Spotlight on Nursing

Nurses
Transforming Care

Published May 2016
It is with great pride that we share with you our first Froedtert & the Medical College of Wisconsin health network report that spotlights nursing practice across our hospitals and clinics. Nurses play an integral role in the care of our patients, with many unique opportunities to participate in and lead the transformation of health care. You will read about the significant contributions Froedtert nurses have made to improvements in care, adding value in the ever-challenging and changing health care environment.

Our results, indeed, show the incredible impact our nurses have made on patient outcomes, whether it be directly related to the practice of nursing or through collaborative practice with members of the interprofessional team. From coordinating care to preparing for the innovative management of a new patient population’s complex care to addressing the unique needs of patients and families during their most difficult moments in life, our nurses are excelling.

We are immensely grateful for the differentiating level of knowledge, skill, compassion and commitment that Froedtert nurses bring to our hospital and clinic settings. The stories contained in this inaugural report exemplify the culture of nursing excellence that is evident across our system. It is our privilege to share these stories with all of you.

With Regards,

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

Teri Lux, MSN, RN, NE-BC
Chief Nursing Officer and Vice President
Patient Care Services
Community Memorial Hospital and St. Joseph’s Hospital

Nurses Contribute to Transforming Care

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Words of Thanks

“Our patients depend on us during their times of need. Patient trust in our compassion and in our guidance is imperative for an optimal result. That essential trust is largely earned from each patient by our nursing staff – explaining, listening and caring.”

Lee A. Biblo, MD • Chief Medical Officer, Froedtert Hospital and Medical College Physicians

“I cannot emphasize enough the critical importance of our Community Physician nurses, as our care teams grow, evolve and focus on truly advancing the health of our population. Our nurses’ expertise and the connection they make with patients, their families, our providers and the communities we serve is at the core of an effective patient-centered medical home.”

John B. Butler, MD • Chief Medical Officer, Community Physicians

“The delivery of high quality and effective patient care requires the active engagement of the entire care team. I am proud of our partnership with the excellent nurses, nurse leadership and the entire professional care team that delivers on the Froedtert & MCW mission.”

Patrick Gardner, MD, FCAP • Associate Vice President, Medical Affairs, St. Joseph’s Hospital

“Health care is a team sport. When our patients have an exceptional experience, it is because of the collaboration between nurses, pharmacists, physicians, therapists and others. I am thrilled to thank my nursing colleagues for their dedication to patient care.”

David Goldberg, MD • Vice President, Medical Affairs, and Chief Medical Officer, Community Hospital Division

“I am deeply appreciative of the interprofessional teamwork and collaboration between Froedtert & the Medical College of Wisconsin nurses, physicians and advanced practice professionals. Our combined efforts have led to better care for our patients and their families and to national recognition of our health system by Truven and University HealthSystem Consortium. Thank you all for making us proud to provide and receive care at Froedtert & MCW and for contributing to a healthy work environment.”

Jonathon D. Truwit, MD, MBA • Enterprise Chief Medical Officer, Froedtert & the Medical College of Wisconsin
A Healthy Return Home Takes a Village

Teamwork makes a successful transition from hospital to home possible for patients. Nurses play a major role in that teamwork, known as care coordination rounds.

Care coordination rounds, or standardized, daily rounds with key care team members, are designed to improve care for individuals in the inpatient environment. The rounds bring care team members to the table to discuss the plan for the patient’s stay. They help patients and families have a realistic expectation of when they will be discharged, the reasons behind that decision and their plan of care. Nurses drive updates from each member of the care team, sharing information and making appropriate follow-up after the discussion.

“I like that representatives from all disciplines are in the same room,” said Michele Ma, BSN, RN, who has held the role of discharge flow coordinator at Froedtert & the Medical College of Wisconsin Froedtert Hospital. “For example, with some of the cases, the staff from Pharmacy will voice concerns for things we may not think about such as issues regarding medications as an outpatient.”

Care coordination rounds team members include a discharge flow or shift coordinator, physician, bedside nurses, nurse educator, clinical nurse specialist, case manager, social worker, pharmacist, physical/occupational/speech therapist, respiratory therapist and dietitian.

Michele adds, “I also like that therapists will give insight. If a nurse thinks a patient is at a certain level of activity, therapists can shed light on the patient’s status from his or her perspective of training and experience. By reviewing with the therapists what each patient might need once he or she leaves the hospital, we can order needed adaptive equipment ahead of time so patients and families do not have to wait for delivery of equipment on their discharge day.”

