On the cover, Erika Kirst, RN, Women & Infant Services
HSHS St. Nicholas Hospital
Health care as an industry continues to go through rapid transformational change. One of the things we can count on is our nurses—our Superheroes in Scrubs—to be advocates and partners for our patients.

Our nurses are truly superheroes. They are the ones who “come to the rescue,” who make sure that our patients receive the best possible care, who research and implement advances to make our hospitals and the care we give better.

One of our Superhero teams is our Division’s Professional Nurse Practice Council (PNPC). This group of amazing nurses represents their peers from all of our hospitals. They are empowered to lead the practice of nursing within HSHS - Eastern Wisconsin Division.

PNPC has implemented many impressive efforts, some of which are featured in this publication. And all of their actions are carried out as part of our Franciscan Inspired Care Delivery model, where the patient is at the center of all actions. Our entire health care team is part of Franciscan Inspired Care Delivery. Our nurses are integrally tied to the therapists, food and nutrition colleagues, housekeepers, facilities teams and countless others who directly or indirectly impact our patients and families.

Working together toward a common purpose allows us to achieve our mission and put our patients first. We do this through our four key strategies:

• Advance Mission
• Embrace Excellence
• Develop People
• Drive Value

These strategies mold our organization and are brought to life by our colleagues. This report highlights initiatives in each of these strategies and the many ways we are committed to continuing to serving more patients with our mission-driven care in the spirit of St. Francis, our patron saint.

I am honored to work with our nurses and as we make high-quality Franciscan health care come to life.

Therese Pandl, RN, FACHE
President & CEO
HSHS - Eastern Wisconsin Division
Nurses have always played a key role in successful patient experiences. That’s why we believe in giving frontline nurses a voice in developing the strategies that guide their work. This is a fundamental way for nurses to engage and participate in decisions that affect their practice and patient care.

Since 2012, our nurses have successfully formed a shared governance nursing practice that has matured and was featured in the Nurse Leader, a journal that provides nurses with the vision, skills and tools needed to succeed. I am very proud of our nurses and what we are setting out to accomplish for our patients, their families and the HSHS - Eastern Wisconsin Division.

In this report, you will see how our nurses directly impact our ability to effectively and efficiently deliver the highest quality care to patients and families. It is through experience and knowledge that they are able to translate research into evidence-based practice and continuously improve the safety and quality of care we provide. By supporting a work environment that encourages collaboration and the opportunity for personal growth and professional development, our nurses proactively take on new responsibilities to achieve change and positive, long-lasting results.

We have empowered our nurses and that, in turn, increases colleague engagement and creates positive health outcomes for our patients.

Thank you for all that you do in living our Mission.

Paula Hafeman, DNP, RN, FACHE
Chief Nurse Executive
HSHS - Eastern Wisconsin Division
Mary Martin, Chief Nursing Officer  
HSHS St. Nicholas Hospital

In health care, sometimes the only constant is change—a constant drive of process improvement to move from good to great and great to excellent. As a Division, we build continuous improvement from the bottom up, allowing frontline nurses opportunities to help drive change.

As a learning organization, we continually evaluate and modify our strategies within the shared governance nursing practice. This ensures our nurses have the current knowledge and skills necessary to provide safe and effective care, while connecting compassionately with our patients.

Change is necessary because it makes us better. Through professional development, our nurses have more opportunities to be involved and make a difference within their department and the community. Time and time again, our nurses continue to challenge strategies and processes to make improvements that positively impact the patient experience.

Our nurses model excellence in the workplace and keep professional skills current by committing to continuous professional development. Empowering nurses to continuously seek opportunities for improvement is what leads to the strength of the HSHS - Eastern Wisconsin Division.

Kay Baranczyk, Chief Nursing Officer  
HSHS St. Clare Memorial Hospital

Living our Mission, Vision, and Values and demonstrating our customer service philosophy means we must find the opportunity in every interaction to acknowledge others respectfully, address situations empathetically and connect compassionately.

Having compassion includes putting others first, imagining what they are going through and finding ways to help them cope with the situation. As our Franciscan Inspired Care Delivery Model reminds us, we must be present in the moment. Truly engaging with each other and devoting effort to listening, understanding and communicating clearly. Thus we are compelled to be compassionate in all we do, as individuals and as a Division.

Together, we can create a culture of connecting compassionately, not only with our patients and their families but with one another as colleagues. By making a conscious effort to connect and be present, we allow compassion to become ‘who we are’ instead of ‘what we do.’

I am excited about our Division’s accomplishments in nursing and patient care, and the framework for excellence we have developed.
The Professional Nurse Practice Council (PNPC) develops the Nursing Strategic Plan each spring using the HSHS and our Division Strategic Plans as a foundation. Input is sought from all nursing colleagues through Unit Based Practice Councils and our Nurses Notes newsletter.

### Franciscan/Mission Integration/Service—Advance Mission

- Improve overall nursing results of patient experience by 10%.
- Increase patient participation in their care through 90% compliance with bedside safety checks (patient engagement).
- Lead the roll out of Franciscan Inspired Care Delivery Model.
- Standardize nursing practices through policies, procedures and education utilizing best practice. (Nursing Leadership Council).
- Increase nursing participation in our Franciscan Heritage by 10%.

### Quality/Care Integration—Embrace Excellence

- Lead fall prevention as evidenced by 20% decrease in falls (WHA collaboration).
- Improve medication safety as evidenced by 5% increase in good catches in incident reporting system.
- Develop innovative Pharmacy and Nursing strategies as evidenced by 10% increase in HCAPs communication about medication.
- Achieve 0 hospital acquired stage 3 and 4 pressure ulcers (WHA collaboration).

### People—Develop our People

- Improve engaged nurses in the Colleague Engagement Survey to the 50th percentile.
- Increase participation in the Professional Development Plan by 5%.
- Increase physician perception of nursing as evidenced by 10% increase in physician engagement survey nursing results.
- Increase nurse educational preparation to BSN or higher by 5% (80% BSN prepared nurses by 2020).

