



Growing Excellence



2019 REPORT ON NURSING

Nursing Mission

To Care and Comfort
To Collaborate
To Advocate
To Educate
To Innovate

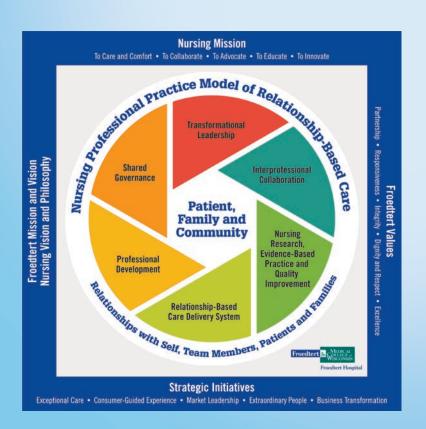
Nursing Vision

Froedtert Hospital nurses will be trusted leaders demonstrating passion, innovation and excellence in professional nursing practice.

Nursing Philosophy

Nurses at Froedtert Hospital support professional nursing practice, which emphasizes:

- Relationship-based care that is individualized, compassionate and culturally sensitive, in which nurses advocate for care that is delivered with utmost respect and dignity
- Courageous, agile and responsive leadership that builds resilience and facilitates successful navigation of change
- Interprofessional collaboration for optimal patient outcomes, including empowering patients and families as active participants in their care
- The delivery of high-quality patient care and making a difference in the lives of patients through commitment to nursing research, evidence-based practice and quality improvement
- Education of our patients, families, the community, future health care professionals and ourselves
- A foundation of shared governance that supports autonomous, participative decision-making
- An environment that nurtures and supports top-of-license practice, innovation, clinical expertise and ongoing professional
 development, enhancing the recruitment and retention of outstanding nursing staff who exemplify nursing excellence



Nursing Professional Practice Model of Relationship-Based Care

The Nursing Professional Practice Model of Relationship-Based Care depicts nursing practice at Froedtert Hospital. A central focus of the model is care of the patient, family and the community. Six elements serve as the model's foundation, with the mission, vision, values, philosophy and strategic initiatives influencing nursing practice.

The model has been adapted from *Relationship-Based Care: A Model for Transforming Practice* (Koloroutis, 2004).

A message from the Chief Nursing Officer

Ways We Are Growing Excellence

Dear Nursing Colleagues and Friends,

Welcome to the 2019 Report on Nursing highlighting Froedtert Hospital nurses and seven ways we are growing excellence within the nursing professional practice environment. Each story reflects an element of nursing excellence: Resources and Staffing, Leadership Access and Responsiveness, Interprofessional Relationships, Autonomy, RN-to-RN Teamwork and Collaboration, Quality Nursing Care, and Professional Development.

Tremendous physical growth has occurred at Froedtert over the last couple of years, with a new Integrated Procedural Platform, inpatient expansion of additional floors to the Center for Advanced Care and new ambulatory clinics. With each initiative, nurses have been integral in the planning and successful implementation of nursing services. Our growth goes beyond facilities. Nurses have been active in leading and collaborating to improve and enhance health care delivery. Nurses have been champions for creating a culture in which professional nursing practice thrives. Most important, nurses are demonstrating how we are effectively positioning the delivery of nursing within our dynamic health care system.

This report contains several pages that acknowledge awards, recognitions and exemplary dissemination of knowledge via publications and presentations from the last two years. The scope and diversity of these accomplishments reflect the pride and commitment to nursing practice that is present among Froedtert nurses. The caliber of these acknowledgements also illustrates the level of nursing excellence that is present, validated by our third Magnet® designation.

With this report it is also my pleasure to introduce our newly revised Nursing Professional Practice Model of Relationship-Based Care. The model was thoroughly reviewed and revised via our nursing shared governance structure. The graphic was updated to better reflect our commitment to relationship-based care and the importance of our relationships with self, team members, patients and families.

Enjoy this report as you learn more about our extraordinary nurses — leaders in professional nursing practice, demonstrating excellence every day!

With Regards,

KATHY BECHTEL, MSN, RN, NEA-BC

Vice President Patient Care Services and Chief Nursing Officer



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GROWING EXCELLENCE No.

Resources and Staffing



Planning for Significant Inpatient Growth

Imagine taking an already bustling academic medical center and opening an additional 96 inpatient beds. With inpatient capacity at the limit, there was nowhere to go but up. The vertical expansion of the Center for Advanced Care has resulted in four levels being added

to the top of the building. Three inpatient surgical units moved into three of those floors; the fourth level will accommodate a relocation of the Blood and Marrow Transplant (BMT) unit. The surgical units moved in July 2019, facilitating the expansion of the Cardiology/Cardiothoracic Surgery unit by 20 beds, as well as supporting the opening of a new 24-bed medical unit. The BMT unit move will take place in March 2020, allowing a second Hematology/Oncology unit to open at that time. The additional beds and their geographic locations were strategically planned to optimize having the right patient in the right bed, with specialty populations cared for by the nurses

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KATHY BECHTEL,

MSN, RN, NEA-BC, Vice President Patient Care Services and Chief Nursing Officer

who practice in that specialty. "This inpatient expansion is the equivalent of opening a small hospital. The work effort and diligence in preparing for this expansion has been amazing, all done while operating at peak capacity and undergoing significant operational changes," said

Kathy Bechtel, MSN, RN, NEA-BC, Vice President Patient Care Services and Chief Nursing Officer.

Nurses moving to the new units were engaged in the architectural design process. Their involvement supported ensuring the environment would align with clinical processes and workflows, as well as best practices. Clinical nurses were also invited to view and provide feedback of full-sized mock-ups of the environment prior to construction. At different stages of completion, they were able to visit the units when decisions or clarification of design intent were needed. Prior to moving, the nurses participated in

five hours of education to assure they were competent in use of the units' new systems and equipment.

Resources and staffing for the inpatient bed expansion was a priority focus. Hundreds of new Froedtert nurses, and a complement of certified nursing assistants and health unit coordinators needed to be hired. To meet and sustain the nursing workforce needs, the value of addressing nurse retention, recruitment and onboarding was recognized. Outcome and process goals were set for each component. The Transformation of Nursing Retention, Recruitment and Onboarding Team was formed to guide, monitor and energize the work. A focus on retention of existing nurses was vitally important. Close scrutiny was placed on tracking and addressing nurse turnover. The findings of the 2019 RN Nursing Excellence Survey were used to inform how current nurses perceived the professional practice environment. The findings demonstrated a high degree of satisfaction and engagement; opportunities for even higher engagement were noted and incorporated into the annual Nursing Strategic Plan. As part of the organization's commitment to market competitive pay and benefits for all employees, elements of base pay rates and equity were addressed for registered nurse (RN) positions. Multiple benefit enhancements were made that addressed areas of importance for work-life balance. These steps were important for not only retaining but recruiting nurses as well.

An acceleration of RN hiring efforts resulted in an aggressive recruitment campaign for both experienced and graduate nurses. Four RN recruitment events and a certified nursing assistant hiring event were held, including on-site interviews and on-the-spot employment offers. Clinical nurses participated in hospital recruitment events and attended external recruitment fairs with recruiters, giving potential nurses and students the opportunity to speak directly with a nurse peer. Meetings were held at the hospital with nursing student clinical groups as well. Froedtert staff were recognized in the form of a referral bonus for referring new staff to the critical roles needed for the inpatient expansion. Nurse leaders worked closely with Human Resources to plan for and implement all these efforts. Human Resources recruiters availed the use of all avenues for job postings and outreach to potential nurse hires. The massive undertaking resulted in more than 450 registered nurses being hired for Froedtert Hospital's inpatient units over the course of nine months, with more than 200 of them being graduate nurses. Over 60 certified nursing assistants and 25 health unit coordinators were also hired during this time-frame.

Onboarding of this large volume of nurses required multiple strategies. One such plan included significant growth of the nurse extern program, hiring over 100 senior nursing students into that role several months prior to the expansion. This enabled the nurse externs to begin their onboarding and become acclimated to Froedtert Hospital nursing practice; orientation was then fully ramped up upon graduation.

Multiple enhancements to RN onboarding included revamping orientation tools, resources and processes. One important enhancement included revitalizing the preceptor program and processes. A nurse mentorship program was also developed for clinical nurses, available to them following completion of orientation. The program contains support for both the clinical nurse mentor as well as the mentee. These programs are critical components to successfully retaining the professional nursing staff.

Kathy Bechtel shared, "Assuring we would hire more than 450 new Froedtert nurses and complete their onboarding effectively, while providing excellent nursing care on a day-to-day basis for our existing patients, took an incredible amount of teamwork, ingenuity and perseverance. I'm immensely proud of what we have accomplished." The inpatient expansion — truly an exemplar for growing excellence at Froedtert Hospital.

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MSN, RN, NEA-BC, Vice President Patient Care Services and Chief Nursing Officer



Leadership Access and Responsiveness



Integrated Procedural Platform - Designing an Exceptional Care Model

Over the last few years, many nurses have been involved in a construction journey to develop the Integrated Procedural Platform (IPP). The platform was designed to consolidate all of the surgical and interventional departments into one contiguous space that offers safe and efficient patient flow. The project had phased go-live openings as different areas within the 200,000-square-foot IPP were completed. The phase 1 go-live was in June 2017, with the entire project completed in September 2018.

Throughout the building project, the IPP Steering Team, consisting of physicians and Froedtert Hospital leaders from the Surgical, Cardiac Catheterization/Electrophysiology (EP) and Interventional Radiology platforms, guided frontline staff in the development of new processes and workflows. Nursing leaders knew that the inclusion of clinical nurses and other staff in the project and workflow design planning would lead to the best decisions being made for exceptional care, patient experience and staff satisfaction outcomes. Mary Haines, MHA, BS, BSN, RN, director, Surgical Services, developed the structure for the IPP work groups, with leaders from Surgical Services,

Cardiac Cath/EP Lab and Interventional Radiology (IR) populating them with staff from those areas.

The work groups consisted of clinical RNs and other frontline staff from all support areas, led by co-chairs, with one co-chair of each group being a nursing leader. The work groups gave nurses the ability to have free exchange of opinions and ideas. Nurse leaders were present, listened, facilitated dialogue and responded promptly as issues and planning considerations were raised. The teams gathered to design workflows that supported safe, effective and efficient patient care. The final product of their work has provided Froedtert Hospital with a fully functional IPP that includes 32 operating rooms, 12 procedural suites, four minor procedural rooms, a Procedure Arrival and Recovery department, a Preoperative Clinic, a Super Core supporting operating room (OR) supplies. an expanded Post-Anesthesia Care Unit and a new Sterile Processing department: an intraoperative MRI and CT scanner are also included. This new state-of-the-art facility allows for the provision of complex care to patients on one integrated platform.

There were guiding principles that all the work groups followed to ensure they were designing processes that were patient-centric and meeting desired goals. Some of the guiding principles included: a focus on prioritizing patient and family needs in an integrated platform, assuring design and processes would optimize safety and maximize operational efficiency, designing flexibility for cross-specialty and future technology needs as well as meeting current volumes and projected growth, providing outpatient intake and recovery in a single location, providing for a balance of clinical and support space, optimizing patient experience, facilitating top-of-license practice and assuring nursing/procedural expertise and practice is incorporated into pre and post-procedure management. Finally, standardization of interventional patient flows and design work was planned to reflect the needs of each specialty area as well as the larger platform.

Having the entire platform operate in either restricted or semi-restricted space required significant planning and workflow design. The entries into the platform and the corridors are considered semi-restricted, requiring authorization and badge access only for IPP staff members participating in patient care. Restricted areas require all staff to wear surgical attire and personal protective equipment. The teams also developed electronic health record navigators to ensure upon admission that all required documentation is captured for the preoperative, intraoperative/intra-procedural and OR RNs to be able to care for their patients.

Some of the workflows were specific to new state-of-the-art technology in the IPP that would result in new practices, such as the intraoperative MRI (iMRI). Having the ability to perform iMRI diagnostics while a patient is having a surgical procedure in the adjacent operating room provides for an outstanding level of care, with that technology considered the gold standard in intraoperative practice. Providing that level of complex care required careful attention to detail and innovative thinking to create precise workflows. For instance, the team needed to identify processes that would assure a sterile operative field is maintained before, during and following the iMRI. After developing the processes, Froedtert Hospital nurses collaborated with Children's Hospital of Wisconsin nurses to prepare them for the occasional procedures they and their surgical teams will conduct within the IPP, in order to utilize the iMRI technology.

Mary Haines said, "The groups were very successful in achieving their goals to develop integrated workflows, providing consistent patient-centered care across the platform. I'm proud of the significant role that nurses played on these teams, adding tremendous value to the planning and implementation of this enormous change in our delivery of care." Utilization of these work groups enabled nursing leader accessibility and responsiveness to the needs of clinical nurses. They assured nurses played a significant role and were engaged in planning and decision-making regarding activities that impact their daily practice.