A Best Practice

Research demonstrates that care coordination rounds enable a more consistent, patient-centered coordination process. Organizations practicing rounds see fewer adverse events, reduced length of stay and higher patient and family satisfaction.

The interaction with the patients and their families is a key component. Nurses talk with their patients to find out if the patients or families have any concerns about their care plan. Nurses let them know what to expect next: that they will share the concerns with the care team and that someone will follow up with them.

Since implementing the rounds at each hospital in the Froedtert & MCW health network in 2014, coordination of key patient discharge planning items such as transportation and notification of patient/family of discharge has improved. Teams have established an improved framework for the rounds, including a facilitator and a follow-up log. Hospitals in the health network have had improved outcomes as a result of the rounds, including a sustained decrease in overall length of stay and improved patient satisfaction.

Care coordination rounds also contribute to higher staff engagement and coordination.

Said one nursing director, “Getting care coordination rounds off the ground required an extra breath, an extra bit of patience and understanding by all. But now we find ourselves wondering why we waited so long.”
Nurses are on the front lines of care at Froedtert & the Medical College of Wisconsin Froedtert Hospital. They are on the leading edge of something else, as well: quality improvement initiatives.

“We have had multiple wins within the cancer service line,” said Tina Curtis, MSN, MBA, RN, NEA-BC, the director of Outpatient Cancer Services at Froedtert Hospital. “We’re so fortunate to have clinical nurses so engaged in improving care with other members of the team. They work through issues and enjoy success that, ultimately, benefits both patients and nurses.”

A recent project focused on the blood and marrow transplant (BMT) and leukemia patient populations. The project explored opportunities to enhance care and collaboration between the inpatient and outpatient settings to reduce readmissions within 30 days of discharge.

The first intervention identified was the implementation of a dedicated clinical nurse focused on the care coordination of BMT patients. Rena Sieracki, RN, who works on BMT and 4NT Hematology/Oncology at Froedtert Hospital, is currently in the flow coordinator role. She screens BMT patients for respiratory illness via telephone prior to admission. This prevents the patient from being admitted, discharged for illness/inability to receive high dose chemotherapy and readmitted days later. Rena works collaboratively with the team and attends daily clinical rounds to plan for discharge and assure patient readiness. She also facilitates scheduling follow-up appointments to begin the outpatient plan of care prior to discharge.

The second intervention to address readmissions was the organization and coordination of interprofessional, multi-area team meetings to support transitions of care for the leukemia patient population. The team includes staff from across the continuum of care, including clinical nurses, advanced practice nurses, nurse managers, pharmacists, physician assistants and physicians. Weekly group discussion includes clinical management of hospitalized patients, expected dates of discharge, and patient-specific issues that affect outpatient care and planning. The group has also addressed systems issues including patient flow, coordination of care, standardization of expectations and patient education. The intervention relied on a strong team environment focused on patient-centered care.

As a result of the interventions, readmission rates decreased by 20 percent in the leukemia population and 28 percent in the BMT population. “There is value in having a nurse who is dedicated to the discharge planning process, and who facilitates patient follow-up and collaborates effectively with providers, other nurses, and patients and families,” said Kelly Acker, BSN, RN, OCN, BMTCN, a nurse manager on BMT and 4NT Hematology/Oncology at Froedtert Hospital. “Creating a structure in which care team members from across the care continuum can discuss patient care issues, plan for transitions, and tackle systems issues clearly addresses patient readmissions.”

Froedtert Hospital nurses created a structure and processes that ensure communication, continuity and patient-centered care while enhancing the relationships of the care team. The nurses are continuing their efforts with the team to sustain the empirical outcomes of decreased readmission rates for their patients.

With Froedtert Hospital nurses’ dedication to ongoing quality improvement and high-quality care, decreasing readmissions is one of many initiatives aimed at improving patient outcomes and clinical effectiveness.
Nicole Anderson, 26, of Milwaukee, was like many new mothers. She wanted to provide her baby the nutritional and nurturing benefits of breastfeeding. After giving birth to her first child, Noah, Nicole’s nurses and a lactation consultant at Froedtert & the Medical College of Wisconsin Froedtert Hospital assisted her with breastfeeding. However, the seemingly natural task proved more difficult than she anticipated.