### Stewardship: Operations and Finance—Drive Value

- Improve patient discharge process as evidenced by an improvement in our HCHAPs discharge results by 10%.
- Transition patients across the care continuum using Palliative Care, HHC referrals, Unity Hospice, SNS Hospice as evidenced by 10% increase in usage of these services.
- Promoting fiscal responsibility in nursing including standardizing five supplies across the division.

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**Mission**

To reveal and embody Christ’s healing love for all people through our high quality Franciscan health care ministry.

**Nursing Vision**

Leading the Way with Passion, Quality and Excellence.
Advance Mission

Rob Wolk, RN, Emergency Department
HSHS St. Mary’s Hospital Medical Center
Teaching RNs teach back for patient education

As we care for our patients, part of the nursing role is to make sure patients and families understand the information that is being shared using the teach back method. Teach back is a way for nurses to confirm that the message they’ve explained was clear and understood. Patient understanding is confirmed when the patient explains it back to the nurse or can demonstrate what they need to do instead of just saying, ‘Yes, I understand.’

Teach back takes practice and we want our RNs to be prepared.

In fall 2015, our Division rolled out a series of four teach back videos for nurses to become knowledgeable in using teach back to its full potential for all patient teaching. The videos offered useful tips and covered the following scenarios:

- **Call light**
- **Discharge process and medications**
- **Safety talk**
- **Hand hygiene**

“Each video is short and encourages nurses to teach something during each patient interaction instead of waiting until discharge,” said Kayla Hinch BSN, RN, Medical/Surgical Services, HSHS St. Mary’s Hospital Medical Center. “By asking questions and engaging patients in what they already know and teaching them what they don’t know, nurses are helping patients take control in managing their health.”

The goal is that when patients leave the hospital and return to their regular routine they can apply what they learned to their everyday life at home or an extended care facility. Our videos have been shared with community organizations, such as local extended care facilities and nursing schools. They are a resource that encourage integrating the teach back strategy to help nurses provide the best care for patients.

“I think the most exciting part of the teach back tip video process was the impact we could have on teaching our fellow colleagues on how to teach our patients,” said Lisa Renn, RN, BSN, CCRN, Critical Care Services, HSHS St. Vincent Hospital. “We can all learn from one another and this is a great example of how working together can not only improve patient care and satisfaction, but improve health outcomes, reduce hospital readmissions and decrease health care costs.”
Behavioral team—Franciscan-inspired

The Franciscan Inspired Behaviors Team was formed in 2015. The team is comprised of 17 Division colleagues including direct care nurses, leaders and clinical educators. Amber Chibuk, an RN in the Neonatal Intensive Care Unit at HSHS St. Vincent Hospital and team member, expressed her excitement about the team and what it symbolizes moving forward; “It’s an exciting time in health care as we move towards building a culture of respect and open communication to keep the patient at the center of our care.”

Many of us have heard stories of bullying in health care, much as we hear stories of bullying in other aspects of our lives. Bullying undermines a culture of safety. If health care providers are in situations where they are not treated respectfully, the data shows that distraction and communication breakdown can result in an unsafe environment for patients.

“We spent time reviewing professional literature regarding bullying in the workplace. It was our intent to be well informed and educated in order to establish an evidence-based and organized approach,” said Kay Baranczyk, Chief Nursing Officer, HSHS St. Clare Memorial Hospital. While comparing current literature to Division Behavioral Standards and policies regarding conduct, the team learned that the basic foundational recommendations were already in place. Moving forward would require generating awareness, providing education, completing assessment, fostering guidance and encouraging enforcement.

The team began to build awareness across the Division with a kickoff in November during National Bully Awareness Week through email, newsletter articles and other communications. This introduction was just a first step for the Franciscan Inspired Behaviors Team. Education regarding recognition of bullying, addressing behaviors, supporting colleagues and facilitating discussions utilizing Reality Based Leadership principles will continue throughout 2016. A newly developed toolkit for leaders will serve as a guide when discussing Division behavior expectations with current and new department members. Expectations include holding fellow colleagues accountable for behavior, reporting behaviors to leaders if unable to resolve, utilizing the Franciscan Inspired Care Delivery Model and adhering to Behavioral Standards.

Nurse leaders continually assess departmental culture through observations and conversations with colleagues. New colleagues have structured meetings with leaders upon starting and at 30, 60 and 90 days in order to discuss interpersonal interactions.

“The idea is to help colleagues learn to identify certain behaviors so they can advocate for themselves and others,” said Kay Baranczyk. “We need to consistently ensure an environment in which nurses are compassionate toward each other and feel safe. It is necessary not only for their well-being, but for our patients.”
Thank you—small words, big meaning

Oftentimes, thank you cards are written to express gratitude or appreciation to one another for the effort they made on your behalf.

In our hospitals, we often receive thank you notes from our patients, thanking us for their care. However, the honor is truly that of the care team, and it is for that reason, patients who are discharged receive a thank you card from their caregivers.

Across the Division, thank you cards are mailed to all inpatients. The cards are signed by the colleagues who cared for the patient during their stay. Colleagues start a thank you card as soon as the patient enters their unit. If a patient is transferred between units, the card is transferred with the patient and caregivers from the new unit add their signatures and/or messages to the card.

Sending thank you cards began at HSHS St. Nicholas Hospital a few of years ago. Then HSHS St. Vincent Hospital trialed sending thank you cards from the Ninth Floor Medical Unit. Feedback was positive and the cards expanded to other hospital floors. Now, all four of our hospitals send thank you cards and are working to standardize the process.

Caring for patients is something nurses feel called to do and expressing that gratitude is something that all caregivers think is important.

“It means a lot to our patients and makes them feel like they are more than just a room number or a case number,” said Cynthia Hummel, BSN, RN, HSHS St. Vincent Hospital Seventh Floor Facilitator.

“I believe that patients really appreciate the thank you cards. It lets them know that we care and appreciate that they chose to come to our hospital.”

Morgan Wolfgram, BSN, RN
Ninth Floor Facilitator
HSHS St. Vincent Hospital

Morgan Wolfgram, BSN, RN, Ninth Floor Facilitator, HSHS St. Vincent Hospital
signs a patient thank you card.
A Sparkling Start for 2016 creates
clean hands and better health

This year, Mission Outreach resolved to improve the health of thousands by sending the simple gift of soap on every shipping container—a goal of more than 500 bars of soap. For many that Mission Outreach serves, a simple bar of soap can mean the difference between life and death.