Integrated Procedural Platform Workgroup Structure





Interprofessional Relationships



The SICU Accountable Care Team. Left to right: William Peppard, PharmD, RPh, BCPS, FCCM; Colleen Walters, BSN, RN, CCRN, Co-chair; Thomas Carver, MD, FACS, Co-chair; Janet Stephens, BS, RRT, RRT-ACCS; Megan Christiansen, BSN, RN; Ashley Harrington, BSN, RN, CCRN; Sarah Neller, MSPT; Kim Zizzo, BSN, RN; Kelly Jung, MS, RN; Drew Inderjit Pooni, MS, RN, ACNS-BC; Chris Thompson, MSW, CAPSW; Rabbi Melech Lensky, JD, BCC; not pictured: Sue Goldamer, BSN, RN; Pamela Scherff, MSN, RN, NE-BC

Accountable Care Teams

Every patient deserves and expects to receive high-quality health care and to have an exceptional experience while in our care. To reach our health network's goal of zero preventable harm to patients, Froedtert Hospital

recognized the importance of an interprofessional approach to continually identify, implement and review processes and tactics to improve patient care. Accountable care teams (ACTs) were formed on all inpatient units as a venue for interprofessional collaboration and decision-making. Weekly ACT meetings are held with nurses, physicians, advanced practice providers, therapists, care managers, pharmacists, patient safety specialists, infection preventionists and others. With the local unit owning their performance for quality, service and efficiency, these teams are able to drive significant improvements. Nurses in a variety of roles are key members of the unit-based ACTs.

"The SICU has had only one CAUTI in the last 21 months and zero CAUTIs in the last year. The commitment and collaborative efforts of our accountable care team have really made a difference for our patients. The entire team is very proud and driven to sustain these results while continuing our work with other opportunities."

DREW INDERJIT POONI,

MS, RN, ACNS-BC,

clinical nurse specialist, Surgical Intensive Care Unit

The teams are charged with addressing patient safety outcomes, including hospital-acquired infections and conditions, such as catheter-associated urinary tract infections (CAUTI), catheter-associated bloodstream

infections (CLABSI), pressure injuries and falls. Patient experience, readmissions, mortality and length of stay are also important measures for which the teams are accountable. The ACTs conduct intensive reviews with each occurrence, such as an unplanned readmission, to identify improvement opportunities and implement changes, if needed, to prevent a future recurrence. With a focus on a culture of safety, they also review patient safety events for trends, aligning actions to address opportunities. The ACTs receive and analyze data and unit scorecards on a regular basis. Standard meeting agendas prompt consistency among ACTs, yet allow units the latitude to focus on unique needs. Process improvement and quality specialists provide coaching.

promoting the use of Robust Process Improvement® methods and tools, consistent with The Joint Commission Center for Transforming Healthcare's best practices to improve the quality and safety of health care.

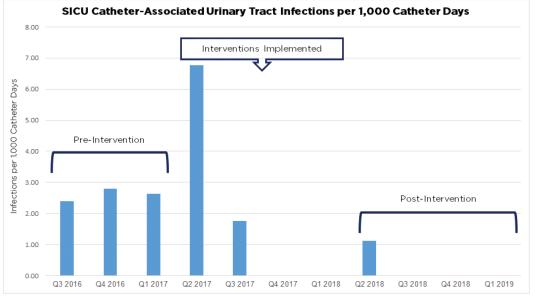
The effectiveness of the ACTs is supported with the addition of a second level team, the domain teams. Interprofessional domain teams lead and integrate the work for each critical outcome measure across our academic medical center, with nurses actively participating and often leading those groups. The domain teams provide recommended tactics and evidence-based care bundles for each outcome area. They also provide recommendations on process metrics, ongoing subject matter expertise and disseminate successful best practices identified by ACTs.

Many unit-based ACTs have achieved significant improvements in their outcomes. One such team is the Surgical Intensive Care Unit (SICU) ACT. Review of data and discussions regarding the SICU's high CAUTI rates initially began in unit shared governance meetings. Shortly thereafter, the SICU ACT was formed, with active clinical nurse participation. The team implemented multiple interventions to address improvement needs over the course of several months. Literature demonstrates a best practice to decrease CAUTI rates is to decrease the use of indwelling urinary catheters and, if they must be used, to remove them as soon as possible. To decrease the urinary catheter utilization rate in the SICU, identification of the clinical indications for each patient with a urinary catheter were added as a point of discussion during daily interprofessional care coordination rounds. With these discussions, the team determined patients whose catheters could be removed. Evidence-based CAUTI prevention best practice interventions were also implemented, with multiple methods and communications utilized to educate and reinforce the practices. Additionally, bladder ultrasounds and intermittent catheterization were promoted as alternatives to

indwelling catheters. Another improvement included a change in the urine culture collection method to boric acid tubes and changing catheters that had been in place for more than 48 hours prior to obtaining a culture. Rather than ordering urine cultures routinely, providers changed their practice, ordering them for patients who met clinical indications for a culture. These practices contributed to more accurate identification of infections.

In critical care settings, the ability to maintain accurate intake and output is often the main reason for using an indwelling urinary catheter; the SICU was no different. One way to address this issue was with the introduction of male and female external catheters. The SICU nurses trialed a new female external catheter, which was such a success that all inpatient units implemented them shortly thereafter. The interprofessional collaboration via the SICU ACT, with a focus on CAUTI outcomes and implementation of multiple interventions, resulted in a significant and sustained decrease in SICU CAUTI rates. As Drew Inderjit Pooni, MS, RN, ACNS-BC, SICU clinical nurse specialist, proudly shared, "The SICU has had only one CAUTI in the last 21 months and zero CAUTIs in the last year. The commitment and collaborative efforts of our accountable care team have really made a difference for our patients. The entire team is very proud and driven to sustain these results while continuing our work with other opportunities."

The ACT model, with an extensive array of improvement successes at Froedtert Hospital, as in the SICU, has spread beyond the inpatient setting to perioperative areas. Expansion of ACTs to ambulatory clinics will take place in the very near future. The growth of these local level teams, providing nurses with additional opportunities to contribute their expertise as integral members of interprofessional decision-making groups, will no doubt lead to further achievements that positively impact our provision of exceptional patient care.

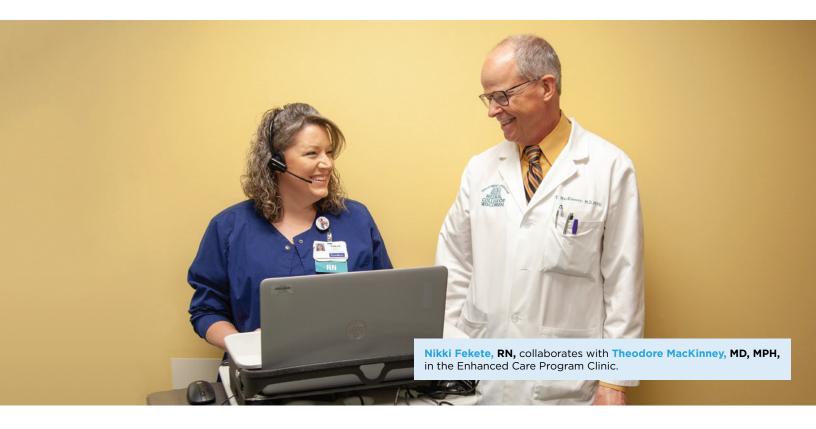


	SICU CAUTIS per 1,000 Catheter Days
Q3 2016	2.40
Q4 2016	2.80
Q1 2017	2.64
Q2 2017	6.77
Q3 2018	1.75
Q4 2018	0.00
Q1 2018	0.00
Q2 2018	1.12
Q3 2018	0.00
Q4 2018	0.00
Q1 2019	0.00

GROWING EXCELLENCE No.

4

Autonomy



Ambulatory Nursing Practice

With the proliferation of ambulatory services across the country, ambulatory nursing has also grown into its own

unique specialty. The American Academy of Ambulatory Care Nursing describes it as "a complex, multifaceted specialty that encompasses independent and collaborative practice" (AAACN, 2019). Froedtert Hospital ambulatory nurses work in a variety of ambulatory clinic and procedural settings to meet the needs of our patients. Telehealth nursing, providing patient care over the telephone. comprises a large proportion of our ambulatory nurses' practice. In a substantial number of Froedtert Hospital clinics, patients who call with questions find that their phone call is answered directly by a nurse. "Live" telephone triage entails the nurses proactively answering calls versus responding to messages left on a voicemail. Our patients have benefited from an increasing number of clinics expanding their services to live triage.

It takes a unique set of astute assessment and critical thinking skills to identify, prioritize and address a patient's needs over the phone. Ambulatory nurses performing telephone triage carefully listen to their patients, ask clarifying and probing questions to ascertain additional information and then respond with a plan for next steps.

It takes a unique set of astute assessment and critical thinking skills to identify, prioritize and address a patient's needs

> over the phone. Ambulatory nurses performing telephone triage carefully listen to their patients, ask clarifying and probing questions to ascertain additional information and then respond with a plan for next steps. Ambulatory nursing practice is often guided by the use of protocols that have been collaboratively developed with other disciplines, such as physicians and pharmacists. These protocols address common issues in a standardized manner and enhance the ambulatory nurse's autonomous practice. With these tools, nurses can initiate timely and necessary care for patients prior to provider evaluation and consultation. For instance, nurses in the Diabetes Care Center participated in developing the Insulin Management Protocol. The nurses facilitate management of clinic

patients, using the protocol, by adjusting their insulin, as needed, based upon their blood glucose levels and plan of care. The nurses see patients independently in the clinic to assess patients' blood glucose management and conduct patient education. In the Obstetrics/Gynecology Clinic, nurses use multiple protocols to manage obstetric patients. They noted a significant increase in patient satisfaction with answering the phone during office hours, moving from the 83rd to the 93rd percentile in the national database, following the implementation of protocols.

A critical role of the ambulatory nurse is care coordination. Nurses in the Obstetrics/Gynecology Clinic coordinate care for their high-risk obstetric patients. By meeting with each of these patients throughout their pregnancy, they develop a special bond with the patient, fostering relationship-based care. They provide the patient with education and are able to facilitate their enrollment in community services, such as the First Breath program to help applicable patients and families quit smoking. Nurses also connect patients with primary and specialty care providers to assure they are getting the best care possible. They enroll patients in our own programs for mothers and collaborate with the patient's insurance company to offer a variety of other services. Advocating for their patients and connecting them with these resources contributes to their health care during pregnancy.

Care coordination is central to the nurses' role in the Enhanced Care Program Clinic. Their patient population includes patients with chronic conditions and often multiple comorbidities, such as heart failure, diabetes, hypertension and chronic obstructive pulmonary disease. These patients are at high risk for hospital admission and readmission. In addition to routine telephone triage, nurses

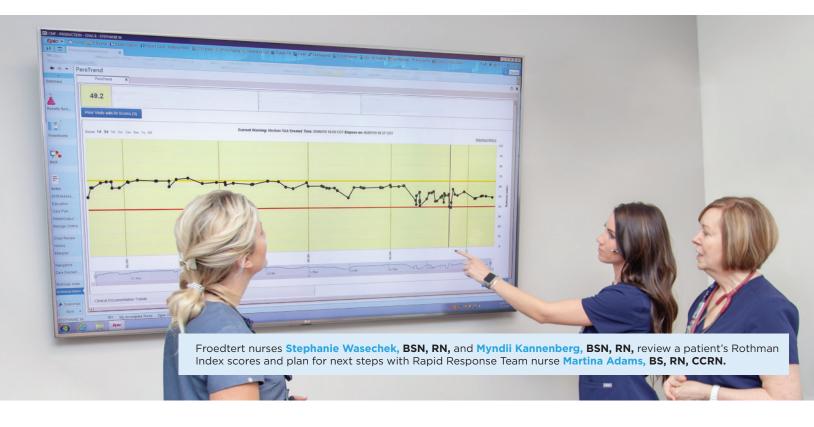
in the Enhanced Care Program Clinic complete phone calls to their patients within three days of discharge from the hospital. They identify patients' needs and assure they are linked to the necessary resources and follow-up care providers. Collaboration with external sources such as home care nurses and community case managers is an important part of their work. These patients have significant medication and self-care management needs requiring intensive education, support and reinforcement. Enhanced Care Program Clinic nurses conduct independent clinic visits and prioritize having a patient come in to see the provider and/or nurse for same-day treatment, if the need arises. For instance, a nurse may recognize via a phone call that his or her heart failure patient is having some significant fluid overload symptoms and will need treatment that day to manage the issue. The nurse collaborates with the Enhanced Care Program Clinic physician to obtain orders, such as having the patient come in for administration of an intravenous diuretic, monitoring and education, as well as an adjustment to his medication regime. Without this care, the patient's symptoms could progress to the point of needing to visit the Emergency Department or be admitted to the hospital. Patient education is a critical piece of the nurse's role with this population since they have many complex needs, including the need to understand their role in preventing and recognizing acute exacerbations of their disease processes.

At Froedtert Hospital, ambulatory nurses are growing excellence in autonomous professional nursing practice every day. Whether it is through their telephone or in-person encounters, they provide substantial contributions to high-quality patient care, building trusting relationships and improving care outcomes.





RN-to-RN Teamwork and Collaboration



The Rothman Index

Froedtert & the Medical College of Wisconsin Froedtert Hospital registered nurses (RNs) pride themselves on working together as a team to

provide high-quality nursing care. RN collaboration is readily seen when addressing changes in patient condition and utilizing the expertise of specialized nurses, such as the Rapid Response RN and Virtual Care Team RN. Some changes nurses observe and assess in their patients are subtle and can be early signs of a patient's health deteriorating. For the Froedtert & the Medical College of Wisconsin health network's inpatients, nurses have an added digital tool that can detect those subtle changes earlier, the Rothman Index.

