing councils—and leaders from nursing operations support and nursing financial support to discuss how to plan, implement and track staffing adjustments during COVID-19. Those changes included:

- **X equal shift** – which typically refers to picking up a shift that can be canceled, if needed, an hour in advance. During COVID-19, the staffing council and Dillmann made the recommendation to make these shifts not cancellable, to ensure enough nurses would be available.
- **Flex to volume** – involves the number of hours inpatient nurses need to flex down (be off), based on patient volume. "Everything was voluntary at first," stated Dillmann. "When inpatient started involuntary flexing down, we looked at making it as equitable as possible for inpatient nurses by using hours." A threshold was determined to



The UW Health Staffing and Operations Council

keep track of how many hours nurses were being flexed down. Dillmann presented this threshold to the NCC and Interim Chief Nurse Executive who took it to the CEO for final approval.

"The average number of flexed down hours for inpatient was lower than projected. We were losing millions of dollars and came up with a threshold for hours. If one unit was hitting its cap, it was being tracked and allowed for a different unit to flex down. We got out of unit silos and looked at it as an organization, which was very inspiring."

A small workgroup, including Meghan Reisman, BSN, RN, Chair of NCC and Dillmann, also compiled all changes that were being implemented and drafted a Frequently Asked Questions (FAQ) document for staff to reference.

"Our organization looked at all aspects when it came to staffing and worked hard during this uncharted and tough time," states Dillmann. "Learning opportunities were offered through online computer-based trainings for nurses, while others were being redeployed and piloting team nursing—a concept that involved general care nurses helping in the ICUs. At UW Health, we are so specialized and as nurses, we really take pride in

knowing our patient population. Team nursing and redeployments were uncomfortable and different, but we kept taking care of our patients no matter what."

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



Kate Dillmann, BSN, RN

Elevating RNs through shared governance

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

One of the ways UW Health is trying to avoid that scenario is through the promotion of two-way communication to all nurses through its shared governance structure.

“When you have a nursing force comprised of more than 3,000 RNs, communication can be overwhelming,” states Meghan Reisman, BSN, RN, Care Team Leader and Chair of the Nursing Coordinating Council (NCC) at UW Health. “The charge of the NCC is to elevate our council structure so that every staff nurse knows how to share ideas, ask questions and most importantly, know they have a voice and the power to influence our nursing practice and change at UW Health.”

According to Nursing Program Specialist, Dani Edwards, MSN, RN, PCCN-K, there is research to support that shared governance is linked to improved outcomes for nurses and patients. “Nurses, in particular, can use our shared governance structure to express their opinion, share ideas for improvement and get involved at the organizational level,” states Edwards.

NCC decided to delve into the council structure and the access issue for all nurses by using fishbone diagrams and small tests of change to identify and understand the root causes of existing communication barriers. With the support and vested interest of UW Health leaders, Dr. Alan Kaplan, CEO, and Sue Rees, Interim Chief Nurse Executive, they moved forward with holding a two-day workshop to take a deeper dive.

“All NCC members played a role in planning the workshop and choosing topics related to the barriers that had been identified,” states Sarah Brzozowski, MBA, BSN, RN, NEA-BC, Director, Magnet® and Nursing Excellence, and workshop facilitator. “Once we had consensus on the content, we didn’t let a pandemic get in our way of planning a safe workshop.”

Day one of the workshop featured speakers from various UW Health departments, to give participants a better understanding of what they do and how they support nursing. Dr. Kaplan kicked off the day with expectations for shared governance at UW Health, while other leaders spoke on: outcome-based agendas; communication skills for council leaders; nursing operations; quality improvement, evidence-based practice and research; finance; and corporate strategy and planning.

“I feel so fortunate for being able to take part in the workshop and shared governance work,” said Mandy Jo Mlsna, MSN, RN, CPN, Inpatient Pediatrics; Chair-elect, Nursing Education Council.



The workshop planning group found acceptable space to ensure that all in-person participants would be appropriately distanced among three large rooms, with face coverings required. Speakers also wore face coverings and every presentation was broadcast throughout the spaces.

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

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

“In the end, we want all nurses to understand the incredible value of shared governance and how it provides a way for EVERY nurse to have a voice,” stated Reisman. “It means that nurses are empowered and encouraged to participate in shared decision making, and what better way to shape nursing practice at UW Health?”

Nursing philosophy

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

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

The following components are vital to our practice:

- Compassionate care and respect for the patient, family and community
- Providing individualized care that is safe and ethical
- Delivering high quality outcomes
- Advocating for a safe work environment for all staff
- Supporting cross-functional teamwork, collaboration and respectful interdisciplinary communication
- Educating oneself and others through therapeutic communication
- Utilizing innovative tools to improve our practice
- Responsible use of our resources
- Providing an environment where the nursing profession’s growth and inquiry is fostered through quality improvement, evidence-based practice and research

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

Nursing mission

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

Nursing vision

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

Strong!
can do this
STRONGER
TOGETHER
take it one day
at a time

Nurses
Rock!
We Got
this!

Stay
Positive!
UWHealth
proud
of you!