Participants in last year’s Larry Matthews Mission Outreach Fellowship (LMMOF) hosted ‘A Sparkling Start for 2016’ for Hospital Sisters Mission Outreach to make a difference, one bar of soap at a time. The group coordinated soap drives at all Division hospitals. The response was heartwarming and more than 3,020 bars of soap were donated to Mission Outreach!

When asked about the experience, Shirley Destache, BSN, RN, PACU, HSHS St. Mary’s Hospital said, “I was glad to be a part of this mission. Something as simple as a bar of soap can make such a difference in the lives of those living in developing nations.”

Mission Outreach addresses the serious, unmet medical needs of people in developing countries by collecting, repairing, packaging, and distributing donated supplies and equipment to hospitals and clinics around the globe.
Laurie Fischer, RN, Medical Surgical Services and IMCU
HSHS St. Clare Memorial Hospital
HSHS St. Vincent Home Health moves to Epic

The HSHS St. Vincent/St. Mary’s Home Health Department recently moved its electronic health care records to Epic. Prior to this move, a gap existed between home health nurses and providers due to differing systems. The addition of Epic helped to close that gap, streamline patient care and make transitions from the hospital setting to the home health setting significantly smoother.

The project kicked off in February 2015 and went live on August 18, 2015. With it came a few technology enhancements. All clinicians now have smart phones and can connect with Epic while in the home, send inbox messages and see all encounters.

According to the Home Health teams, the change has greatly increased efficiency and positively impacted their ability to offer safe care. The team noted they can now communicate in real time, which decreases the chance of miscommunication, medication errors, etc. They now have all of the information they need—right at their fingertips.

The implementation team consisted of Epic employees, HSHS St. Vincent IT colleagues, a project manager and nine Epic superusers or subject matter experts. The team engaged the Home Health staff and gathered their input throughout the process, so the final product was user friendly, meaningful and of the highest quality for those who would use it on a daily basis.

“A significant amount of hands-on training helped clinicians become familiar with the new system,” says Tanya Smith, Divisional Director, Home Health Services. “Our staff is very pleased with the final product and its usability, because they were involved in the planning process.”

A similar Epic rollout took place in Sheboygan in 2014 and 2015. Both transitions have been a great success and have improved the ability of our Home Health teams to provide exceptional care to patients.

“Having both home health agencies within the division on Epic allows us to share resources and standardize processes across the division. This helps us provide our patients with the same quality of care, regardless of which agency they are serviced by.”

Tanya Smith, Divisional Director
Home Health Services
HSHS St. Vincent/St. Mary’s Home Health
C. diff education — the best defense against today's superbugs

In an effort to safeguard not only our patients, but families, visitors and colleagues, the Infection Prevention (IP) team took part in a system-wide initiative to develop a Clostridium difficile or C. diff education plan.

C. diff is a bacterial infection that has many symptoms including fever, diarrhea and abdominal pain. C. diff gets its name from being “difficult” to grow in the laboratory, but is also “difficult” to kill due to the many layers that make up these bacteria.

As part of the education initiative, a C. diff bundle went live on Epic in March 2015. The bundle is a library of resources including an explanation of the bundle, patient education about C. diff, a diarrhea decision tree, bathroom cleaning protocol, guidelines for transporting a C. diff patient and hand hygiene.

Since the rollout, the IP team continues to educate all colleagues about C. diff infections, noting the risk factors, routes of transmission, patient treatment and outcomes and prevention measures. Various presentations have taken place at hospital committee leadership and department meetings. The IP team has even presented at the State of Wisconsin Annual Seminar for the Association for Professionals in Infection Control and Epidemiology.

The IP team provides a C. diff update as part of the Division’s daily safety huddle, indicating the number of community acquired versus hospital acquired cases of C. diff for each of our hospitals. This update helps colleagues identify those infections that we can have a direct impact on preventing. Prevention starts with implementing screenings and referencing the bundle to follow the correct processes to prevent the spread of infection.

The safety measures put into place such as gowning, gloving, bleach cleaning and dedicating patient care equipment to a person on isolation is to keep the bacteria out of the environment and help prevent the infection from spreading. “Every colleague can make a difference and we all have a role to play in our patients’ safety,” said Singleton. “We can control C. diff by wearing proper personal protective equipment and washing our hands with soap and water before and after each patient contact.”

“C. diff education has been extremely well received by colleagues. Since C. diff is a patient safety issue, our goal is to bring awareness to the sensitivity of the illness. We want to be reliable when we encounter a C. diff patient in order to cut down on the number of hospital acquired infections.”

Karissa Singleton, MSN, RN, CIC, Infection Preventionist
HSHS - Eastern Wisconsin Division

Cherie Cadieux, BSN, RN, Intensive Care Unit, HSHS St. Vincent Hospital, shows the proper personal protective equipment to be worn when caring for a C. diff patient.
Collaborative rounding—communication is key

Effective communication between physicians and nurses sets the stage for patient care that can boost the patient experience. In an effort to streamline the number of questions and pages regarding patient care, colleagues set out to standardize a process to make communication more effective and patient-centered.

Collaborative rounding is used on a regular basis to maximize communication and organize care plans. The process started at HSHS St. Vincent Hospital with hospitalists, nurses, case managers and pharmacists discussing every Hospitalist patient as a team on both 7th and 9th floors. Patients also receive an updated plan of care for the day.

“It’s a great opportunity to bring the team together to review charts, develop a plan for the day and to evaluate how we can improve upon care” said Jenna Evans, BSN, RN, Medical Unit, HSHS St. Vincent Hospital. “It represents a team approach and gets everyone on the same page. It’s an ongoing process that grows over time and we adjust as needed.”

The process encourages conversation, feedback and recommendations for patient care. During collaborative rounding, the team sets goals for the day which may include pending tests and consultations or anticipated discharge date. It also provides the opportunity for all disciplines involved to understand and agree upon a patient’s plan of care.