The Rothman Index is an early warning system that helps a health care team predict a potential

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MYNDII KANNENBERG,

BSN, RN, STAFF RN, 8CFAC Blood and Marrow Transplant/ Hematology Oncology

emergency and intervene before it happens. More than 700 data points from a patient's electronic health record (EHR) are plugged into an algorithm

in real time — nursing assessments, laboratory values and vital signs drive predictive analytics to generate a visual dashboard. The dashboard helps clinicians identify early changes in patient condition, before these changes may be clinically apparent and early enough to prevent deterioration, allowing for proactive intervention. A warning is triggered to alert nurses and others on the health care team if there is a decline. This tool validates nurses' assessments and supports clinical decision-making.

Froedtert Hospital's implementation of the Rothman Index (RI) in 2018 has significantly enhanced RN-to-RN teamwork and collaboration.

As part of Froedtert's commitment to patient safety and improving patient outcomes, the RI is monitored 24/7 by the Virtual Care Team (VCT), part of Inception Health, the health network's innovation center. The VCT, composed of experienced critical care nurses, critical care physicians and advanced practice providers, acts as a safety net and an additional layer of support. When a change in patient condition triggers a Rothman Index warning, the VCT gets the alert, as does the patient's nurse, provider and other team members. A VCT nurse conducts a detailed review of the EHR and reaches out to the patient's nurse, if warranted, for further evaluation and discussion. They partner to decide on next steps and take action.

Another key member of the RN team, with specialized expertise, is the Rapid Response RN. Martina Adams, BS, RN, CCRN, Rapid Response RN, shared that "The Rapid Response Team provides critical care outreach for non-ICU patients. In addition to official Rapid Response Team calls for acute changes in a patient's condition, the Rapid Response Team RN rounds on all inpatient units, evaluating patients at risk for clinical decline. With implementation of the Rothman Index, the Rapid Response Team RN can review the EHR prior to rounding and view individual Rothman Index scores, prioritizing surveillance on patients with lower scores or high-risk warnings." The VCT RNs also reach out to Rapid Response Team (RRT) RNs to discuss high-risk patients or patients they think would benefit from RRT RN assessment.

Use of the RI and VCT has also extended to Radiology nurses in planning for inpatients scheduled for diagnostic exams and procedures. Radiology staff reviews the patient's RI score prior to arrival. For patients identified by the RI as high-risk, the Radiology RN communicates with the VCT RN and inpatient RN to develop a plan of care. The nurses discuss the patient's clinical presentation and identify the steps they will take to assure the patient is in Radiology for the shortest time possible. If the nurses are concerned the risk of leaving the patient care unit may be too great, the provider is contacted to weigh the risks/benefits and determine if the procedure should move forward or be deferred until later.

Myndii Kannenberg, BSN, RN, staff RN on 8CFAC, the Blood and Marrow Transplant/ Hematology Oncology unit, summed up RN-to-RN teamwork and collaboration relative to RI best, noting, "We appreciate alerts from the Virtual Care Team RN when a patient's Rothman Index status changes because it enables us to immediately address the patient's needs. We assess the patient and call the Rapid Response Team, if indicated, which facilitates great collaboration, bringing an extra level of care to the bedside."

Integration of this early warning system has contributed to the increase in communication that drives the teamwork and collaboration. The VCT investigates an average of 82 RI warnings per day, followed by an average of 70 outreaches to nurses. A continuation of the current plan of care occurred with 53% of those instances. In 30% of the outreaches, the VCT confirmed the inpatient nurse was aware of the patient's clinical decline and interventions had been implemented. This demonstrates the astute assessment and critical thinking skills of inpatient nurses. Approximately 18% of the VCT outreaches resulted in a new action being taken, with the RRT activated in 2% of those situations.

"We're being proactive," said Rose Gaskell, BSN, RN, director of nursing special projects for Froedtert Hospital, one of the RI project leaders. "We're catching things earlier, providing better care to our patients by pre-empting critical situations. Our unique implementation of the RI has promoted an even higher level of RN-to-RN teamwork and collaboration."

Research has demonstrated the Rothman Index significantly reduces patient mortality. The National Patient Safety Agency reports that 11 percent of serious incidents are a result of deterioration not acted upon, and primary root causes include the failure to recognize the importance of clinical deterioration.

The Rothman Index, from PeraHealth™, involves analyzing more than 700 electronic health record data elements to serve as an early warning system. Those elements roll up to the 26 core variables of the Rothman Index. Every time one of those 700 data elements changes. it is computed in the algorithm and updated in real time into the index, providing a patient acuity score and generating warnings indicating the level of health risk for each patient. Nursing assessments comprise a critical portion of the data, with changes significantly impacting the RI scores and warning alerts. The index gives a stronger, more objective, data-driven "voice" to those who provide patient care and allows nurses, providers and other team members to proactively intervene, preventing additional risk to patients.



Quality Nursing Care



Stroke Door-to-Needle Time Improvement

Froedtert Hospital's nursing philosophy includes an emphasis on the delivery of high-quality patient care and making a difference in the lives of patients through commitment to nursing research, evidence-based practice and quality improvement. This commitment is palpable, as it permeates the culture of our Magnet® designated hospital. Nurses are often the one constant in a patient's health care experience; integrating information and coordinating all aspects of patient care is a nurse's pivotal role and responsibility. So, it is inherent nurses lead and participate in quality improvement activities that assure we are providing the best care possible.

Quality nursing care doesn't happen in a vacuum. Members of the interprofessional team, including nurses, each contribute unique skills within their scope of practice to plan for and address patient care needs. When nurses have a significant impact on care outcomes, those outcomes are considered to be nurse-sensitive. One such measure is the mean time to intravenous thrombolytic therapy, more commonly referred to as door-to-needle (DTN) time. DTN refers to the time from when the patient arrives at the hospital

to the time the tissue plasminogen activator (tPA) to dissolve blood clots is started. The national standard recommends patients experiencing an ischemic stroke receive tPA within 45 to 60 minutes of arrival to the hospital. The stroke DTN improvement team set a more ambitious goal, putting processes in place to cut that time significantly, and targeting a 30-minute DTN time.

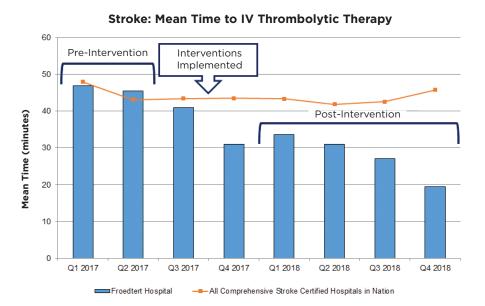
The interprofessional quality improvement initiative was co-led by Sue Fuhrman, MSN, MS, RN-BC, CCNS, APNP, FAHA, Comprehensive Stroke Program coordinator, and Marc Lazzaro, MD, FAHA, interventional neurologist and program director of the Comprehensive Stroke Center and Stroke and Neurovascular Program. The team's focus was on assuring every step could be carried out as efficiently as possible for the shortest DTN time, while maintaining the safety and integrity of the process. Goal timeframes were identified for each phase of the process. While a stroke patient is still in the community, the paramedics notify the hospital. That sets up a sequence of paging alert communications to the stroke team, which were revised as part of this improvement, so the team is ready and waiting. Upon arrival, the

patient is immediately taken for a CT scan to visualize the clot and assure there is not bleeding that would contraindicate use of tPA. Unnecessary steps were removed from the process; for instance, the team identified that changing into a hospital gown does not need to occur until after the tPA is administered.

One of the most impactful improvements involves bringing the team and resources to the patient in the CT area. Now, as soon as the scan is evaluated and the need for tPA confirmed, it is administered there rather than taking the patient back to the Emergency Department (ED). By starting the tPA in the CT area, additional testing needed for thrombectomy consideration can be expedited. Parallel-processing is also crucial. For example, while the Neurology team is evaluating the patient's CT scan, the pharmacist is preparing the tPA medication. The improvement team also revised the universal protocol/timeout checklist and developed a documentation template used by the stroke team. These steps facilitate patient safety, with all team members on target with the process, and assure that indeed the patient is a candidate for tPA prior to administration. The team that has an impact on DTN time includes the ED nurses, Neurology, ED and Radiology physicians, a pharmacist and CT technologists. An ED technician and patient transporter may also be involved. If a stroke patient is coming directly from another hospital and/or will have a procedure, such as a thrombectomy, after receiving tPA, the Radiology and Interventional Radiology nurses, physicians and other staff also participate in the patient's care. Staff in all these roles within those departments received education and communications during the improvement initiative.

The team's efforts in streamlining every step of the process have been significant, with DTN time steadily declining over the past 18 months. For the last nine months, the DTN time has consistently been under 30 minutes, well below the national average of other comprehensive stroke certified hospitals. This impressive work has earned Froedtert Hospital the Target: Stroke Silver Plus Honor Roll-Elite Plus award; it is the highest American Heart Association Get With The Guidelines®-Stroke quality achievement award for 12 straight months of consistent high performance, recognizing our dedication and success in achieving the highest standard of stroke care in each of seven nationally accepted core quality measures. Sue Fuhrman was happy to share, "I was recently notified that we will soon be receiving the Target: Stroke Gold Plus Honor Roll-Elite Plus award as a result of sustaining our excellent outcomes for 24 straight months. The team is honored to be recognized as leaders in outstanding stroke care and, most importantly, we're proud of the difference we are making for our patients."

Froedtert Hospital is recognized as a Comprehensive Stroke Center, the highest level of recognition dually awarded by The Joint Commission and the American Heart Association/American Stroke Association. Our nurses, physicians and other staff are specially trained in stroke recognition and care, with stroke experts available 24 hours a day to respond to the acute needs of stroke patients. Seconds count when responding to a stroke, and limiting the extent of damage requires urgent diagnosis and treatment. The national standard recommends patients experiencing an ischemic stroke receive tPA within 45 to 60 minutes of arrival to the hospital. The stroke door-to-needle improvement team set a more ambitious goal, putting processes in place to cut that time significantly, and targeting a 30-minute door-to-needle time. This goal represented a notable endeavor and demonstrates the team's commitment to our patients.



	Froedtert Hospital	All Comprehensive Stroke Certified Hospitals in Nation
Q1 2017	46.9	47.9
Q2 2017	45.4	43.1
Q3 2017	40.9	43.4
Q4 2017	30.9	43.5
Q1 2018	33.6	43.3
Q2 2018	30.9	41.8
Q3 2018	27.0	42.5
Q4 2018	19.5	45.7

GROWING EXCELLENCE No.

Professional Development

Nursing Professional Development Opportunities

A hospital cannot continue the growth of excellence in nursing practice and patient care without a strong system of support for professional development. Exceptional onboarding, continuing education and programs and resources that support professional and career growth are readily available to Froedtert nurses.

Onboarding for transition to practice includes formal orientation, nurse residency, preceptors and specialty fellowships, such as the critical care fellowship. A clinical nursing mentor program is available following orientation. Continuing education offerings include Nursing Grand Rounds, specialty education and online modules. Skills fairs and inservices assure nurses are competent and receive the training they need for their role. Centralized and decentralized nurse educators provide support for the vast

Many Froedtert nurses seek to further their education through advanced degrees. The tuition reimbursement available to nurses is very generous, with multiple nursing scholarship opportunities as well. A Bachelor of Science in Nursing degree completion program has been offered on-site for more than a dozen years. Recently, an on-site Master of Science in Nursing degree program was added in response to oppoinformation gleaned from surveying nurses regarding and graduate education needs and preferences.

quantity of available offerings.

Froedtert Hospital nurses hold more than 600 specialty certifications in over 50 nursing specialties. Board certification is highly valued and validates specialty expertise. A variety of resources support nurses in obtaining and sustaining this credential. Online and on-site review courses, as well as study groups are available. The hospital also contracts with several certification boards to participate in programs that provide two important features: the ability to take the exam a second time, if needed, without penalty and billing of the hospital directly, after the nurse successfully passes the exam. Both features have improved the nurses' experience with the certification process.

There are many resources for nursing research, evidence-based practice and quality improvement. An annual Nursing Research Conference provides opportunities for clinical nurses to share their activities and outcomes.

A monthly Nursing Journal Club and Virtual Journal Club also engage nurses in reviewing the latest evidence to support practice. Medical College of Wisconsin library resources, including a dedicated librarian, are readily available. Nurse scientists, clinical nurse leaders, clinical nurse specialists, nurse educators, and patient safety and process improvement specialists all support nurses and teams as they pursue and participate in projects.

Another opportunity for Froedtert nurses is the Nursing Professional Development Pathway (PDP). The PDP promotes nursing professional development, with Level 3 and 4 nurses recognized and rewarded for their

achievement. The Career Mobility Center is a resource that provides coaching, mock interviews, resume review and guidance as nurses seek to grow their careers. A Nursing Professional and Career Development Fair and college fairs are also provided. Opportunities for leadership growth are many, such as emerging leader educational offerings and serving as the leader of a committee, shared governance council or work group. Nurse participation in nursing and interprofessional decision-making groups is extensive. Along with nurses being involved in decisions that affect their practice, these

opportunities provide for additional engagement, growth and development.