Nicole was determined to breastfeed. She went to her follow-up appointment a few days later at Froedtert & MCW Greenfield Highlands Health Center. Family medicine physician Kirsten O’Quinn, MD, recommended a visit with Reba Meindl, BSN, RN, CLC, a certified lactation counselor at the health center.

“I was extremely motivated to breastfeed, but I didn’t know a lot about it and hadn’t done a lot of research,” Nicole said. “Reba was really good at explaining things to us to make sure we knew how the process worked before trying to get him to latch. We finally got Noah to latch on once, which was very promising!”

After taking him back home again, Noah resorted to his old habits of wanting the bottle, mixed with promising moments of latching on. “It became clear Noah was impatient as he wasn’t getting immediate milk from my breast as he was from the bottle,” Nicole said.

Still determined, Nicole returned back to the clinic a few days later with her mother and husband for more lactation counseling. The advice resulted in a few more successful latching attempts the following week.

“In our lactation sessions, I observed the latching process to see how Nicole was interacting with Noah to figure out what was going well and what wasn’t going well,” Reba said. “Nicole was very determined to breastfeed and fortunately had a lot of support from her husband and mother.”

“While I am not getting him to latch exclusively every time, I am able to pump on days he won’t nurse,” Nicole said. “If I hadn’t met with Reba, I probably would not be breastfeeding today.”
The Froedtert & the Medical College of Wisconsin health network provides comprehensive lactation services by registered nurses at each of its three hospitals and in many of its health centers and clinics. Froedtert Hospital, St. Joseph’s Hospital and Community Memorial Hospital birth centers have specially trained nurses with advanced certification as International Board Certified Lactation Consultants (IBCLC), who are experts in the clinical management of breastfeeding.

“To receive IBCLC, there’s a rigorous board exam and many required hours of patient contact,” said Regina Hirt, RN, IBCLC, who works at Community Memorial Hospital. “We work as a team to provide comprehensive lactation services to new moms in the hospital and those in our outpatient clinics.”

Regina, other lactation experts and nurses within the Froedtert & MCW health network are focusing on increasing exclusive breastfeeding rates, which urge moms to continue breastfeeding or pumping for at least one year. “Many new moms start breastfeeding or pumping but tend to give up, especially when they return to work, so we are working to improve this.”

IBCLC RNs partner with Milwaukee County’s Women, Infants and Children breastfeeding coordinators to encourage breastfeeding after new moms leave the hospital and return home.
In Families’ Most Intimate Moments, Nurses Make the Difference

Trained to provide the best clinical care possible at the bedside, nurses are often called on for much more. On the front lines of patient care, nurses not only take physical care of their patients but provide emotional encouragement to them and emotional support to their families. Many go above and beyond as they provide comfort to families dealing with bittersweet experiences inside the walls of our hospitals. Laurie Johnson, BSN, RN, CCRN, a registered nurse in the Intensive Care Unit (ICU) at Froedtert & the Medical College of Wisconsin Community Memorial Hospital, did just that last year.

On a crisp October day, father and son Dennis and Dylan Kaul headed out for an afternoon jog on the Bugline Trail in Menomonee Falls. As they ran, they enjoyed catching up; Dylan was visiting from out of town for a family wedding the next day. In fact, that evening Dennis and Linda Kaul would host the rehearsal dinner for their son, Willy, who was to be married the next day. Dennis had been preparing, he was set to officiate the wedding ceremony as well.

That same October afternoon, Laurie, a 14-year veteran in the ICU, was checking in on her patients. The unit was relatively quiet as a code was called alerting critical care staff to a medical emergency in the Emergency Department arriving via ambulance in a few minutes. Laurie’s charge nurse was tied up with an ICU patient, so Laurie quickly responded to the call.

As they rotated providing cardiopulmonary resuscitation to the victim, Laurie was relieved by another Emergency Department (ED) staff member. She watched as life-saving efforts were performed on Dennis, age 65, and realized he was the same age as her own father. Laurie looked around the ED and noticed Dylan standing in the trauma room as well. Watching his father fight for his life, Laurie quietly approached Dylan and gently explained the situation and asked if anyone else was here that would like to be present.