“True collaboration occurs where communication and decision making among colleagues is the norm. The biggest takeaway is the respect for each other’s roles and responsibilities because the team is committed to a common goal—safe, quality care for our patients.”

Tammy Marcussen, RN, Medical Unit
HSHS St. Vincent Hospital

Since the initial rollout of collaborative rounding, physicians are getting the information they need to plan their day; nurses are receiving the information on what they need to know about their patients; case managers are able to build a plan for discharge; and pharmacists are able to develop the medication plan and make adjustments as needed. Together, colleagues are creating organized work flows because we are discussing patient care and what we need to do to provide the best care.
Develop People

Kelly Britzke, RN, Facilitator
Medical/Surgical Services & IMCU and Hospital Supervisor
HSHS St. Clare Memorial Hospital
New in 2015!

Web-based scheduling

Spreadsheets and paper scheduling became a thing of the past as the Division rolled out the new API computerized staffing and scheduling software system in October 2015.

API puts all scheduling information in one, central location and allows for standardization across the Division. Because the software is web-based, colleagues can access their schedules from virtually anywhere with access to the internet. API also allows nurses to identify their preferred shifts, make their own schedules in rotation, pick up shifts more efficiently and indicate how to best communicate with them when there are staffing needs at the hospitals.

Flex Team deploys

The Division now has a unified Flex Team of RNs, LPNs and CNAs who can be deployed to a wide variety of departments at any one of our four hospitals. The Division Flex Team assists with fluctuating census and unexpected sick calls. Previously, each hospital campus had its own Flex Team. A Flex Team that operates as one throughout the Division helps to meet the needs of all of our hospitals, particularly the smaller ministries.

The standardization that our new, web-based scheduling system and Flex Team bring to the Division helps us to advance our mission and ultimately create a better experience for colleagues and patients.”

Kim Franzen, BSN, RN, Clinical Director Supplemental Staffing
HSHS - Eastern Wisconsin Division
Nurse Facilitators, Epic Dashboards

Enhance Patient Care

The HSHS - Eastern Wisconsin Division has dedicated, skilled and compassionate nurses who deliver high quality, reliable health care every single day. Patient care is our top priority. We will never stop looking for ways to enhance it. In 2015, two key steps were taken to do just that.

In January, retrospective audits of patient quality metrics gave way to Inpatient Clinical Dashboards in Epic. This move has enhanced the current practice of monitoring quality metrics after the patient has been discharged from the hospital.

"The Inpatient Clinical Dashboard allows me to quickly review certain quality measures and ensure that proper documentation is in place," said Erin Oshefsky, RN Facilitator, Rehabilitation, HSHS St. Vincent Hospital. "The Dashboard is a huge time-saver because all the information is in one place."

In addition, the role of the RN Facilitator was standardized across the Division to a more defined, focused role. One of their key tasks is to monitor the Inpatient Clinical Dashboards on a daily basis and coach colleagues about the importance of maintaining quality measures.

"The Inpatient Clinical Dashboard allows me to quickly review certain quality measures and ensure that proper documentation is in place," said Erin Oshefsky, RN Facilitator, Rehabilitation, HSHS St. Vincent Hospital. "The Dashboard is a huge time-saver because all the information is in one place."

An added benefit has been the opportunity to work with fellow RN Facilitators as one team across our four hospitals. All RN Facilitators now meet every other month in collaboration with Quality and People Services. Together they develop the knowledge needed to understand the importance of evidence-based care metrics and cultivate their coaching skills as front-line leaders who are advancing our quality and safety initiatives. The meetings also provide the opportunity to discuss the use of the dashboards, lessons learned and share “good catches”.

There is no final destination on an improvement journey. As we look toward the future, we know there will be new evidence-based practices from leading organizations and our quality metrics will change. However, the steps taken in 2015 have and will continue to enhance patient care thanks to the RN Facilitator’s commitment to the development and use of the Inpatient Clinical Dashboards and to all colleague’s dedication to the advancement of patient quality and safety.

The CPI Event Team that helped standardize the RN Facilitator Role in May 2015.

Row one: Ali Knight, Erin Oshefsky, Brianna Jenkins, Kathy Miller
Row two: Trisha Meulemans, Crystal Guns, Jen Witterholt, Karen Allard
Row three: Audrey Valent, Cindy Hummel, Cindy Larson
Row four: Pat Wondrash, Lisa Renn, Rebecca Mccullough
Aiming for Higher Education

The professional development and higher education of nurses is a top priority for our hospitals. Research shows that BSN-prepared nurses result in lower mortality rates, more successful patient outcomes and higher levels of job satisfaction and retention rates in hospitals.

As outlined in the Nursing Strategic Plan, the Division aims to have 80 percent of its nursing force BSN-prepared by 2020. This is consistent with the goals of the Institute of Medicine (IOM). To achieve the goal of increasing Bachelor-prepared nursing colleagues, the Division requires that newly-hired nurses without their BSN complete it within five years.

Currently, 63 percent of nurses at HSHS St. Vincent Hospital, 57 percent at HSHS St. Mary’s Hospital Medical Center, 48 percent at HSHS St. Nicholas Hospital and 46 percent of nurses at HSHS St. Clare Memorial Hospital are BSN-prepared. “These numbers are higher than most elsewhere in the state,” said Paula Hafeman, Chief Nursing Officer, HSHS - Eastern Wisconsin Division.

“Division leaders and colleagues applaud the commitment of our nurses who continue to develop professionally to meet the complex needs of our patients.”

Paula Hafeman, Chief Nursing Officer
HSHS - Eastern Wisconsin Division

A number of resources made available by the Division’s Professional Nurse Practice Council (PNPC) People Group are helping more nurses in our hospitals reach their higher education goals. The PNPC People Group hosts education fairs to introduce nursing colleagues to colleges and universities that offer traditional and online BSN programs. “This is a unique way to help our colleagues who may be interested in pursuing a BSN degree but have limited time to go to each academic institution,” said Amber Chibuk, MSN, RN, Co-Chair, PNPC People Group. “Our nurses can gather all of the information they need in one place.”