A significant professional development resource is the Simulation Center at Froedtert Hospital. The Center supports the implementation of best clinical practices while fostering teamwork, enhancing communication and building confidence in clinical judgment. In the last two years, over 4,000 hours and 100 courses of simulation-based learning have transpired. The Center has gone well beyond the traditional simulations offered, such as the highly valued medical emergencies simulations in RN orientation. A wide variety of interprofessional simulations are developed to meet unique needs, such as the Behavioral Emergency Response Team and the Labor and Delivery patient safety team communication skills simulations. Simulations are also provided throughout the Nurse Residency program. With state-of-the-art simulation-based learning, along with all of the other resources and programs that support Froedtert nurses' professional development, the opportunities are endless.

Nursing Awards and Recognition

SCHOLARSHIPS FOR THE ADVANCEMENT OF NURSING EDUCATION

As part of Froedtert & the Medical College of Wisconsin Hospital's commitment to the advancement of nursing education, nursing scholarships were created and generously funded through the financial support of donors to the Froedtert Hospital Foundation. On an annual basis, multiple staff members receive \$3,000 each to off-set the financial responsibility of earning an initial or advanced nursing degree. To date, over 50 scholarships have been awarded. In addition, a scholarship was created to support formal nurse leaders' graduate nursing education (Master's or Doctoral degree), with \$3,000 also provided to each of those recipients. Scholarships are one of many opportunities offered at Froedtert Hospital to support nursing professional development for the best in nursing care. Scholarship recipients from 2017 and 2018 are listed below.

Advancement of Nursing Education Scholarship Recipients

Caitlin Brecklin, MSN, RN, OCN, CMSRN, CHPN - 7CFAC Jayme Cotter, MS, RN, AOCNS, ACNS-BC - Cancer Center Patient Support Services Raven Echols-Floyd — Observation Unit Allison Erzberger, BSN, RN, CMSRN -2NTNicole Hebert, BSN, RN - 5SEMarisa Hilev. BSN. RN. CWON - Inpatient Wound & Ostomy Services

Cameron Meunier, BSN, RN – *TICU* **Christine Murphy, BSN, RN** – *PACU* Kailey Schwarzenbacher, BSN, RN -7CFAC Rachel Sears, BSN, RN, CRN -Radiology & Ancillary Float Pool Nursing Elisabeth Stewart, RN — TICU

Dalonda Townsell - Cardiology Clinic

Advancement of Nursing Leadership Education Scholarship Recipients

Michelle Clark, MSN, RN – OB/GYN and Maternal Fetal Care Clinics Sarah Cypher, MSN, RN, CMSRN, NE-BC — Patient Care Services Katherine Kiolbasa, BSN, RN, CCRN -EDRachel Redman, BSN, RN, NE-BC -2NTBarbara Zembles, BSN, RN, NE-BC — Neurosciences Clinic

DAISY AWARD FOR EXTRAORDINARY NURSES

The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. DAISY is an acronym for Diseases Attacking the Immune System. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this national individual and team award to say thank you to nurses everywhere. Froedtert Hospital is proud to be a DAISY Award Partner, recognizing our exceptional nurses each year, with recipients from 2017 and 2018 noted here.

DAISY Award Recipients

Brenda Baranowski, BSN, RN - 7CFAC Alexandra Beilke, BSN, RN – 3NW Jessica Carlson, BSN, RN, OCN — Cancer Center Day Hospital

Rose Carlson, BSN, RN – Labor & Delivery Sarah Davis, BSN, RN, BMTCN — 8CFAC

Kimberly Fitz, BSN, RN - 3NW Jonae Harness, BSN, RN, CNRN - NICU Valerie Honeck, BSN, RN -8CFACJamie Jensen, BSN, RN - 8NTNicole Markowski, BSN, RN - TICU Kayla Meredith, BSN, RN - ED

Kristi Noll. BSN. RN - NICU Sara Raymond, BSN, RN – 4SW Andrea Rebisch, BSN, RN, RNC-OB, **C-EFM** — *Labor & Delivery* David Schmid, BSN, RN, CMSRN - 4NE Kristin Tischler, BSN, RN - 5NW

Elisa Toth, BSN, RN — Cancer Center Clinics Ranee Tozer, BSN, RN - 8NTLaura Turley, BSN, RN — CVICU Michelle Wesline, RN - Spinal Cord Injury Program Kim Zizzo-Helm, BSN, RN - SICU

DAISY Team Award Recipients

2NT Trauma & Acute Care Surgery Nursing Staff 8CFAC Blood & Marrow Transplant/Hematology Oncology Nursing Staff

PROFESSIONAL NURSING CLINICAL EXCELLENCE AWARDS

Exceptional clinical practice, commitment to improving care, and role models for leadership and teamwork are just some of the descriptors of nurses who are honored each year for their extraordinary dedication to professional practice. Each year, multiple clinical nurses are nominated by their peers and honored for their exceptional nursing practice. The nurses below were presented with the award at Froedtert Hospital's 2017 and 2018 Annual Nursing Recognition Events.

Professional Nursing Clinical Excellence Award Recipients

Valerie Agee, BSN, RN - 4P**Heather Backus, BSN, RN** – Cancer Center Day Hospital Caitlin Brecklin, MSN, RN, OCN, CMSRN, CHPN – 7CFAC Rose Carlson, BSN, RN - Labor & Delivery Carla Hornung, BSN, RN, CCRN - SICU Johanna Kessel, BSN, RN, C-EFM - Labor & Delivery Cassandra Koblitz, BSN, RN, C-EFM - Labor & Delivery Alexandra Koszarek, BSN, RN -8CFAC

Siengthong Lassanske, BSN, RN - Enhanced Care Program Clinic Mary Peters, BSN, RN - SICUDean Pitcher, BSN, RN, CMSRN - 8CFAC Judy Ranous, BSN, RN, OCN — Cancer Center Translational Research Unit Angela Reggette, BSN, RN, CRNI — Vascular Access Team Nathan Rosenberg, BSN, RN, CCTN - 4NW Kailey Schwarzenbacher, BSN, RN - 7CFAC Stacy Wolf, BSN, RN, CDE — Hospital Discharge Care Program

NURSING RESEARCH, EVIDENCE-BASED PRACTICE AND QUALITY IMPROVEMENT AWARDS

These awards recognize a Froedtert Hospital registered nurse (in any role), a group of nurses, a nursing unit/department, or council/committee, including interprofessional team member(s), as appropriate, for their contributions to nursing research, evidence-based practice and quality improvement. Froedtert Hospital nurses pride themselves on contributing to nursing science and professional practice through the conduction of research. Nurses are also committed to evidence-based practice, translating research findings into practice. Quality improvement projects that result in change leading to sustained, improved outcomes are also vitally important. Improving patient care and patient outcomes is an ongoing process that is at the heart of Froedtert nursing. The awards listed below were presented at Froedtert Hospital's 2017 and 2018 Annual Nursing Recognition Events.

Nursing Research Award Recipients

Nicole Miller, BSN, RN; Brianna Kulp, BSN, RN, CLC; Katie Klink, PhD, RN, CNL; Linda Gingras, MS, RN, RNC-MNN, CNS-BC; Darcy Worrick, BSN, RN, RNC-MNN; Marie Freund, BSN, RN, RNC-MNN, CLC; Nicole Kalinowski, BSN, RN, RNC-MNN; Jena Corbin, BSN, RN; Jennifer Mastrangelo, BSN, RN, CLC; Michelle Young, BSN, RN; Kylie Jaworski, BSN, RN; Tracie Velardo, RN; Debra Hernandez, RN, CLC; Michelle Matusin, BSN, RN; Dana McKinney, BSN, RN; Kate O'Donnell, BSN, RN; Anna Whitcomb, BSN, RN, CLC; and Marissa Kotke, BSN, RN for their project Non-Invasive, Timely, Effective Method for Urine Collection in Newborns.

Kristi Opper, MS, RN, ACNS-BC; Marianne Weiss, DNSc, RN; Joseph Beiler, MS, RN, ACNS-BC; Nicole Ladwig, BSN, RN, CMSRN; Sara Darby, DNP, RN, CMSRN; David Huebner, BSN, RN; Andrea Melenchuk, BSN, RN; Sarah Hensel, BSN, RN, CMSRN; Karen Wilson, BSN, RN; Katie Kiolbasa, BSN, RN, CCRN; Jessica Lunn, RN, CMSRN; Crystal Pietrowski, BSN, RN, CMSRN; Pamela Scherff, MSN, RN, NE-BC; Janet Baird, RN, CMSRN; and Sharon Stafford, RN for their project Communication About Readiness for Discharge Study.

Natalie McAndrew, PhD, RN, ACNS-BC, CCRN for her project Relationships Among Climate of Care, Nursing Family Care and Family Well-being in Intensive Care Units.

Nancy Lees, MN, RN, CNS-BC; Natalie Dziwulski, BSN, RN; Suzana Bozic, BSN, BA, RN, CMSRN; Jessica Bottoni, BSN, RN, CMSRN; Thai Xiong, BSN, RN; Shaunee Caradine, MSN, MHA, RN; Madeline Hehemann, BSN, RN; Rochelle Heeren, RN; Nathan Collins, BSN, RN; Cheryl Jenks, MSN, RN, NEA-BC; Katie Klink, PhD, RN, CNL; Marianne Weiss, DNSc, RN and the 4SE Staff RNs for their project Froedtert Hospital Site Implementation of the Readiness Evaluation and Discharge Interventions (READI) Study.

Nursing Evidence-Based Practice Award Recipients

Amy Komp, BSN, RN, CGRN for her project Flexible Endoscope Reprocessing.

Amy Heidenreich, MSN, RN, AGCNS-BC, APNP; Thomas Heinrich, MD, FAPM; Stephanie Gresbach, BSN, RN, CMSRN; Chris Emanuel, BSEE; Linda Fridlington, MSN, RN; Steven Denson, MD; Julie Roznowski-Olson, MSN, RN; Kristen Wilson, BSN, RN, CMSRN; Michelle Kozeniecki, MS, RD, CD, CNSC; Katie Koester, PT; and Natalie McAndrew, PhD, RN, ACNS-BC, CCRN for their project The 'Nu' Way for Nurses to Screen for Delirium.

CVICU Nursing Staff for their project Pressure Injury Prevention in Hemodynamically Fragile CVICU Patients: Trial of a "Micro" Turn and Position System.

Denise Bellcock, BSN, RN-BC; Jean Tennis, RN; Rory Rismeyer, BSN, RN; and Tammy Deede, RN for their project Collaborative Care Approach for the Management of Cyclic Vomiting Syndrome.

Nursing Quality Improvement Award Recipients

Jennifer Gannon, BSN, RN, CCRN; Kathryn Koerten, BSN, RN; Eunice Neujahr, BSN, RN, CCRN; Markus Kaiser, MD; Sarah Vanderlinden, PA-C; Sarah Bazelak, RRT; Doug Murray, RRT; Joel Feih, PharmD, BCCCP; and Stephanie Hoagland, DPT for their project Reduction of Mechanical Ventilation Time in CABG Surgery Patients: A CVICU Quality Improvement Project.

Cristin Phillips, MS, RN, ACNS-BC; Megan Syversen, BSN, RN; Melissa Gregor, MSN, RN; Lauren Dulde, BSN, RN; Laura Singel, BS, RN; Allison Dunavant, BSN, RN; Lauren Evenson, BSN, RN; Alexandra Hollis, BSN, RN; Stacey Lang, RN; Kimberly Fitz, BSN, RN; Sarah Marx, BSN, RN; Rebecca Neubauer, RN; Cassandra Pedigo, BSN, RN; Melissa Scott, RN; Chelsea Sontag, BSN, RN; Daniel Wagner, BSN, RN; Sarah Widder, BSN, RN; Leah Wilde, BSN, RN; and Sandra Zierer, RN, CMSRN for their project 3NW Heart Failure Navigator Program.

Kate Kempka, BSN, RN; Dina Derocher, MSN, RN; Michelle Randazzo, RN; Carolyn Oxencis, PharmD, BCPS, BCOP; John Charlson, MD; Daniel Mielnicki, MD; Tina Curtis, MSN, MBA, RN, NEA-BC and Dave Atkinson, MSIA, LSBB for their project Optimizing a Febrile Neutropenic Clinical Pathway for Cancer Patients Presenting to the Emergency Department.

Kaylin Burzynski, BSN, RN; Lavinia Caballero, BSN, RN; Katelyn Iserloth, BSN, RN; Julie Steffen, RN; Sally Whitlow, RN, RN-BC; Michele Heim, BSN, RN; Blayne Sigrist, BSN, RN; Monica O'Sullivan, MD, DDS; Lynn Cascio, BSN, RN; Todd Halsey and Julia Spankowski, MSIE, CSSBB for their project Internal Medicine Clinic Nurse Triage.

Sara Darby, DNP, RN, CMSRN; Rolonda Palmer, BSN, RN; Paul Moran, RN, CMSRN; Charama Slade, RN; Joseph Beiler, MS, RN, ACNS-BC and the 7NT Surgical Specialties Registered Nurses for their project Enhancing Medication Safety: Creating an Independent Double-Check Process for Subcutaneous Insulin Administration.