Laurie learned that Dylan was Dennis’ son and had actually started CPR while on the Bugline Trail shortly after his collapse before the ambulance arrived. Dennis’ situation was critical and Laurie asked if there were other family members that should be contacted. While Dennis remained unconscious, he was stabilized and admitted to the hospital where Laurie continued to care for him in the ICU. As family quickly filled Dennis’ room, Dylan explained about Willy’s wedding, planned for the next day. Family stayed at the bedside knowing the outcome would not be what they had hoped. The Kaul family asked Laurie if a ‘wedding ceremony’ of sorts could be held in Dennis’ room, so he could ‘attend’ Willy and Stephanie’s wedding.

Her schooling in the nursing program at the University of Wisconsin-Madison had not prepared Laurie for this request. Fueled by pure compassion and allowing her heart to take the lead, Laurie quickly jumped into action. Randee Zitelman, a chaplain with Spiritual Services at Community Memorial Hospital, was contacted and she would officiate Willy and Stephanie’s wedding and Dennis would be listening. Food and Nutrition Services quickly delivered a pan of brownies – the makeshift wedding cake.
Medicine dispensing cups filled with sparkling juice would accompany the wedding toast. Dylan read the words that his father had written for the ceremony, but would never be able to speak.

With intensive care and other hospital staff members to lend support, Laurie watched as Willy and Stephanie exchanged vows at Dennis’ bedside. About 15 family members attended the wedding in the ICU. The wedding was emotional for everyone … tearful, heartbreaking and bittersweet. While not exactly as Dennis’ family had hoped, he was a part of his son’s wedding after all, thanks to the efforts of Laurie and staff at Community Memorial Hospital.

“Standing back and watching the wedding, it was heartbreaking,” said Laurie. “I stepped away for a moment to regroup, knowing I had to keep it together for Dennis, Dylan and the entire Kaul family.”

Dennis Kaul died the next day.

Throughout her nursing career, Laurie has touched the lives of thousands of patients and their families. Some have tugged at her heartstrings more than others; some have developed into life-long friendships. Laurie still keeps in touch with the Kaul family, now more than a year since that October day at Community Memorial Hospital. When looking back, Laurie described the bedside wedding as “the most beautiful gift to be a part of.” Coping with the emotions of each patient’s situation is among the challenges nurses face every day.

At the insistence of a nursing colleague, Laurie wrote an essay about the events of that day. “It brought back all of the emotions, but was also therapeutic,” Laurie said. The essay was submitted to the BloodCenter of Wisconsin as part of an application for the Joan Heimler Legacy of Life Scholarship.

The $2,000 continuing education scholarship began in 2010 and is awarded annually by the BloodCenter of Wisconsin to a registered nurse who supports organ and tissue donation while demonstrating compassionate care for patients and families. The scholarship carries the name of Joan Heimler, a critical care nurse known for her work in establishing the Wisconsin Tissue Bank, part of the BloodCenter since 2010.

Laurie’s essay and efforts were recognized on April 23, 2015, in Treiber Conference Center at Community Memorial Hospital as she was awarded the 2015 Joan Heimler Legacy of Life Scholarship by representatives from the BloodCenter of Wisconsin and Joan Heimler. Several members of the Kaul family were able to attend the award presentation and Dylan spoke on behalf of the family, expressing thanks for Laurie’s compassion and thoughtfulness in caring for his father and their entire family during an extraordinarily difficult time.

As part of the scholarship, Laurie was able to attend the American Association of Critical Care Nurses’ 2015 National Teaching Institute & Critical Care Exposition held in San Diego, California. Laurie was able to attend various educational and inspirational sessions designed for critical care nurses.

Laurie’s effort to fulfill a family’s wish is one story among many in our health network where nurses have gone above and beyond to care for our patients. The heart of our nursing staff enables us to deliver exceptional care at the bedside to every patient, every time.

Teri Lux, MSN, RN, NE-BC, Chief Nursing Officer and Vice President, Patient Care Services (right), presented Laurie Johnson, BSN, RN, CCRN, with the DAISY Award, which recognizes caring nurses.
As the region’s only health network with an academic medical center, the Froedtert & the Medical College of Wisconsin health network has long been on the leading edge of research, education and caring for patients with complex diseases and conditions. This extends to our role as a regional resource for public health challenges. Even with well-researched protocols and processes in place, preparing for the threat of Ebola Virus Disease, a devastating disease that gripped several African nations in 2014-15, required the vigilance and dedication of professionals throughout our health network, including nurses.