In 2015, the PNPC People Group introduced a monthly blog for Division colleagues that addresses the specific, identified and perceived barriers to educational advancement. The blog provides insight and knowledge from colleagues who are currently enrolled in programs or have completed advanced degree programs.

In addition, nurses have access to an online BSN completion program through St. John’s College, an affiliate of Hospital Sisters Health System in Springfield, Ill., for a discounted cost. Read on to meet two Division nurses committed to furthering their education.
Jennifer Konen, BSN, RN
Labor & Delivery
HSHS St. Vincent Hospital

Jennifer is one of many nurses in our Division BSN-prepared and committed to professional development. She began her nursing education in 2008 at Bellin College of Nursing, with the intent of earning a BSN. Throughout her education, she worked as a CNA and also did a nurse extern program at HSHS St. Vincent Hospital. After earning her BSN at Bellin College of Nursing in 2012, Jennifer served as an RN and Facilitator in the post-surgical unit of HSHS St. Vincent Hospital.

“I did a lot of research on the nursing profession before I started my education and I knew that earning my bachelor’s degree would be the best option,” said Konen. “With nursing, the options for higher education and professional development are endless and can help you find a job just about anywhere. Still, no matter what your education—the core roots of being a nurse are always there. When you’re a nurse, you’re a nurse at heart.”

Jennifer has also participated in the Nursing Leadership Academy (NLA) and Professional Nurse Practice Council (PNPC). Today, she cares for mothers and their new babies in the Women’s Services department. As she looks to the future, she has strong interest in going back to school to earn a Master’s degree and seek a role in leadership.

Amanda Stammer, RN
Center for Digestive Health
HSHS St. Vincent/HSHS St. Mary’s

Amanda started her nursing career by obtaining an LPN at Bay de Noc Community College in Escanaba, Mich. in 1992. She worked at St. Francis Hospital in Escanaba on the medical surgical unit as an LPN for nine months before moving to Fort Riley, Kan. with her husband. While her husband was stationed at Fort Riley, she obtained an ADN from Barton County Community College. In 1995, they moved to Green Bay and Amanda started work at HSHS St. Vincent Hospital on the Medical Surgical floor. She has been a part of our family ever since. Currently, she works in the Center for Digestive Health at HSHS St. Vincent and HSHS St. Mary’s. She is now in her final year of the BSN online completion program at the University of Saint Mary in Leavenworth, Kan.

“Obtaining my BSN has always been a goal of mine,” said Stammer. “The education that I am receiving builds on the many years of experience that I have. I learn something new every day; even on topics that I thought I had mastered. Learning how to research topics and apply the research to my practice is one of the most important things I have learned in my BSN completion program. Evidence-based practice obtained from research allows a BSN prepared nurse to give their patients the best care possible.”
Clinical Education and Research Council

The Clinical Education and Research Council provides evidence-based clinical education to nursing colleagues across the Division. “Our goal is to provide education and research divisionally to all the nurses working at the bedside in order to increase or maintain their clinical competencies,” said Sherry Willems, MS, RN, Manager Clinical Education, HSHS St. Vincent Hospital. Through training and research, the council maintains and builds upon its clinical competencies.

The Council is composed of clinical nurse specialists, clinical nurse educators and CPR instructors who ‘wear many hats’ in regards to their work. On the Council, members focus on orientation, competency and education in order to improve effectiveness and efficiency across the division. The team meets with leaders and colleagues on a daily basis to assess learning needs. Education is completed in the traditional classroom setting and at the bedside with nurses responding to questions as they arise. The Council also develops computer-based training programs and hold competency in-services and training.

The Clinical Education and Research Council is in the process of purchasing a new simulator for training. “We currently have one simulator that’s specialized for women’s health and now, through our philanthropy department, there is a donor who is allowing us to purchase another simulator,” said Sherry Willems. SimMan, a full-body simulator that can simulate anything from critical care situations to basic nurse skills, will complement the current SimMom simulator. Utilizing these simulators and other resources already in place, the Clinical Education and Research Council continues to support excellence in practice through education and research.
Professional Development Plan

Professional development is defined by the American Nurses Association (ANA) as a lifelong process of active participation by nurses in learning activities that assist in developing and maintaining continuing competence, enhancing professional practice, supporting achievement of career goals while engaging patients/families in their health care to improve patient care outcomes.

Our Division implemented the Professional Development Plan (PDP) in 2010 to encourage and recognize nurses who continue their professional development. The program is voluntary and supports nurses through:

- Formal education
- Teaching peers and others
- Mission and community work
- Continuing education and advanced certifications
- Involvement in professional organizations
- Participation in clinical leadership and shared decision-making

Our Division's PDP continues to be enhanced. It provides our nurses more autonomy to make decisions on how they would like to grow professionally—and offers them choices in all of our key strategy areas: Advance Mission, Embrace Excellence, Develop Our People and Drive Value. The PDP also offers a mentoring program that allows participants to meet with their leaders to set goals and select the PDP level they would like to achieve.

In 2015, 400 PDP participants pledged to achieve a Level II, III or IV. More than 60 percent achieved their goals and five participants from HSHS St. Vincent Hospital attained a Level IV—the highest level of professional development. They are Cherie Cadieux, Linda Casanova-Pearson, Barbara Hennes, Lisa Renn, Holly Thomson and Rory Groessl.

“This is the highest amount of nurses to attain a Level IV-professional development in our Division,” said Paula Hafeman, Chief Nursing Executive, HSHS - Eastern Wisconsin Division. “They have demonstrated a superior level of engagement and commitment to the nursing profession and ultimately, their patients.”

2015 PDP Achievements

**Level IV  Rory Groessl, BSN, RN, CEN, CTRN, CFRN, CCEMTP**

Flight Nurse, HSHS St. Vincent Hospital

The PDP has motivated me to grow professionally as well as personally and has pushed me to be a productive member of our team. There is no greater satisfaction than taking on a task, putting in the work to develop and refine that process and finally, having that feeling of accomplishment when you see your work in action.