Lysbeth Stadler, BSN, RN, OCN; Holly Immel; Karie Smith, MSN, RN, ACNS, NE-BC; Dave Atkinson, MSIA, BSME, SSBB; Denise Portz, MSN, RN, ACNS-BC, AOCNS; and Mark Wolfram for their project Hide and Go Seek: Improving Supply Management in the Day Hospital Cancer Center.

Orthopaedic Unit Nursing Staff and Resident Physicians for their project Ortho RN/MD Workgroup: Increasing Nurse-Physician Collaboration.

Stacie Ciesielski, MSN, RN-BC for her project Patient Experience Process Improvement Project.

NURSING PROFESSIONAL DEVELOPMENT PATHWAY

Ellen Kozelek

Jenna Lacy

Stacey Lang

Linda Ludwig

Luann LaPointe

Carolyn Lisheron

Michelle Krajewski

The Nursing Professional Development Pathway (PDP) is utilized at Froedtert Hospital to promote, recognize and reward clinical nurses for professional development. The PDP recognizes four levels of professional development, with voluntary participation for progression to Levels III and IV. PDP recipients demonstrate professional development in five categories: Nursing Research, Evidence-based Practice and Quality Improvement; Transformational Leadership and Shared Governance; Education; Professional Practice; and Patient-centered Care and Teamwork. Level III and IV RNs, recognized in 2017 and 2018, are listed below.

Elizabeth Boyd

Rhonda Brami

Crystal Brunner

Amanda Carlson

Jessica Carlson

Taylor Chapman

Lindsay Coleman

Angie Conto-Smith

Rose Carlson

Kala Conley

Level III RNs Lisa Adam **Mohammad Akhter** Kim Anderson **Jacklyn Backhaus** Elizabeth Barbee Jennifer Bartowitz Yvonne Becker **Tina Belts Stacy Bendixen Raven Blockwitz Alisa Bowers** Jennifer Breuer **Kimberly Bruile Amanda Cady Amy Carlson** Lisa Carstensen **Dennis Childre** Rebecca Childre **Robin Christoph** Sheri Coffen Sara Coss **Katherine Duvall Helen Evans Abbey Fabian Annette Fischer** Elizabeth Gasser Kyla Gerke Rebecca Gilligan Jennifer Gin Lauren Gnewuch Angella Gonzalez **Denise Gordon Amy Gress Davine Gruenewald Stephanie Haizel Lauren Harder** Samantha Harris **Rochelle Heeren Stephanie Heitl Phil Hertz** Karen Hickey **Alyssa Hildenbrand** Jacqueline Holmbeck **Adam Holmbeck Jason Horak Mary Howard Anne Crawford** Hannah Jauch Jennifer Lynn Johnson **Martha Johnson Heather Jurgenson** Michael Kasprzak Tara Kelly **Melanie Klawitter**

Mary Knauss

Susan Knox

Julie Koppelmann

Ericka Luetschwager **Linda Macht Laurie Malchow** Stacev Martinetti Mary Jane Martorano Sarah Marx Stephanie McClusky **Emily McRoberts** Arika Monka **Paul Moran** Jacqueline Morgan Jean Murphy **Christine Murphy** Michelle Nelson Julie Nettesheim Rebecca Neubauer Jennifer Newman Amy Oleszak Michelle Opgenorth Pamela Paul Samantha Peltier **Rhonda Perez** Stephanie Peterson Patricia Pfahler **Eric Pieters Robert Pramono** Melanie Priebe Michelle Quandt Marissa Ragner Julia Rakowski **Lauren Rhind Hallie Richards Margaret Riegert Rory Rismeyer Janet Rivera Beth Rumler Lindsev Rusch** Julie Savel **Frances Schaaf** Deanna Schafer Stacev Schiebel **Eric Schimmel Lisa Schmit Catherine Schneider Sylvia Schwartz Rachel Sears** Michelle Seiler Kimberly Sharp Rena Sieracki Charama Slade

Carrie Smeltzer **Beatrice Smith** Jessica Socolick Colleen Speaker Cacia Speckhard Nicole St. Louis **Kristin Stafford** Cynthia Stever **Leah Stievo Collette Stoltz** Jean Strobel **Jenay Tatum Cynthia Tausz Jean Tennis Jennifer Thoennes** Kara Thomsen **Cvdnev Todd Laura Turley** Sarah Turner **Abby Ventzke** Kristina Voigtschild See Vue Vicki Wage **Elizabeth Weinandt Tina Weist Tammy Weyenberg Charlene White Lorna Williams** Lauren Wittig Rebecca Wolfe Kim Wrensch Sarah Zais Tricia Zamora

LEVEL IV RNs

Kim Zizzo-Helm

Martina Adams Valerie Agee Veronica Agee Kayla Albertin Melissa Altmann Stacy Anguiano Eileen Ardellini Elizabeth Arenkill Stephanie Armstrong Amanda Auber **Brittany Bailey** Janet Baird Tanva Balistreri Denise Bellcock Cynthia Berger Rachel Betthauser Kristal Bieganski Nichole Bockholdt Shawna Boehlen Elizabeth Bordeleau Anne Borzych Jessica Bottoni

Juran Cook Beth Czyscon Sue Daniel Lindsay Davis Stephanie De Ford Jennifer DeAngelo Gina Devereaux **Molly Dickinson Katherine Dillon Malinda Ding** Erin Dorn **Hannah Draayers Angelina Singer Dana Duberstein** Elizabeth Dugger **Allison Dunavant** Angela Duwe **Nancy Duwe Christina Ebert Ashley Eckert Kaity Elbe** Janice Erbe **Allison Erzberger Mary Esson** Tina Etzel **Lauren Evenson Lesly Evert** Lakeesha Faulkner Rachael Fehrenbach **Macalah Finstad Kimberly Fitz Shelley Forbus Mary Fournogerakis Mara Fox Kristen Freund Emily Frier** Jessica Gaddy Tracy Gallenberger **Carolyn Gatton Constance Geigle** Sarah Gibart Angela Gill Susan Gill **Dana Giuffre** Jessica Glaser Karianne Gliniecki **Grant Goeman** Jill Gorectke

Lindsay Grafwallner Paul Graves Rachel Greuel Azure Grossman Judy Grothues Joanna Gustafson Jennifer Guy **Lindsey Habecker Kayleigh Hagerty Amanda Hall** Samantha Hall **Lauren Hally Katherine Hamann Amber Hamilton Jonae Harness Ashley Harrington Mary Harris** Miranda Harting Sarah Hatch **Nicole Hebert Denise Hegemann** Madeline Hehemann Adrian Hein Alice Held **Katrina Hergott** Jenna Hicks **Tanya Higgins** Marisa Hilev **Ashton Hilker Amanda Hoff Alexandra Hollis** Sarah Hooyman **Carla Hornung Kelly Hubert** Joe Jacobs Paulette Jazdzewski **Cherrie Johnson** Jordan Johnson **Kelsey Johnson** Lori Johnson **Emma Jones Trevor Joswick Melinda Kannenberg Donna Karp** Melissa Kaske **Lindsey Kedinger** Kristen Kell Kathryn Kempka **Abigail Kendl** Johanna Kessel Jamie Killian **Brianna Kimmons** Katie Klopatek **Tamara Knouse** Cassandra Koblitz

Michelle Korako Alexandra Koszarek Warren Kothrade Jennifer Kriege **Erica Kring Melissa Krug** Elizabeth Krukowski Kristin Ksobiech **Brooke Kuchinski** Ali Kusch **Jacqueline Labott** Laura Lahr Jacqueline Lange Jeanne LaRose Siengthong Lassanske **Angela Lemirande** Jessica Lenz Lori Lierman Kathryn Lochmann **Jocelyn Lownik Amie Lueck Christine Lueck** Jessica Lunn **Leah MacGillis** Amy Mackusick-Ulmen Melissa Mark Nicole Markowski Rebecca McConeghy **Tamiah Wright Dana McKinney** Lynn McLaughlin Whitney McLean **Holly McNulty** Carrie Mecikalski Jacquelynn Mehlberg **Emily Melkovitz Kayla Meredith** Kathrvn Michalski **Briana Miles Barbara Miller** Michelle Miller **Abegail Mira Gail Miswald Constance Moldenhauer** Kaylen Moore Kenneth Mueller Peter Mueller **Marissa Mullins** Jacquelyn Murphy-**Gjertson Connie Natzke Angela Nokovic** Sally Nuetzel Katherine O'Donnell Heidi Olson **Bethany Olson** Kelly Oppitz

Ferdinand Pangga Matthew Papke Minnie Parbs Rebecca Pecha Heidi Pennell **Amy Pepe Mary Peters** Jessica Petrie **Holly Picone Ashley Pieters Kristy Porter** Kristen Pyle **Penelope Raddatz** Sara Raymond **Laura Remus**

Grace Reuteman Matthew Reuter Julie Rexroat Kara Reves Angela Rintelman **Brittany Riteris-Woodruff Anna Rodriguez** Melanie Roggenbuck **Nathan Rosenberg** Lynette Rossow **Holly Rupp Diane Rutkowski** Cecilia Saraspe Samantha Scaffidi Barbara Schellhaass

Jill Scheuer **Kristin Schiestle Amy Schinneller David Schmid** Lisa Schmidt **Jeffrey Schneider Corey Schuller Kailey Schwarzenbacher Rachael Schwind Melissa Scott Kelly Seebach Elizabeth Sievert** Tamela Sisco **Dustin Sontag Christa Sprecher**

Lysbeth Stadler Janet Ste. Marie Sarah Steiner Jessica Stepanski **Christina Sterr Susan Stevens Amanda Straub Jessica Strupp Katie Taucer Rose Tengblad Alexandra TerHark** Sarah Terlikowski **Kristin Thimmig** Samantha Thompson Kari Tilkens

Natasha Todd **Crystal Toedter** Susyn Torres-Jelic **Ranee Tozer Crystal Treptow Jacqueline Tulod Wendy Tyler Katy Unferth** Maritza Veguilla **Daniel Wagner** Jillian Walber **Brittany Warnke** Stephanie Wasechek **Katie Webber** Heidi Weber

Katrina Wendland Anna Williams Sarah Widder Leah Wilde **Amber Wilke** Michael Wilkinson **Megan Woelffer** Danielle Wojtanowski **Laurel Wolf Brianne Zabel** Judi Zaferos-Pylant **Dale Zettler** Sandra Zierer David Zizzo

EDUCATOR PROFESSIONAL DEVELOPMENT PATHWAY

Similar to the Nursing PDP, the Educator PDP was developed in 2018 to promote, recognize and reward nurse educators for professional development.

Level III RN **Educator** Susan Olson

Level IV RN Educators

Angela Burns Krista Colpaert Susan Goldamer Stephanie Gresbach **Susan Hoefs** Nicole Kalinowski **Nicole Ladwig** Terri Lakich

Rebecca Martin Colleen McCracken Laurie Phromkharanourak **Crystal Pietrowski**

Andrea Rebisch Jenny Riesenberg Heather Ritter Karin Stefancic

National Specialty Certifications*

Acute Care Nurse Practitioner

Preksha Patel

Acute Care Clinical Nurse Specialist -Adult Gerontological

Sara Arndt

Adult Clinical Nurse Specialist

Joseph Beiler **Katie Brown Jayme Cotter Annette Garcia Natalie McAndrew** MarvAnn Moon Kristi Opper **Cristin Phillips Inderjit Pooni Jennifer Popies Denise Portz** Theresa Rudnitzki **Kathleen Sweeney Jennifer Welter**

Adult -Gerontology **Clinical Nurse Specialist**

Jay Gottschalk **Amy Heidenreich**

Adult Nurse Practitioner

Kristi Hilgart Susan Klapper

Advanced Oncology Certified **Clinical Nurse** Specialist

Jayme Cotter Denise Portz Theresa Rudnitzki **Karie Smith Kathleen Sweeney**

Ambulatory Care Nursing

Denise Bellcock Anne Borzych Stacie Ciesielski **Heather Jurgenson** Maren Moore **Kathleen Strupp** Linda Yoon

Bone Marrow Transplant Certified Nurse

Sarah Allen-Gallatin **Elizabeth Arenkill Barbara Burmeister Jeanette Emmrich Carolyn Gatton**

Azure Grossman Lori Jemison Kelsey Johnson Julie Koppelmann **Kathryn Lochmann** Rebecca Martin **Constance Moldenhauer** Jolie Neubauer Julie Rexroat **Deborah Stawicki**

Cardiac/ Vascular Nurse

Leah Stievo

Jenny Adams Eileen Ardellini Nichole Danielewski **Katelyn Falkenburg** Susan Fuhrman **Holly McNulty Melanie Roggenbuck David Schlieger Melissa Scott**

Case Management Nurse

Linda Bautz **Barbara Hughes**

Ambulatory Perianesthesia Nurse Linda Moran

Michelle Navarrette **Stacy Waraxa**

Breast Care Nurse

Jean Godfrov Stacev McGann Carri Miller Jessica Ortega

Case Manager

Jill Bartling Jennifer Cadman **Kelly Ganiere Martha Hallett** Kathleen McCulloch **Helena Snowden Tammy Tadysak Rosalyn Topping**

Childbirth **Educator**

Patricia Shamblin

Clinical **Hemodialvsis Technician** Keri Kublev

Clinical Nurse Leader **Anna Buchholz**

Jaime Castillo Jennifer DeAngelo Anna Dygas-Holz

Nancy Froggatt Sarah Hatch **Katharine Klink** Orlando Malate Melissa McLean Julia Olsen Jacqueline Ruiz Kara Thomsen