While we never treated an Ebola patient during the outbreak, teams across every health care setting rose to the challenge the disease presents, going above and beyond their daily work to ensure our health system is prepared. Their work resulted in Froedtert Hospital’s attaining the federal government’s highest level designation for an Ebola Treatment Center. Protocols were put in place throughout the health network to screen individuals in clinics and emergency rooms for the disease. If a patient with suspected Ebola should arrive at one of our community hospitals or clinics, the individual would be transported, if appropriate, to an isolation unit at Froedtert Hospital, the academic medical center campus.

Growing Awareness

Never insulated from world health matters, the clinical care staff at our health network’s hospitals and clinics were aware of the growing Ebola crisis taking place in Africa since the spring of 2014. The Ebola outbreak was a stark reminder to health care facilities in the United States that they need to maintain awareness of disease threats in other countries and be prepared to deal with them, as diseases can spread with travelers.

The staff had been working diligently, out of an abundance of caution, to prepare for the possibility of caring for a patient with suspected or confirmed Ebola. In fact, hospital leaders were so interested in being able to protect our staff from infectious disease and being able to effectively care for such patients, they reached out to Emory University, Atlanta, which treated the first patient in the United States for Ebola. Ebola is a challenging disease for which to prepare, as it can be found in almost every body fluid, including sweat, tears and saliva. That means staff must wear personal protective equipment (PPE) that covers them from head to foot and all aspects of patient care need to be carefully thought through to avoid exposure.

The challenge of caring for such a patient hit home when a Wisconsin resident, returning from Africa and voluntarily self-monitoring for Ebola symptoms, chose Froedtert Hospital as her go-to health care facility if she were to show any signs of the disease.

“I was humbled by the commitment of the staff in the emergency department and elsewhere to adjust quickly to evolving procedures and remain steadfast in their mission to care for all patients who may seek treatment.”

– Julie Chappelle, BSN, RN, CEN
Educator Coordinator
Froedtert Hospital Emergency Department

Nurses Integral to Active Readiness Amid Threat of Special Pathogens
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With all hands on deck, the hospital immediately activated a plan built on recommendations from the U.S. Centers for Disease Control and Prevention (CDC), involving triage, isolation facilities with ante rooms, screening blood tests for travel-related diseases, transport of specimens, staffing on weekends and planning for management of a patient. Froedtert Hospital nurses were integral to the preparations and development of the plan.

Looking back on similar preparations across the network, Mary Williams, BSN, RN, CIC, infection control and prevention specialist at St. Joseph’s Hospital, said “I’m proud we strategically included the right ancillary staff to maximize efficient patient care while still minimizing the potential for exposure throughout the hospital.”

The hospital Ebola Readiness Team met regularly to optimize the hospital’s protocols and preparations. Top on that list was the PPE, with dozens of donning and doffing practice sessions held and sourcing of equipment that could withstand the necessary wear. The team spent time planning and conducting drills. Nurses at Froedtert Hospital led these efforts, with extraordinary attention to detail, recognition of the need for pristine PPE compliance and charting the direction for high-quality patient care while facilitating staff and patient safety.

“I was humbled by the commitment of the staff in the emergency department and elsewhere to adjust quickly to evolving procedures and remain steadfast in their mission to care for all patients who may seek treatment,” said Julie Chappelle, BSN, RN, CEN, educator coordinator with the Froedtert Hospital Emergency Department. Kara Reyes, BSN, RN, CCRN, staff RN/educator with the Froedtert Hospital Resource Pool, noted, “As more information was learned about the disease, new guidance was put out from the CDC and other agencies, and we adapted our preparation efforts accordingly. It challenged us to be nimble.”

The undertaking also highlighted the importance of teamwork. “I think the most important lesson learned in regards to the Ebola crisis was the need for even more cross-department discussion and preparation,” said Chris Mol, BSN, RN, MBA, COHN-S, project manager with Occupational Health Services. His involvement demonstrates the collaboration among professions, from critical care physicians planning the precise treatment for potential patients to Occupational Health nurses ensuring potential caregivers are appropriately protected. “Ebola provided the impetus for high level isolation capability, but it certainly will not be the last,” Mol said.

Active Readiness

While the most recent outbreak of Ebola in Africa has mostly subsided, the Froedtert & the Medical College of Wisconsin health network remains at the ready for potential cases of Ebola Virus Disease and other special pathogens.