Over the past five years I have been involved in my Unit-Based Practice Council, the Epic super user program, Eagle III Safety Committee, Emergency Center education team, as well as multiple community and Continuous Process Improvement events. It has motivated me to demonstrate competency through board certifications as an emergency nurse, transport nurse, flight nurse and critical care paramedic. I am also a member of the Emergency Nurses Association where over the past year I’ve been contributing at the state level as their EMS liaison.

My largest contribution to the Division has been my involvement as a core member of the HSHS St. Vincent Hospital Stroke Committee. During the initial Joint Commission certification process I performed chart reviews on every stroke patient as well as assisted with development of the Emergency Department stroke alert process. In the future, I plan to diversify my development with a missions focus by attending the Division’s RISEN program (Re-Investing Spirituality & Ethics in our Networks). I am grateful to work for an organization that recognizes that the success of our Division is built on the successes of our colleagues!
Miranda Bournoville, BSN, RN, One Day Services
HSHS St. Mary’s Hospital Medical Center

The PDP has given me the chance to grow professionally as a nurse through education and endless ways to be involved. It challenges me to be the kind of nurse I always imagined myself to be. I have many goals for myself and will continue to set and meet those goals.

It’s such a great opportunity to be on the front line of all decisions that are made for nursing in our Division, as a member of the Professional Nurse Practice Council (PNPC). I am also a member of two, Unit-Based Practice Councils and help facilitate one of those groups. I have attended RISEN in the past and I am frequently a preceptor for nursing students and new employees. I am also actively involved in our department 90’s plan.

As part of my PDP I had the great opportunity to give back to my community. I facilitated a collection and did blood pressure education for the Golden House in Green Bay. This is a cause that is very close to my family’s heart. I was touched by the welcome and interest we received. I felt not only grew as a nursing professional, but as a person. I was proud to coordinate this event and look forward to coordinating more events in the future. I hope to continue to work towards my goals for PDP in 2016 and seek out more wonderful learning opportunities.

Kelly Rehfeldt, BSN, RN, ICU
HSHS St. Nicholas Hospital

2015 was my first year involved in the PDP. I decided to start out strong and set my goal for a Level III. I have learned so much about the hospital systems as well as myself throughout this journey. I was able to attend facilitator training and become a part of the Unit-Based Practice Council in my department. I am looking forward to using the information that I learned to help make improvements for my department. I was also able to attend RISEN, which was a very rewarding experience. I am excited to be working on several projects within HSHS St. Nicholas Hospital this year. It is a blessing to be a part of a hospital system that values personal and professional growth. The PDP is a great example of living our Mission, as I embrace the core values of Respect, Care, Competence and Joy. I am looking forward to the advances that 2016 will bring.

Stephanie Meyer, BSN, RN, Surgical Services
HSHS St. Clare Memorial Hospital

My first year as part of the Division was in 2015 when Community Memorial Hospital became HSHS St. Clare Memorial Hospital. The transition was hard at times, but I believe the change and all the hard work was more than worth it. The PDP instantly appealed to me; I set my goals high at achieving a Level III.

The PDP has given me a little nudge, a chance to grow as a nurse and truly make a difference in the way I care for patients. HSHS - Eastern Wisconsin Division has allowed me to go above my job requirements and give back to the community and our patients.

Through PDP, I attended RISEN, volunteered in the community and attended an infection prevention conference. I was able to bring back the information to our department and educate our staff as well as our patients. Educating and preparing our patients for surgery has a revolving effect, ultimately increasing our patient satisfaction. I thank the hospital for letting me become a better nurse and a stronger person day by day. Throughout our system, nurses truly have a voice!
### Level IV
- Cherie Cadieux, SVGB
- Linda Casanova-Pearson, SVGB
- Rory Groessl, SVGB
- Barbara Hennes, SVGB
- Lisa Renn, SVGB
- Holly Thomson, SVGB

### Level III
- Paula Allen, SVGB
- Caralynn Andrus, SMGB
- Thomas Bahr, SNS
- Michelle Bahrke, SVGB
- Paula Bake, SCOF
- Erin Bancroft, SCOF
- Lisa Becker, SVGB
- Tammy Blan, SVGB
- Leslie Boelter, SMGB
- Miranda Bournoville, SMGB
- Chelsee Brawner, SMGB
- Lisa Brotz, SVGB
- Cynthia Buckles, SVGB
- Brittany Burg, SNS
- Brittney Burger, SMGB
- Lesley Butcher, SMGB
- Devin Calaway, SVGB
- Marie Carter, SVGB
- Amber Chibuk, SVGB
- Amanda Coad, SMGB
- Cheyenna Delgado, SMGB
- Shirley Destache, SMGB
- Abby Dhein, SMGB
- Kim Dornburg, SMGB
- Barbara Ernst, SMGB
- Katherine Fettig, SMGB
- Danielle Fischer, SMGB
- Wendy Foth, SVGB
- Becky Gaertig, SVGB
- Karen Hansen, SMGB

### Level II
- Kristen Hebert, SMGB
- Jenny Hendricks, SVGB
- Kelsey Hopfensperger, SMGB
- Linda Houle, SVGB
- Cynthia Hummel, SVGB
- Lori Jankowski, SVGB
- Maryann Jansen, SMGB
- Sarah Johnson, SMGB
- Mary Kaye Johnson, SMGB
- Amber Kapinos, SMGB
- Dawn Kaster, SMGB
- Carrie Kelm, SVGB
- Alice Kinjerski, SVGB
- Jennifer Konen, SVGB
- Theresa Korff, SNS
- Tina Kostreva, SMGB
- Jodi Kozloski, SMGB
- Rosa Kugel, SVGB
- Lisa Kumbalek, SVGB
- Alice Lampereur, SVGB
- April Lange, SVGB
- Kayla Latus, SVGB
- Sara Lehmann, SNS
- Lori Linzmeier, SVGB
- Nikki Lorang, SMGB
- Tracie Mack-Hoffman, SVGB
- Melissa Madlem, SVGB
- Pamela McCoy, SVGB
- Stephanie Meyer, SCOF
- Terri Meyers, SVGB
- Nicole Morgan, SVGB
- Chelsea Nehring, SMGB
- Heather Nelson, SMGB
- Julie Niedermeyer, SVGB
- Michelle Nilson, SVGB
- Katie Page, SVG
- Sherriee Peppin, SVGB
- Gina Perez, SVG
- Lauren Prakes, SMGB