Clinical Nurse Specialist - Core

Sandra Bach **Linda Gingras Nancy Lees** Jane Meythaler

Clinical **Transplant** Coordinator

Debra Dewees Jamie Fleischman Sara Gaulke **Christina Janetzke Jamie Pintens**

Clinical **Transplant Nurse**

Lindsay Davis Susan Dummer Helena Fischer Sally Fritzsch **Judy Gilkison Cheri Goepfert Cynthia Johnson** **Irene Jones Nathanael Rosenberg** Lisa Spencer **Tammy Weyenberg**

Critical Care Clinical Nurse Specialist

Susan Fuhrman

Critical Care

Registered Nurse Martina Adams Samia Ahmed-Yahia Sara Anderson **Mary Bergin** Rachel Betthauser **Daniel Bond** Michelle Breininger **April Breuer** Rachel Brodzeller Jav Broughton Stephanie Christian-Lobley Sheri Coffen **Casey Dillard** Erin Dorn Penny Dunne-Muzi Susan Duszynski Laurel Dziadulewicz **Richard Dziewit Haley Emford** Joshua Favorite

Brian Felix

Erin Flanagan Mara Fox Richard Gillard Rebecca Gilligan **Grant Goeman Christina Goetter** Susan Goldamer Samantha Hall Teresa Hammer **Bridgette Hanson Ashley Harrington Adrian Hein** Joellyn Heller **Tanva Higgins Susan Hoefs** Carla Hornung Jennifer Johnson Brooke Jolin Lori Keene Jamie Killian **Katherine Kiolbasa** Jenna Kohout Jesse Leiker Mary Luettgen **Melissa Mark Michael Mason Madeline Matthews Natalie McAndrew Justin Mohelnitzky Kaylen Moore** Maren Moore Sarah Nolan **Ruth Oquist Ferdinand Pangga Matthew Papke Pamela Paul Jennifer Popies** Elizabeth Reinke **Kara Reyes Frances Schaaf Eric Schimmel David Schlieger Kimberly Schoofs** Cacia Speckhard **Linda Stephenson Karen Swyers Rachel Tabbert** Sandra Tarkowski **Alexander Theisen Robin Thiel Crystal Treptow Dena Urness Tyler Vang Colleen Walters Mary Pat Wendelberger Katrina Wendland Lauren Wittig Danielle Wojtanowski** David Zizzo

Critical Care RN with Cardiac Surgery Subspecialty Penny Dunne-Muzi **Brian Felix**

Samantha Hall Linda Trevino **David Schlieger**

Dermatology Nurse

Michelle Krajewski

Diabetes Educator

Nancy Bruener Nancy Cortina-Butz Ann Heesacker Laura Hooks Susan Hugl **Ruth Koehler Julie Schulz** Mary Lu Weigel Stacy Wolf

Electronic Fetal Monitoring

Shannon Baker Jennifer Bast Rebecca Behm Raven Blockwitz Kassandra Bohrer Cynthia Clair **Angela Conto-Smith Sue Daniel** Marie Darr **Dana Duberstein Rachael Fehrenbach Megan Flatley Emily Frier Danielle Grismer** Joanna Gustafson Jenna Hicks Johanna Kessel Tamara Knouse Cassandra Koblitz Jessica Lenz Elizabeth Lewandowski **Linda Ludwig** Sarah Luedke Jill Marks Norma McCanna Jill Mierow **Angela Morales-**

Talavera

Ashlev Pieters

Julia Rakowski

Alea Rydeski

Sheena Selin

Andrea Sergio

Emily Servais

Tamela Sisco

Kirby Warner

Katie Webber

Elizabeth Zuiker

Chelsea Takkinen

Andrea Rebisch

Nicole Rewolinski

Monica Schachtlie

Stephanie Peterson

Emergency Nurse

Felicia Blagg Nichole Bockholdt **Daniel Bond** Julie Chappelle Susan Duszynski **Angela Duwe Lesly Evert** Jessica Gaddy **Megan Hintz** Tammy Kasprovich Melissa Krug Philip Lerner Jana Petersen **Justin Raymond Nicole Riemer Natalie Singer Amy Stachowiak** Kerry Sullivan

Family Nurse Practitioner

Sandra Bach Elizabeth Helminiak Barbara Provo

Foot Care Nurse

Donna Whelihan

Gastrointestinal **Registered Nurse**

Linda Anderson Debora Howard Amy Komp

Gerontological Clinical Nurse Specialist

Janice Kuiper-Pikna

Gerontological Nurse

Julie Arend Diane Lahmann

Health Education Specialist

Lindsey Adamczyk Megan Ryan

Hospice & Palliative Nurse

Laura Alvin Stacy Anguiano **Amanda Auber** Caitlin Brecklin Ashley Brockman Jay Gottschalk Jordan Johnson Colleen McCracken Melanie Priebe Penelope Raddatz

Infection **Control Nurse**

Patti Wilson

Informatics Nurse

Cindy Sunstrom

Inpatient **Obstetric Nursing**

Sarah Flavel

Stacey Fliss

Heather Free

Marta Geisel

Cynthia Clair Elizabeth Lewandowski Julie Merritt Andrea Rebisch Elizabeth Zuiker

International **Board Certified** Lactation Consultant

Sara Anderson **Carol Cira Marie Freund Wanda Rott** Patricia Shamblin Stela Ziu

Maternal Newborn Nursing

Jennifer Cadman **Marie Freund Linda Gingras** Rosina Grabowski Cherrie Johnson Nicole Kalinowski

Medical-Surgical Registered Nurse

Julie Abraham Lisa Adam **Mohammad Akhter** Kayla Albertin **Kim Anderson** Eileen Ardellini Janet Baird **Christine Baker** Yvonne Becker **Tina Belts Cynthia Berger Heather Bergman** Jessica Bottoni Suzana Bozic **Caitlin Brecklin** Alicia Brinkmann **Crystal Brunner** Angela Burns Sherri Chavez Rolonda Christen Sarah Cypher **Beth Czyscon** Sara Darby **Melodie De Fouw Kelsey Doll** Susan Drosen **Ashley Eckert** Julie Elliott Allison Erzberger **Abbey Fabian** Rebecca Pecha Jenna Fetterly **Heidi Pennell**

Macalah Finstad

Dana Giuffre Kelly Grabowski Elliott Grassman **Paul Graves** Stephanie Gresbach **Rachel Greuel** Sara Hatch Deangela Hegwood Sarah Hooyman Teresa Janczak Jordan Johnson Lori Johnson **Amanda Jones Emma Jones Trevor Joswick Andrea Jurgilanis** Stephanie Just **Tess Kabat Lindsey Kedinger Amanda Kelly Brianna Kimmons Christopher Klann Melanie Klawitter Debra Knisheck Katherine Konrath Shelly Koopman Kirsten Kriesel Brooke Kuchinski** Ali Kusch **Nicole Ladwig Luann LaPointe April Lemke** Michelle Lenz Molly Liddell Lori Lierman Rebecca Lietz **Kelly Lindemann** Ericka Luetschwager Jessica Lunn Annie Maerzke Mary Jane Martorano **Crishelle Mays Carrie Mazik** Colleen McCracken **Barbara Miller Gail Miswald Paul Moran** Rita Mpesha **Peter Mueller** Erika Munson Jacquelyn Murphy-Gjertson **Margaret Nordskog Courtney Norris Tahlia Nunez Williams** Samantha Obluck Heidi Olson Michelle Opgenorth Manda Orlandini **Rolonda Palmer**

Jessica Peterson **Kristina Phillips Crystal Pietrowski Dean Pitcher** Angela Powzukiewicz-**Abplana** Joli Redmer Laura Remus **Melissa Reuter Melanie Roggenbuck** Alyssa Rutledge Samantha Scaffidi **Shandy Scheuring Amy Schinneller David Schmid** Jennifer Schulz **Jennifer Sims Amy Slavik Karin Stefancic Katerina Storheim** Michelle Strahota **Jessica Strother** Jessica Strupp **Karen Swvers** Marie Tamanji **Kathleen Tanner Emilie Thomas Abbie Tonn** Sara Torn **Britney Torrence** Maritza Veguilla **Abby Ventzke Kristin Wadel** Vicki Wage Jillian Walber Jennifer Welter **Charlene White** Angela Wier Kristen Wilson **Laurel Wolf Brittany Wuerl** Judi Zaferos-Pylant

Neuroscience Registered Nurse

Sandra Zierer

Laura Ciletti **Jonae Harness Blaine Harris Ashley Herman** Kathleen Lipofski **Carolyn Maidl-Putz Ellen Manian Brenda Mensching Denise Miller Niklasch** Karl Mueller Erika Munson

Nurse Educator Kathryn Schroeter

Sarah Betthauser **Christine Buth** Sarah Cypher **Audrey Kelly**

Nurse Executive

Elizabeth Malosh

Tracy Ostoic Pamela Scherff Karie Smith Kathleen Sweeney Jessica Thomey Kimberly Wergin

Nurse Executive -Advanced

Kathleen Bechtel Tina Curtis Orlando Malate Verna Seitz

Nursing **Professional Development Christine Ertl** Julie Gruver

Oncology **Certified Nurse**

Helen Alme Melissa Altmann Stacy Anguiano Jennifer Backes Caitlin Brecklin **Ashley Brockman Barbara Burmeister Lindsay Coleman Ann Dentinger Hannah Draayers Jody Elliott Jeanette Emmrich Tracy Erlitz Marloe Esch** Michelle Feinstein **Shelley Forbus Mary Fournogerakis Amanda Gast Angela Gauthier** Sarah Gibart Jean Godfroy **Donald Gorichanaz** Azure Grossman Elizabeth Hansen Ako Hasegawa Stephanie Heitl Karen Hernandez **Kelly Hubert** Leah Jajtner Lori Jemison Jordan Johnson **Kelsey Johnson**

Kristen Kell Julie Koppelmann Joyce Kroemer Laura Kusik **Candace Letcher** Amanda Ligocki Tamara Lindner **Tabetha Lockwood Leah MacGillis Rachel Mackinney** Amy Mackusick-Ulmen **Rebecca Martin** Colleen McCracken Jane Mevthaler **Briana Miles Brenda Milota Katherine Myers Lindsay Nemec** Katherine Nersesian Jolie Neubauer **Judy Pawlak** Rebecca Pettit **Jill Polzin Gail Powers Penelope Raddatz Dawn Radsek** Marissa Ragner **Judy Ranous Margaret Riegert Gina Sanfillippo Jill Sawyer Jill Scheuer Lysbeth Stadler Kristin Stafford Deborah Stawicki** Alexandra TerHark **Rebecca Thome**

Operating Room Nurse

Sandra Todd

Christine Vang

Abby Ventzke

Sally Zalud

Rhonda Bell Jennifer Brown Krista Colpaert **Dona Drummond Andrea Fell Carol Gaulke** Staci Gaulke **Constance Geigle Amanda Graves Margaret Hall**

Katie Henzelmann Kristine Kohnert **Natalie Levalley** Colleen Malone Kelly Mazur **Amy Monroe Kelly Neumann** Rebecca Pettit Rebecca Pfenninger Laurie **Phromkharanourak Elizabeth Reiss** Jennifer Roemer **Kelly Salinas Amy Santiago** Kathryn Schroeter Linda Shimek Sheila Skauge **Colleen Smoody** Kathleen Stuppy Michelle Tortelli **Colleen Wagner**

Orthopaedic Nurse

Veronica Agee Sara Arndt Anastasia Bartels **Heather Ritter**

Pain Management Nurse

Stephanie Moran

Pediatric Emergency Nurse

Brandi Encarnacion

Plastic Surgery Nurse

Amanda Genaw

Post Anesthesia Nurse

Amber Hamilton Terri Lakich **Denise Leannais** Susan Olson Susan Stevens

Progressive Care Nursing (Adult)

Cynthia Cavezza Katie Korenic Marissa Mullins

Radiology Nurse

Denise Hegemann Doreen Price Rachel Sears

Registered Cardiovascular **Invasive Specialist**

Julie Aguilar

Registered Nurse

Anesthetist **lan Adamson Tara Alauf** Megan Alberti **Angela Bilansky** Tisha Bloom **Orest Carneval Deborah Cobb** Twila Dekanich **Allison Duncan** Susan Duszynski **Justin Dworak Karlee Fahey** Kari Gitlewski **Elizabeth Griepentrog Daniel Hacker** Lisa Johnson Erinn Kimmler **Christine Kin** Lauren Krejcha Scott Kunkel **Michael Ledvina** Yakira Leevan Meileilan Mattinson Kenneth Mattner **Lindsey McKee Kevin Momber Devarsh Murthy** Sara Netzel **Emily Nieman** Jenea Nolan **Angel O'Connell**

Amy Olsen

Paula Osgood

Debra Poliak

Erin Poole

Denise Perales

Kassie Quinlevan

Tammy Ricker

Andrea Rossi

Brendan Ryan

Catherine Schesta

Megan Ryan

Christopher Repsa

Daniel Seefeld Benjamin Skubal Jill Sontag **Whitney Stearns** Susan Striegel-Edwards Sarah Uilenberg Luke Voss Kathleen Waterhouse-Skibicki

Registered Nurse Infusion

Sharon Laux Sharon Lee Maureen Morris Angela Reggette Diane Rutkowski **Beth Schultz**

Registered Vascular **Technologist**

Janis Edwards Judy Grothues Donna Karp

Rehabilitation Registered Nurse

Emelyn Dela Pena Kristine Engel Julie Geboy Andrea Hodapp Jessica Hodgson **Martha Johnson Angela Lemirande Emy Livado Suzanne Llanas** Jacquelynn Mehlberg **Patricia Meurer Minnie Parbs** Lynn Rasmussen **Kristine Seefeldt** Lauren Sepahpanah

Sexual Assault Nurse Examiner -Adult

Brittany Bailey Kaylen Moore

Sexual Assault Nurse Examiner -**Pediatric**

Kaylen Moore

Stroke Certified Registered Nurse

Paulette Jazdzewski **Brittney Powers**

Trauma Certified Registered Nurse Karen Kevs

Urology **Registered Nurse Grace Martinson**

Wound Care

Certified

Stephanie Holzman

Wound Ostomy Nurse

Sara Anderson Rhonda Brami Alyssa Dziondziak **Marisa Hiley** Carrie Mecikalski **Barbara Provo**

Wound, Ostomy, Continence Nurse

Jessica Annen **Cynthia Berger** Janice Erbe **Judy Grothues** Barbara Schellhaass Donna Whelihan

^{*} Known certifications as of January 2019. We apologize for any unintentional omissions.