Health care workers are advised to “think Ebola” and apply what they’ve learned to prevent the risk of more common infections. While more common infections do not require as specific a level of PPE, we are still reminded of the rigor that should be demonstrated with all PPE to protect ourselves and our patients and prevent the spread of disease.

A unit at Froedtert Hospital remains ready to provide the high level patient and staff safety for the care of patients with special pathogens, Ebola or otherwise, if or when the need should arise.

As a health system with an academic medical center that is dedicated to scientific research, patient care and teaching the next generation of health care professionals, we can appreciate the complex efforts it took to quickly develop and bring an Ebola vaccine to fruition. The results thus far are promising. Our nurses, along with the rest of the interprofessional team, have worked tirelessly to prepare for the threat. The hope now is that a vaccine will mean a tragedy of this scale can never be repeated.
In both cases, nurses turned to Froedtert & the Medical College of Wisconsin nurse informatics specialists to help develop system-wide solutions. Nursing informatics is the specialty that helps improve nursing practice by combining nursing science with other sciences, including various informational and analytical branches. The Froedtert & MCW health network has almost 40 nursing informatics specialists who help identify and troubleshoot issues, as well as design, develop and implement informatics solutions and technologies.

“They function as coordinators, integrating with clinical departments as primary go-to people to build and implement within the electronic health record (EHR),” said Renee Hinkel, MSN, RN-BC, executive director of clinical informatics and certified in informatics nursing. “They bridge the gap between technology and patient care.”

“I rely on them to be our computer experts and help us identify what we can and can’t do in the EHR,” said Rose Gaskell, BSN, RN, director of special projects with Froedtert Hospital.

When the most recent phase of the EHR went live, the existing OR pre-procedural checklist was converted to an electronic flow sheet. Because the flow sheet was lengthy with many redundancies, it was time-consuming and difficult for inpatient nurses to complete. Revising the flow sheet would improve the effectiveness of the tool and enhance communication between inpatient units, the operating room and the post-anesthesia care unit.

A workgroup involving nursing informatics and clinical nurses was able to significantly reduce the flow sheet rows during a two-day workout/change management session. “There was a great collaboration and discussion between everyone involved,” said Nicole Ladwig, BSN, RN, CMSRN, a staff RN/educator on 8NT at Froedtert Hospital.

“Decreasing repetitive and unnecessary documentation increases the efficiency of patient care,” said Leslie Dittus-Yaeger, BSN, RN, senior nursing informatics specialist.

In the case of assessing patients’ post-procedure risk for respiratory issues, nursing informatics built an evidence-based scoring tool into the EHR and the alerts that go to nurses and providers. Michelle Lambert-Webb, RN, BSN, nursing informatics specialist, met with nurses, providers and respiratory therapists to determine workflows, assure the tool would meet needs and assist in educating staff on the new protocol. “The tool is very important because it can identify patients who may be at risk for complications after receiving opioids and/or sedatives. We have already seen improvements.” She adds, “This tool assists in determining the type of post-procedural monitoring needed by the patient.”

These are just two recent examples of the impact that nursing informatics has on patient care throughout our health network.

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Nurses had a cumbersome, inefficient pre-op checklist that needed to be changed.

Nurses and other members of the interprofessional team needed a way to proactively assess and prevent respiratory complications in post-procedure patients.

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In the digital world, nurses had a cumbersome, inefficient pre-op checklist that needed to be changed. Nurses and other members of the interprofessional team needed a way to proactively assess and prevent respiratory complications in post-procedure patients.

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St. Joseph’s Hospital nurse Heather Lee, BSN, RN (right) talked with patient Rose Johnson to gather information prior to surgery.
Nurses’ Unlikely Reunion Draws National Attention

Froedtert Health nurses skillfully and compassionately care for thousands of patients each year. But who’s taking care of Froedtert nurses? An unlikely reunion between two women shows how the deeply rooted sense of caring of nurses never fades.

Lynn Bartos, RN, has been a nurse for more than forty years. For the last 14, she’s been a nurse in the Froedtert & the Medical College of Wisconsin Neurosciences Center. Over the years, she’s cared for thousands of adults and children.

Lynn is also a patient being treated for rheumatoid arthritis at Froedtert Hospital.