### Level I
- Tina Puyleart, SMGB
- Kelly Rehfeldt, SNS
- Stephanie Riska, SVGB
- Elizabeth Rothe, SMGB
- Becky Ruesch, SMGB
- Lori Schaden, SCOF
- Amanda Schmidt, SVGB
- Lynn Marie Schoenborn, SVGB
- Ann Schroepfer, SMGB
- Heather Seibert, SVGB
- Ashlyn Short, SVGB
- Tim Soper, SCOF
- Kayla Steckling, SVGB
- Vickie Teresinski, SVGB
- Kailyn Thayse, SVGB
- Kelly Thiel, SVGB
- Jessica Thoreen, SVGB
- Deanna Timler, SNS
- Ashley Tomaso, SMGB
- Jeanette VerHaagh, SMGB
- Michelle Virtues, SMGB
- Rebecca Walton, SVGB
- Jane Wecker, SVGB
- Brittanie Wendt, SVGB
- Morgan Wolfgram, SVGB
- Barbara Zahn, SVGB
- Marissa Zehren, SVGB
- Patti Zochert, SVGB

### Level II
- Pamela Achten, SMGB
- Cynthia Adamick, SVGB
- Sue Allen, SVGB
- Linda Allie, SVGB
- Sara Anderson, SVGB
- Tina Anderson, SVGB
- Colleen Apps, SVGB
- Barbara Zahn, SVGB
- Marissa Zehren, SVGB
- Patti Zochert, SVGB
I’m very committed to the Sisters and the HSHS family. I wouldn’t want to work anywhere else because I believe in our Mission and what we do.”

Lisa Renn, BSN, RN, CCRN
Nurse of the Year
HSHS - Eastern Wisconsin Division is pleased to designate Lisa Renn, BSN, RN, CCRN, Critical Care Services, HSHS St. Vincent Hospital and PRN, HSHS St. Mary’s Hospital Medical Center as 2015 Nurse of the Year.

“I couldn’t do what I do without the people I work with,” said Renn, who began her nursing career ten years ago in IMCU at HSHS St. Vincent Hospital. She has been with our hospitals ever since as a Critical Care nurse at HSHS St. Vincent Hospital and recently accepted another position as a PRN at HSHS St. Mary’s Hospital Medical Center.

“I’m very committed to the Sisters and the HSHS family,” said Renn. “I wouldn’t want to work anywhere else because I believe in our Mission and what we do.”

Renn’s dedication to the Mission of Hospital Sisters Health System, her involvement in the hospitals and the compassionate care she delivers to patients each day is what earned her the title of 2015 Nurse of the Year.

In her time with the hospitals, Renn has served as Chair of the Professional Nurse Practice Council (PNPC), member of a Unit-Based Professional Council (UBPC), a RISEN mentor and a representative on the Infection Prevention Committee and Clinical Excellence Team. She also received a Living Our Mission award in 2015. Currently, Renn serves on the Pressure Ulcer Prevention Team and Green Team and will serve as a RISEN mentor again in 2016. In addition, she has maintained a Level IV in the Professional Development Plan (PDP) the last three years.

Outside of her work in the hospitals, Renn is Treasurer of the Northeastern Wisconsin Chapter of American Association of Critical Care Nurses (NEW AACCN). The organization focuses on education, community service and fellowship among critical care nurses in the region.

As Renn looks to the future, she has interest in volunteering at the Green Bay-based NEW Community Shelter, traveling to Springfield, Ill., to meet the Sisters of HSHS and spending time with her family which includes her husband, seven children and eleven grandchildren. Most of all, she wants to continue to be the best nurse she can be.

“Lisa’s passion for nursing and making a difference for our patients, our team and the organization is extremely evident. She has represented nursing in multiple committees, providing front-line knowledge which has improved the care of our patients, increased both patient and colleague safety and ultimately has brought a higher level of reliability to our organization.”

Diane Moesch, Director, Critical Care Services
HSHS St. Vincent Hospital

“...It’s about giving one-hundred percent and being committed to my patients, colleagues and this wonderful organization.”

Lisa Renn, BSN, RN, CCRN
Nurse of the Year

About the Nurse of the Year Award:

Nurse of the Year is an award given to one nurse each year within HSHS-EWD. Nurses nominate nursing colleagues from their unit and the nominations are then reviewed by nursing leadership and the PNPC. Nurses who nominate a peer answer several questions such as how their nominee exemplifies the Division Core Values in demonstrating passion, quality and excellence in nursing.
The Professional Nurse Practice Council (PNPC) is a division-wide group of RNs that is empowered to lead the practice of nursing within the HSHS - Eastern Wisconsin Division. Members apply for a seat on the Council and are elected by their peers. PNPC members represent their peers in discussions and decision-making affecting nursing practice. Members are responsible for communicating and implementing decisions made by PNPC to their Unit Based Practice Council (UBPC) and colleagues in the areas that they represent.

Row one: Laurie Fisher, Nichole Frisch, Patti Heisel, Deb Schuster
Row two: Kayla Hinch, Marie Carter, Deana Risner, Miranda Bournoville, Kylee Turnquist
Row three: Amanda Stammer, Heather Nelson, Jean Wilke, Amber Chibuk
Row four: Erin Kanz, Brianna Jenkins, Shirley Destache, Jenni Konen, Tammy Verhulst, Deanne Ziemer, Sherry Willems
Not pictured: Erin Bancroft, Jenny Hendricks, Amber Kapinos
Ashlyn Short, RN, Women and Infant Services
HSHS St. Vincent Hospital
Making the most of teamwork in nursing

Let’s face it, what would RNs do without assistive personnel? The bottom line is that RNs and assistive personnel need each other. As a team, both deliver patient centered care, respond to patient needs within their scope of practice and require excellent communication skills.

As members of the health care team, RNs and assistive personnel have the task of building relationships within a multidisciplinary environment. While they both work with a variety of other team members, they work together the most.