Publications and Presentations^{*}

2017 and 2018 Publications

Burke, L. J., Shaw, C. L., Schwartz, C., Nelson, J. W., Edwards, M., Pfaff, J., & Seitz, V. (2018). Evaluating the clinical practice model's strengths and improvement opportunities using the Professional Practice Framework Assessment Survey: One integrated healthcare system's experience. *The Journal of Nursing Administration*, 48(10), 508-518.

Frank, C. A., Schroeter, K., & Shaw, C. (2017). Addressing traumatic stress in the acute traumatically injured patient. *Journal of Trauma Nursing*. 24(2):78-84.

Heidenreich, A., & Gresbach, S. (2018). The "Nu" way for nurses to screen for delirium. American Nurse Today, 13(5), 52-54.

Hetland, B., Hickman, R., McAndrew, N. S., & Daly, B. (2017). Factors that influence active family engagement in care among critical care nurses. *Advanced Critical Care*, 28(2), 160-170. doi:10.4037/aacnacc2017118

Hetland, B., McAndrew, N. S., Perazzo, J., & Hickman, R. (2018). A qualitative study of factors that influence active family involvement with patient care in the ICU: Survey of critical care nurses. *Intensive and Critical Care Nursing,* 44, 67-75. doi:10.1016/j.iccn.2017.08.008

Klink, K. & Schroeter, K. (2017). Ethics. In J. Hankins, R. A. Lonsway, C. Hedrick, & M. Perdue. (Eds.). *Infusion therapy in clinical practice* (3rd ed.). Philadelphia: Saunders.

Leske, J., McAndrew, N., Brasel, K. J., & Feetham, S. (2017). Family presence during resuscitation after trauma. *Journal of Trauma Nursing*, 24(2), 85-96. doi:10.1097/jtn.0000000000000271

McAndrew, N. S. (2018). Nurses and physicians bring different perspectives to end-of-life decisions in intensive care units. *Evidence-Based Nursing*, 21(3), 85. doi:10.1136/eb-2018-102902

McAndrew, N. S., Leske, J. S., & Schroeter, K. (2018). Moral distress in critical care nursing: The state of the science. *Nursing Ethics*, 25(5), 552-570. doi:10.1177/0969733016664975

Peltier, W. L., Gani, F., Blissitt, J., Walczak, K., Opper, K., Derse, A. R., & Johnston, F. M. (2017). Initial experience with "Honoring Choices Wisconsin": Implementation of an advance care planning pilot in a tertiary care setting. *Journal of Palliative Medicine*, 20(9), 998-1003. doi:10.1089/jpm.2016.0530

Portz, D. (2017). Alopecia. In J. Eggert (2nd ed.), Cancer Basics. Oncology Nursing Society, Pittsburgh, PA.

Rudnitzki, T., Curtis, T., & Griffie, J. (2018). Translational Research Unit: Development of nursing standards and practice within a specialized unit for participants in early phase clinical trials. Clinical Journal of Oncology Nursing, 22(3), e78-e84. doi:10.1188/18.cjon.e78-e84

Schroeter, K. (2017). Ethics inbox, when trauma and multiple stressors take a toll. American Nurse Today, 12(10), 38.

Schroeter, K. (2018). An ethical balancing act: Caring for victims of intimate partner violence. American Nurse Today, 13(10):46.

Schroeter, K., Flowers, J., Davidson, J., & Van Wicklin, S. (2017). AORN's perioperative explications for the ANA Code of Ethics for Nurses with Interpretive Statements. Denver, CO: AORN Publications.

Uyar, D., Neary, J., Monroe, A., Nugent, M., Simpson, P., & Geurts, J. L. (2018). Implementation of a quality improvement project for universal genetic testing in women with ovarian cancer. *Gynecology Oncology*, 149(3), 565-569. doi:10.1016/j.ygyno.2018.03.059

2017 and 2018 Presentations

Podium

Sue Fuhrman, MS, MSN, RN-BC, CCNS, APNP. A CNS-Led Interprofessional Team Approach to Reduce Length of Stay for Patients after a Myocardial Infarction. National Association of Clinical Nurse Specialists Annual Conference. Atlanta, GA. March 2017.

Janet Ste. Marie, BSN, RN. Legal Aspects of Nursing. Association of Vascular and Interventional Radiographers Spring Symposium. Milwaukee, Wl. April 2017.

Jayme Cotter, MS, RN, AOCNS, ACNS-BC & Denise Portz, MSN, RN, ACNS-BC, AOCNS. Zooming in the Camera Lens on Oncology Infusion: Putting the Focus on Relationship-Based Care. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Tina Curtis, MSN, MBA, RN, NEA-BC & Kate Kempka, BSN, RN. Optimizing a Febrile Neutropenic Clinical Pathway for Cancer Patients Presenting to the Emergency Department. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Mary Fournogarekis, BSN, RN, OCN & Rebecca Martin, BSN, RN, OCN, BMTCN. Standardizing Cerebellar Assessment and Documentation in Patients Receiving High-Dose Cytarabine. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Colleen McCracken, BSN, RN, CMSRN, CHPN, OCN. Recipe for Success: Chemotherapy and Biotherapy Teaching Tools for Staff. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Alexandra Verbeten, MSN, RN, ACNS-BC, AOCNS. The Cancer Network Clinical Nurse Specialist: Unifying and Elevating Nursing Practice. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Julie Bluma, BSN, RN & Kathleen Sweeney, MS, RN, ACNS-BC, NE-BC. Implementation of a Multidisciplinary Program to Decrease Readmissions in Bladder Cancer Patients Undergoing Cystectomy. American Academy of Ambulatory Care Nursing Conference. New Orleans, LA. May 2017.

Kristi Opper, MS, RN, ACNS-BC & Joseph Beiler, MS, RN, ACNS-BC. The CAR Study — Communicating About Readiness for Discharge: Re-designing Health Care Team Communication to Improve Discharge and Readmissions. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2017.

Cristin Phillips, MS, RN, ACNS-BC; Megan Syversen, BSN, RN; Laura Singel, BS, RN; Chelsea Sontag, BSN, RN & Sandy Zierer, RN, CMSRN.

Implementation of the Six-Minute Walk Test Before Discharge to Reduce 30-day Heart Failure Readmissions. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2017.

Karin Stefancic, BSN, RN, CMSRN; Allison Erzberger, BSN, RN, CMSRN; Lynn McLaughlin, BSN, RN; Vicki Wage, RN, CMSRN & MaryAnn Moon, MSN, APRN, ACNS-BC. Workplace Violence: Tackling it Head-on Through Interdisciplinary Collaboration. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2017.

Kathy Bechtel, MSN, RN, NEA-BC. The HUC Role: The Cornerstone in Today's Service Environment. National Association of Health Unit Coordinators 36th Annual Education Conference. Fort Worth, TX. August 2017.

Veronica Agee, BSN, RN, ONC; Mary Jane Martorano, RN, CMSRN; Alexandra Koszarek, BSN, RN & Joseph Beiler, MS, RN, ACNS-BC. Improving the Culture of Safety: Nursing Peer Review. Wisconsin Association of Clinical Nurse Specialists CNO/CNS/Shared Governance Breakfast. Milwaukee, WI. September 2017.

Kathryn Koerten, BSN, RN; Eunice Neujahr, BSN, RN, CCRN & Jennifer Popies, MS, RN, CCRN, ACNS-BC. Reduction of Mechanical Ventilation Time in CABG Surgery Patients: A Collaborative CVICU Quality Improvement Project. Wisconsin Association of Clinical Nurse Specialists CNO/CNS/Shared Governance Breakfast. Milwaukee, WI. September 2017.

MaryAnn Moon, MSN, APRN, ACNS-BC, APNP. Leading the Integration of Advanced Practice Providers in an Academic Medical Center. Vizient Clinical Connections Summit. Denver, CO. September 2017.

Sara Arndt, MSN, APRN, ACCNS-AG. Bone Health and Fracture Liaison Service. Everyday Challenges for the Orthopaedic Nurse Conference. Wisconsin Orthopaedic Nurses Chapter 87. Milwaukee, Wl. October 2017.

Kristi Opper, MS, RN, ACNS-BC; Joseph Beiler, MS, RN, ACNS-BC & Marianne Weiss, DNSc, RN. The CAR Study - Communication About Readiness for Discharge: Re-designing Health Care Team Communication to Improve Discharge and Readmissions. American Nurses Credentialing Center National Magnet Conference. Houston, TX. October 2017.

Mary Bohn, RN. You Are a Survivor. 1st Annual Multiple Myeloma Patient and Caregiver Symposium. Pewaukee, WI. November 2017.

Sara Arndt, MSN, APRN, ACCNS-AG, APNP & Amy Heidenreich, MSN, RN, AGCNS-BC, APNP. Practice Implications for Clinical Nurse Specialists in a Behavioral Emergency Response Team. National Association of Clinical Nurse Specialists Annual Conference. Austin, TX. March 2018.

Kathryn Schroeter, PhD, RN, CNE, CNOR. How to Develop and Enhance Your Manuscript in the Digital Age. Society of Trauma Nurses National Conference. Portland, OR. March 2018.

Nancy Lees, MN, RN, CNS-BC; Natalie Dziwulski, BSN,RN & Jessica Bottoni, BSN, RN, CMSRN. Froedtert Hospital Site Implementation of the Readiness Evaluation and Discharge Interventions (READI) Study. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2018.

Natalie McAndrew, PhD, RN, ACNS-BC, CCRN. Relationships Among Climate of Care, Nursing Family Care, and Family Well-being. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Nicole Miller, BSN, RN & Brianna Kulp, BSN, RN, CLC. Testing a New Procedure for Newborn Urine Collection: Non-invasive, Timely and Effective. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Nancy Froggatt, MN, RN, CNL. Who's Your Buddy? A Team Approach to Reducing Central Line-Associated Blood Stream Infections in Oncology Patients. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Elizabeth Malosh, MSN, RN, NE-BC. 24-Hour Oncology Clinic: From Concept to Reality. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Rebecca Martin, BSN, RN, OCN, BMTCN. Disseminated Intravascular Coagulation: A Case-Based Approach. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Lindsay Nemec, MSN, RN. Standardizing Excellence: Validating Chemotherapy Administration Through the Use of Simulation. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Kathryn Schroeter, PhD, RN, CNE, CNOR. An Ethics Debate: The Right to Die. American Nurses Association Membership Assembly National Conference. Washington DC. June 2018.

Jennifer Popies, MS, RN, CCRN, ACNS-BC; Kathryn Koerten, BSN, RN & Sarah Vanderlinden, PA-C. Get off the Vent! Collaboration to Reduce Mechanical Ventilation Time in Cardiac Surgery Patients. Cleveland Clinic Annual Cardiology and Cardiovascular Surgery Alliance and Affiliate Retreat. Cleveland, OH. August 2018.

Drew Pooni, **MS**, **RN**, **ACNS-BC** & **Jennifer Popies**, **MS**, **RN**, **CCRN**, **ACNS-BC**. Evaluation of Pressure Mapping as a Strategy to Reduce Hospital-Acquired Pressure Injuries in High-Acuity ICU Patients. Wisconsin Association of Clinical Nurse Specialists CNO/CNS/Shared Governance Breakfast. Milwaukee, WI. September 2018.

Sarah Cypher, MSN, RN, CMSRN & Renee Emmer, MSN, RN-BC. How to Maintain the Human Element in a Digital Communication Environment. Connect 18: The New Frontier of Healthcare Communications Annual Conference. Scottsdale, AZ. October 2018.

Colleen McCracken, BSN, RN, CMSRN, CHPN, OCN & Katherine Walczak, BSN, RN, CMSRN, OCN. Right Care at the Right Time: Implementation of a Floating Hospice. American Nurses Credentialing Center National Magnet Conference. Denver, CO. October 2018.

Sarah Cypher, MSN, RN, CMSRN and Isaac Larson. Translating Traditional ROI Data into Financial Performance. Healthcare Design Expo & Conference. Phoenix, AZ. November 2018.