Back in the late ‘80s and early in her nursing career, she worked in the Gastroenterology Clinic at Children’s Hospital of Wisconsin. It was there that she struck up a very special relationship with a young girl hospitalized numerous times and a “frequent flyer” in the clinic where Lynn worked. The young girl was being treated for a complex disease that occurs due to the loss of a portion of the small and/or large intestine. Lynn remembers the little girl’s nickname was Nee Nee.

Nee Nee grew up and goes by the name of Nicole.

Last summer, Lynn was receiving treatment in the Infusion Clinic at Froedtert Hospital and mentioned to the nurse giving her the infusion that years ago she worked at Children’s Hospital. The nurse recalls that something about Lynn “seemed familiar.”

And then it clicked. “Are you Nee Nee?” Lynn asked the nurse.

Nicole nodded. Those words brought tears to Lynn’s eyes. “It’s so very heart-warming especially since this sick child became a nurse and is now caring for me.”

Lynn continues to work in the Neurosciences Clinic and receives monthly infusions. Nicole Krahn, RN, continues to care for Lynn when she visits the Infusion Clinic.

News media coverage of this story inspired other nurses and the public alike when it aired on national television and appeared online.

How Lynn and Nicole’s Story Inspired People Nationwide

This incredible story received extensive coverage, including:

- Milwaukee Journal Sentinel
- CBS Evening News (aired on 113 CBS affiliates)
- CBS Sunday Morning
- Today.com
- USA Today.com
- ABCNews.com

“This is just what I needed. It is definitely a gift, because now I know for 44 years, I made a difference in people’s lives.”

– Lynn Bartos, RN
Nurses must be caring, responsible, intelligent, skillful, empathetic, detail-oriented, flexible, and have strong problem-solving and communication skills, just to name a few qualities.

While Froedtert & MCW nurses advance their knowledge and skills through formal education and training, they also continue to teach and learn from each other. One way in which they accomplish this is through Nursing Grand Rounds, which have been an asset to Froedtert Hospital nurses for many years. The health network’s community hospitals, Community Memorial Hospital and St. Joseph’s Hospital, are starting to reap the benefits after beginning Nursing Grand Rounds in summer 2014.

Nursing Grand Rounds are educational forums in which Froedtert’s nurses present research about best practices in patient care. Multiple sessions of each topic are held monthly at Froedtert Hospital and quarterly at the community hospitals to accommodate the schedules of nurses and give them an opportunity to attend.

“All of our Nursing Grand Rounds are evidence based,” said Teri Lux, MSN, RN, NE-BC, vice president of patient care services and chief nursing officer for the Community Hospital Division. “They provide nurses with evidence for the specific actions they're taking in patient care. Some are based on our own nursing research. They are an excellent opportunity for nurses to share and learn new knowledge and best practices.”

“Nursing Grand Rounds facilitate the development of critical thinking expertise and engage nurses in peer review to meet the complex needs of our patients and positively influence clinical outcomes,” said Kathy Bechtel, MSN, RN, NE-A-BC, vice president of patient care services and chief nursing officer for Froedtert Hospital. “The rounds help promote care innovations and improvements.”

Nurses’ learning needs are identified through educational needs assessments, the shared governance process, or through quality data, which then can become topics for Nursing Grand Rounds. Nurses attending Nursing Grand Rounds often offer suggestions for future topics. Presentations provide nurses the ability to earn continuing education contact hours.

“The Nursing Grand Rounds have long taken place at Froedtert Hospital, and we’re looking to grow them in our community hospitals,” Lux said. “They’re an important tool to help us meet the needs of the nursing staff, and ultimately the patient. They help provide our nurses with the resources and education they need to care for our patients.”

A recent Nursing Grand Rounds at Community Memorial Hospital focused on coping as a caregiver.
Froedtert Hospital Feature

Journey to Third Magnet® Designation

As part of a health network that includes an academic medical center, Froedtert & the Medical College of Wisconsin staff and providers continually raise the bar and demand the very best of themselves for the benefit of patients. So it was a natural decision for Froedtert Hospital to continue the journey to be recognized for the third time by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program.® Magnet® designation is the highest level of recognition for excellence in nursing services.

In January 2016, the Commission on Magnet Recognition granted Froedtert Hospital its third Magnet designation, following previous designations in 2006 and 2011. According to the ANCC, only seven percent of hospitals in the U.S. are Magnet-designated, along with another seven hospitals internationally.