“Previously, assistive personnel would work with two to three RNs each shift,” said Erika Pollack, RN, Medical Unit, HSHS St. Vincent Hospital. “Now each assistive personnel is partnered with one RN for their entire shift. This allows for more one-on-one time to connect with one another and our patients, helping to improve patient safety and the patient experience.”

Patient and family feedback has been positive. Patients have expressed feeling more informed. Specific Press Ganey questions are monitored to measure progress as we strive to meet the goal of above 50 on all identified questions. We continue to track our scores to ensure sustainment of our staffing model.

Together we are all working together to deliver the best care for every patient, every time.

In April 2014, a Continuous Process Improvement (CPI) event was held to focus on nursing care that promoted teamwork, accountability and defined roles and responsibilities. Throughout the process it was determined that RNs and assistive personnel would partner for entire shifts to strengthen communication between colleagues and allowing for more time to be spent with patients. The first pilot took place on 9th floor at HSHS St. Vincent Hospital and has expanded to 4th, 7th and 8th. Additionally, the model rolled out at HSHS St. Mary’s Hospital Medical Center’s 3rd and 5th floors. The model will be initiated at HSHS St. Nicholas Hospital and HSHS St. Clare Memorial Hospital in the coming months.

Both the RN and assistive personnel have a valuable contribution to make to patient care. With the new staffing model, this contribution is magnified when the relationship among the two promotes a synergy between one another, enabling them to work together more effectively.

“The RN and assistive personnel relationship is essential because solid teamwork is fundamental to achieving positive outcomes and increasing effectiveness. That’s why our front line colleagues helped develop the new staffing model.”

Holly Mathies, Directory of Inpatient Medical
HSHS St. Vincent Hospital
Erika Pollack, RN, and Melissa Gasparick, CNA, work together as they care for their patient at HSHS St. Vincent Hospital.
Crash cart standardization

Crash carts, vital to all hospital codes, were also a cause of concern for those responding to the codes. After multiple incidents were raised at the Division safety huddles, it became apparent that each department and campus had different practices, supplies and equipment. Standardization was necessary to enhance not only patient outcomes, but the consistency of practice.

A committee was formed to lead the standardization. That committee included: Continuous Process Improvement colleagues, nursing leaders, Code Committee members and colleagues from Pharmacy, Supply Chain and Respiratory Care.

The main issues identified included: contents not standardized, non-standard replenishing processes, inconsistent location and number of carts in departments, and undefined team members’ responding roles. This process started in August 2014 and was rolled out in September 2015.

“Every facility had its own way of doing things. It was important that we worked together so that physicians and colleagues traveling to various campuses would know the same verbiage for calling the medical emergency and responding.”

Diane Moesch, Director of Critical Care
HSHS St. Vincent Hospital

CPI events identified crash cart contents, location of contents on the cart, and colleague and physician roles and responsibilities.

“Physician support for standardization was vital to its success,” said Shalon Edson, Director of Emergency and Cardiology Services, HSHS St. Nicholas Hospital. “Once they understood that the decision to standardize was to improve processes and turn-around time, they were supportive of the change.”

“We began with 59 crash carts between all four campuses and were able to decrease that to 40,” said Kim Kostichka, Code Committee Co-Chair and PICU Manager, HSHS St. Vincent Hospital. “When a patient or visitor codes, the process is now very clear from start to finish. Once a medical emergency is called those responding know their roles and can be assured the supplies and equipment are there for them to do their job.”

The crash cart standardization is going smoothly. The next step is implementation of “mock codes” to practice what has been put into place and alleviate any deviations.

Although finances were not the motive for standardization, improved stocking processes and equipment storage have the added benefit of nearly $300,000 in savings.
HSHS St. Nicholas Hospital completes health literacy assessment

As part of HSHS St. Nicholas Hospital’s efforts to ensure high quality care for all patients, Wisconsin Literacy, Inc. was recently tapped to help assess the hospital’s communication climate.

One of the tools used in this assessment was the Communication Climate Assessment Tool (C•CAT), which is a comprehensive organizational assessment developed by the American Medical Association (AMA) and validated in hospitals and clinics nationwide. Its main goal is to give staff the opportunity to more deeply explore patient communication and health literacy, identify gaps and find opportunities for improvement.

The C•CAT includes executive, patient and colleague surveys. In order to survey a representative sample of the community, it was provided in three languages—English, Spanish and Hmong.

The assessment will also help to provide more detail than available through HCAHPS; evaluate and build on existing health literacy initiatives; collect information that will enable HSHS St. Nicholas Hospital to develop a focused plan; better document health literacy-related aspects relative to regulatory requirements; support colleagues in their desire to do more to improve health literacy; inspire opportunities for alignment with our Franciscan care model; and strengthen what HSHS St. Nicholas Hospital already is doing in the community.

The survey took place in early 2016. The data is being analyzed by Wisconsin Literacy, Inc. and will be shared with HSHS St. Nicholas Hospital colleagues in May 2016.

“The data will be used to help us better understand where our community is at in terms of health concepts and standards,” says Martin. “With it, we plan to create an action plan to provide our community with the education it needs and enhance overall health literacy in the Sheboygan area.”

As health care professionals, we often speak health care language. By putting complicated health care lingo into more understandable terms, we can better educate patients about their health and wellness, improve outcomes and enhance patient care.”

Mary Martin, Chief Nursing Officer
HSHS St. Nicholas Hospital
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td>St. Vincent Hospital</td>
<td>835 S. Van Buren St., Green Bay, WI</td>
<td>(920) 433-0111</td>
<td>stvincenthospital.org</td>
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<tr>
<td>St. Mary’s Hospital Medical Center</td>
<td>1726 Shawano Ave., Green Bay, WI</td>
<td>(920) 498-4200</td>
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<td>St. Nicholas Hospital</td>
<td>3100 Superior Ave., Sheboygan, WI</td>
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<tr>
<td>St. Clare Memorial Hospital</td>
<td>855 S. Main St., Oconto Falls, WI</td>
<td>(920) 846-3444</td>
<td>stclarememorial.org</td>
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