Poster

Azure Grossman, BSN, RN, OCN, BMTCN & Christina Ebert, BSN, RN. Aromatherapy as Symptom Management for Hematology/Oncology/Blood and Marrow Transplant Patients. 2017 BMT Tandem Meetings. Orlando, FL. February 2017.

Amy Heidenreich, MSN, RN, AGCNS-BC, APNP & Stephanie Gresbach, BSN, RN, CMSRN. The "Nu" Way for Nurses to Screen for Delirium. American Nurses Association Annual Conference. Tampa, FL. March 2017.

Julie Aquilar, BSN, RN. Advanced Technologist Levels for Professional Development in Interventional Radiology. Association of Vascular and Interventional Radiographers Annual Meeting, Washington D.C. March 2017.

Carolyn Brausch, MBA, MSN, RN. Peer Interviewing and Shadowing: A Strategy for Engagement, Recruitment and Retention. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Nancy Froggatt, MN, RN, CNL. Leveraging a New Master's Prepared Nursing Role in Oncology, Oncology Nursing Society 42nd Annual Congress, Denver, CO. May 2017.

Kathryn Lochmann, BSN, RN, BMTCN & Carolyn Gatton, BSN, RN, BMTCN. Aromatherapy as Symptom Management for Hematology/Oncology/Blood and Marrow Transplant Patients. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Rebecca Martin, BSN, RN, OCN, BMTCN & Kelly Acker, BSN, RN, OCN, BMTCN. When Two Become One: Merging a Hematologic Malignancy and Blood and Marrow Transplant Unit. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017

Penelope Raddatz, RN, OCN, CHPN. Creating a Culture of Support through Mentorship. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Alexandra TerHark, BSN, RN, OCN. Intended Better Outcomes for Oncology Patients from Revised Orientation Process for Nurses. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Rebecca Wolfe, RN. Improving Intake and Output Accuracy, Awareness, and Documentation. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Sarah Gibart, BSN, RN, OCN. Pre-Treatment Phone Calls for New Infusion Center Patients. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Gail Powers, BSN, RN, OCN. Charge Nurse in a Clinic Ambulatory Setting. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Rebecca Thome, BSN, RN, OCN. Aligning the Stars: Facilitating a Complex Infusion Protocol to Promote Safe, Efficient Care. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Marloe Esch, BSN, RN, OCN. Improving Quality of Life for Cancer Patients through Expressive Writing, Oncology Nursing Society 42nd Annual Congress, Denver, CO. May 2017.

Jayme Cotter, MS, RN, AOCNS, ACNS-BC. Preventing Pitfalls on the Road to Stem Cell Transplant: Development of an Early Psychosocial Screening Program. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Denise Portz, MSN, RN, AOCNS, ACNS-BC. Providing Oncology Infusion Nurses Evidence-Based Guidelines and Interventions to Manage Infusion Reactions and Anaphylaxis. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Karie Smith, MSN, RN, AOCNS, NE-BC. Blood Product Administration in a Stand-Alone Oncology Practice. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Lori Jemison, RN, OCN, BMTCN. Developing an Adolescent and Young Adult Cancer Program: A Multidisciplinary Collaboration Between a Pediatric and Adult Cancer Program. Oncology Nursing Society 42nd Annual Congress. Denver. CO. May 2017.

Alexandra Verbeten, MSN, RN, ACNS-BC, AOCNS. Outpatient Cancer Network Shared Governance Model: An Innovative Approach to Nursing Collaboration. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Judy Ranous, BSN, RN, OCN. Design and Implementation of an Oncology and Pharmacy Nursing Committee to Optimize Interdisciplinary Communication and Patient Safety. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Samantha Barrington, RN. Ready, Set, Transfuse!: Developing a Sustainable Workflow for Serially Transfused Patients. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Lindsay Coleman, BSN, RN, OCN. Oncology Network Resource Pool. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Kathleen Sweeney, MS, RN, ACNS-BC, AOCNS, NE-BC. Nursing Involvement in Cancer Screenings Adds Extra Layer of Support. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Kathleen Sweeney, MS, RN, ACNS-BC, AOCNS, NE-BC. Leveraging the Electronic Health Record to Help Nursing Staff Implement Changes for Participation in the Oncology Care Model. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Margaret Karas, RN. A Survey of Oncology Patients: Does CNS Involvement Elevate Fall Risk? Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Katherine Walczak, BSN, RN, CMSRN. The Inpatient Hospice Program and the Halo Effect Towards Earlier Palliative Care Integration. Oncology Nursing Society 42nd Annual Congress. Denver, CO. May 2017.

Pam Scherff, MSN, RN, NE-BC & Sarah Cypher, MSN, RN, CMSRN. Journey to a Decentralized Care Environment. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2017.

Megan Syversen, BSN, RN; Lauren Dulde, BSN, RN; Stacey Lang, BSN, RN & Cristin Phillips, MS, RN, ACNS-BC. Implementation of Proteus Discover to Optimize Self-Management of Heart Failure. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2017.

Amy Heidenreich, MSN, RN, AGCNS-BC, APNP & Stephanie Gresbach, BSN, RN, CMSRN. The "Nu" Way for Nurses to Screen for Delirium. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2017.

Jennifer Gannon, BSN, RN, CCRN; Kathryn Koerten, BSN, RN; Sue Fuhrman, MS, MSN, RN-BC, CCNS, APNP; Betsy Reinke, BSN, RN, CCRN; Rachel Tabbert, BSN, RN; Mara Fox, BSN, RN; Margaret Sodergren-Baar, BSN, RN. A Registered Nurse/Respiratory Therapist Collaborative Effort to Reduce Respiratory Device-related Pressure Ulcers in the Cardiovascular Intensive Care Unit. 19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2017.

Annette Garcia, DNP, RN, ACNS-BC. Developing a Virtual ICU Mentor Program to Support New ICU Nurses.19th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2017.

Natalie McAndrew, PhD, RN, ACNS-BC, CCRN. Why Are You Falling? An ICU-Specific Fall Prevention Program in the Medical Intensive Care Unit. 2017 National Teaching Institute & Critical Care Exposition (NTI), American Association of Critical Care Nurses. Houston, TX. May 2017.

Sarah Cypher, MSN, RN, CMSRN & Pam Scherff, MSN, RN, NE-BC. Lean + Evidence-Based Design + Change Management: Merging Approaches for an Inpatient Build-Out Design Project. Stanford Children's Hospital 8th Annual National Nursing Research Symposium. Stanford, CA. June 2017.

Amy Heidenreich, MSN, RN, AGCNS-BC, APNP. The "Nu" Way for Nurses to Screen for Delirium. Vizient Clinical Connections Summit. Denver, CO. September 2017.

Nancy Newman, MSN, RN, CHPN. Floating Hospice Facilitates Standardization of End of Life Care in the ICU. Hospice and Palliative Nurses Association 11th Annual Clinical Practice Forum. Pittsburgh, PA. September 2017.

Lynn Roeber, MSN, RN; Angela Lemirande, BSN, RN, CRRN & Suzanne Llanas, BSN, RN, CRRN. Staffing to Improve Patient Outcomes and Staff Satisfaction.

American Nurses Credentialing Center National Magnet Conference. Houston, TX, October 2017.

MaryAnn Moon, MSN, RN, ACNS-BC, APNP; Karin Stefancic, BSN, RN, CMSRN; Vicki Wage, RN & Lynn McLaughlin, BSN, RN. Workplace Violence: Tackling it Head-on through Interprofessional Collaboration. American Nurses Credentialing Center National Magnet Conference. Houston, TX. October 2017.

Michelle Clark, MSN, RN. Rocking the Boat with Ambulatory Float: An Ambulatory Float Pool Re-Design Project. Institute for Healthcare Improvement National Forum. Orlando, FL. December 2017.

Susan Fuhrman, MS, MSN, RN-BC, CCNS. A Multi-Modal Approach to Prepare for a Comprehensive Stroke Center Recertification Visit. American Stroke Association International Stroke Conference. Los Angeles, CA. January 2018.

Rebecca Martin, BSN, RN, OCN, BMTCN. The Use of PASV PICC Lines for the Infusion Thawed, Washed HPC Products With and Without an Infusion Pump. 2018 BMT Tandem Meetings. Salt Lake City, UT. February 2018.

Dawn Radsek, BSN, RN, OCN. Screening for Psychosocial Distress Program. American Psychosocial Oncology Society 15th Annual Conference. Tucson, AZ. February 2018.

Sandra Eppers, MBA, BSN, RN-BC, CPHIMS & Kathleen Sweeney, MS, RN, ACNS-BC, AOCNS, NE-BC. Leveraging the Electronic Health Record to Help Nursing Staff Implement Changes for Participation in the Oncology Care Model. Healthcare Information and Management Systems Society 2018 Nursing Informatics Symposium. Las Vegas, NV. March 2018.

Jayme Cotter, MS, RN, ACNS-BC, AOCNS. Saving Time and Money by Transitioning Infusion Regimens to the Ambulatory Setting. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Sara Arndt, MSN, APRN, ACCNS-AG, APNP & Amy Heidenreich, MSN, RN, AGCNS-BC, APNP. Establishing a Behavioral Emergency Response Team. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, WI. May 2018.

Lindsay Nemec, MSN, RN. Standardizing Excellence: Validating Chemotherapy Administration Competence Through the Use of Simulation. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Jennifer Popies, MS, RN, CCRN, ACNS-BC; Kathryn Koerten, BSN, RN; Lisa Schmidt, MSN, RN, CCRN, CNE; & Mara Fox, BSN, RN, CCRN. Pressure Injury Prevention in Hemodynamically Fragile CVICU Patients: Trial of a "Micro" Turn and Position System. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Matthew Schaenzer, BSN, RN. Evaluating Anxiety in Patients with Cardiac Implantable Devices. 20th Annual Building Bridges to Research Based Nursing Practice Conference: Improving Quality and Safety through Research. Milwaukee, Wl. May 2018.

Stacie Ciesielski, MSN, RN-BC. 60-Day Rapid Process Improvement on Clinic Workflow and its Impact on Patient Satisfaction. American Academy of Ambulatory Care Nursing Annual Conference. Lake Buena Vista, FL. May 2018.

Denise Bellcock, BSN, RN & Jean Tennis, RN. An Integrative, Patient-Centered Model of Care Using Meditation and Care Coordination Improves Quality of Life and Coping Strategies in Cyclic Vomiting Syndrome. American Academy of Ambulatory Care Nursing Annual Conference. Lake Buena Vista, FL. May 2018.

Caitlin Brecklin, BSN, RN, OCN, CMSRN, CHPN & Jordan Johnson, BSN, RN, CMSRN, CHPN. Demystifying Delirium: Manifestations Unique to Cancer Care. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Julia Olsen, MN, RN, CNL. A Bath a Day Keeps Infections Away: An Innovative Approach to Daily CHG Bathing on an Oncology Unit. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Judy Ranous, BSN, RN, OCN; Katy Schroeder, BSN, RN, OCN, CCRP & Theresa Rudnitzki, MS, RN, AOCNS, ACNS-BC. Huddle Up! An Interprofessional Effort to Optimize Patient Care. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Rachael Schwind, BSN, RN. Back to Basics: An Innovative Approach to Improving the Practice of Staff Compliance Regarding Hand Hygiene. Oncology Nursing Society 43rd Annual Congress. Washington D.C. May 2018.

Natalie McAndrew, PhD, RN, ACNS-BC, CCRN. Relationships Among Climate of Care, Nursing Family Care and Family Well-being in Intensive Care Units. American Thoracic Society Conference. San Diego, CA. May 2018.

Denise Portz, MSN, RN, ACNS-BC, AOCNS. Providing Oncology Infusion Nurses with Evidence-Based Interventions to Manage Infusion Reactions and Anaphylaxis. Infusion Nurses Society Annual Conference. Cleveland, OH. May 2018.

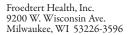
Abbey Fabian, RN-BC. Advancing our Future by Building on our Past: The Road a New Unit Took to Empower Nurses Through Shared Governance. American Organization of Nurse Executives Dynamic Leadership for Shared Governance Conference. Pittsburg, PA. June 2018.

Linda Fridlington, MSN, RN; Nathan Rosenberg, BSN, RN, CCTN & Angelina Drew, BSN, RN. Transforming Care at the Bedside: A Shared Governance Project on 4NW Transplant and Internal Medicine. Wisconsin Association of Clinical Nurse Specialists CNO/CNS/Shared Governance Breakfast. Milwaukee, WI. September 2018.

Joseph Beiler, MS, RN, ACNS-BC. Engaging Patients in Surgical Incision Care Through Photographs. Wisconsin Association of Clinical Nurse Specialists CNO/CNS/Shared Governance Breakfast. Milwaukee. Wl. September 2018.

Linda Allen, BSN, RN. Emergency Department Visits After Receiving Psychogenic Non-Epileptic Events (PNEE) as a Diagnosis. American Epilepsy Society Annual Meeting. New Orleans, LA. December 2018.

^{*} Known publications and presentations as of January 2019. We apologize for any unintentional omissions.





Froedtert Hospital



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We pride ourselves on the contributions our nurses make to our exceptional achievements as they work collaboratively with physicians and all Froedtert Health staff to deliver the highest quality care.



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