Upon receiving the prestigious international designation for the third time, the Commission on Magnet Recognition recognized Froedtert Hospital with four exemplars. Exemplars are considered to be areas of extraordinary performance and included:

- The level at which clinical nurses contribute to interprofessional organizational teams that result in care improvements, such as earlier detection of patients with sepsis resulting in a decrease in sepsis mortality.

- The extent to which nurses are involved in interprofessional collaboration to ensure improvements in care coordination and continuity of care, such as improved overall length-of-stay resulting from care coordination rounds.

- The prevalence of clinical autonomy, with nurses having the ability to make independent nursing care decisions and be extensively involved in shared decision-making, including shared governance and unit committees/councils. A few examples among many include the Emergency Department improvements in caring for trauma, stroke and acute coronary syndrome patients; the Cancer Center cystectomy protocol development; the Internal Medicine Clinic implementation of rounding in waiting areas; and Code Orange personal safety improvements that were initiated in two inpatient units, 2NT and 5NW.

- The widespread incorporation of evidence-based findings into practice by clinical nurses, with exceptional resources for evidence-based practice and nursing research. Nurse scientists, clinical nurse specialists, a medical librarian, shared governance councils, and the Froedtert Hospital Foundation are examples of resources and support that have led to numerous practice changes based on evidence, including early mobility, four eyes skin inspection, teach back patient education, and real-time telephone triage, among others.

Magnet designation is the gold standard for excellence in nursing care. The evidence is clear: Magnet-designated organizations are associated with better patient outcomes, such as lower rates of mortality and decreased pressure ulcers and patient falls. Magnet hospitals have professional nursing practice environments that are stronger, resulting in higher RN satisfaction; this contributes to lower RN vacancy and turnover rates.

“In other words, in Magnet organizations, the environment supports nurses doing their best, top-of-license work,” said Kathy Bechtel, MSN, RN, NEA-BC, vice president, patient care services, and chief nursing officer at Froedtert Hospital. “The exemplars identified by the Commission on Magnet Recognition clearly demonstrate the active engagement of our nurses and their ownership of high-quality nursing practice.”

Achieving Magnet designation requires hospitals to prove they provide superior quality in nursing care as evidenced by performance outcomes. An organization that reapplies for Magnet recognition must provide documented evidence of how Magnet concepts, performance and quality were sustained and improved over the four-year period since the hospital received its previous recognition. The designation process is rigorous and validates that nursing excellence is present and sustained in all areas where nursing is practiced.

“It is the ongoing commitment to excellence at Froedtert Hospital that led to the achievement of our third Magnet designation,” said Julie Gruver, MSN, RN-BC, Magnet program manager. “Our patients benefit from high-quality care with exceptional clinical outcomes and our nurses excel in the Magnet practice environment that supports their autonomy. We are all immensely proud of this validation of our nursing excellence.”

(pictured above) Nurses at Froedtert Hospital celebrated the milestone of achieving Magnet status for the third time.
Many thanks to our nurses, who make healing possible.

We’re proud of the more than 2,800 nurses who choose to practice with Froedtert Health—and we take seriously our promise to help them develop, achieve and fulfill their commitment to delivering the highest quality care. We thought it would be fitting to hear from a few of our nurses—and we invite you to continue the conversation with us.

What Is Possible in nursing.

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I was so nervous to start my first job after having graduated nursing school. From the moment I stepped off the elevators, I felt at home. Everyone was so nice and helpful; they made me feel like they were truly excited that I was joining the team. I honestly believe I could not have picked a better hospital at which to start—and develop—my nursing career.

**Natalie Goniu**
Staff RN, GI/Internal Medicine

Working at Froedtert Health has helped me grow into my position as an ICU RN. We experience daily advancements in cardiovascular medicine, which has helped me broaden my knowledge base. I have learned that teamwork is essential in providing quality patient care. This is the place to be if you want to be a leader in innovative health care!

**Elizabeth Sievert**
Staff RN, CVICU

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Since my first day, I have been encouraged, guided, managed up and essentially built into the nurse that I am today. Our orientation program allowed me to learn, train and develop my skills with the guidance of experienced peers. Froedtert Health is committed to its nurses and, for that reason, nurses are committed to Froedtert Health.

**Alicia Brinkmann**
Staff RN, Surgical Specialties

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We are an Equal Opportunity Employer that values diversity and inclusion in our workplace.