



February 2011

# HORIZONS



## President's Message

Happy 2011!! Thank you for the honor of serving as the President of W-ONE for 2010 and 2011. The W-ONE Board met on January 6 and 7 to review and finalize the 2010 strategic plan as well as develop our strategic plan for 2011. At the Board meeting we recognized the outgoing Board members for their contributions to nursing leadership and their work on our strategic plan.

A special thank you to those nurse leaders who have served on the Board:

Peg Ose - Past President will remain as WHA Board Liaison

Peggy Haggerty - Secretary elected to President Elect

Susan Peterson - Board Member will remain as Checkpoint Liaison

Welcome to our incoming Board Members:

Jan Giedd - Secretary

Amy Dwyer - Board Member

Jan Bauman - Board Member

Pam Maxson-Cooper - Board Member

This year, our planning included a review of IOM report, "The Future of Nursing," the AONE strategic plan and what is happening within our state. Based on this review, we changed the W-ONE mission to be consistent with AONE.

**"Our mission is to shape healthcare through innovative and expert nursing leadership and our vision is to be the recognized voice of nurse leaders. Our values are:**

- Leadership
- Creativity
- Excellence
- Integrity
- Stewardship
- Diversity
- Collaboration

The 2011 strategic plan will be finalized at our next meeting on Wednesday, February 16 and will be posted on the WONE web site, [www.w-one.org](http://www.w-one.org).

Our membership has surpassed any other year with over 300 members strong and we will continue to look for opportunities to engage our members.

This is an exciting time to be leading the nursing profession and we have many opportunities over the next year. The Board invites you to join us at any of our Board meetings throughout the year.

Respectfully,

Paula Hafeman, RN, MSN, FACHE, W-ONE President

## W-ONE Board Meetings 2010-2011

*W-ONE Board of Directors meetings are open to all members.*

### 2011

Wednesday, February 16	0930-1400 1500-1600	Board Meeting, WHA Headquarters Meet with Legislators, Capitol
Wednesday, April 6	TBD	Board Meeting, W-ONE Spring Conference
Thursday, April 7	TBD	Annual Business Meeting, Spring Conference
Friday, June 24	1000-1430	Board Meeting, WHA Headquarters
Friday, August 19	1000-1430	Board Meeting, WHA Headquarters
Wednesday, September 14	TBD	Board Meeting, WHA Annual Conference
Friday, November 18	1000-1430	Board Meeting, WHA Headquarters

## Welcome to the Forums

The Forums is an opportunity for you to network and ask questions. Directions for registering are as follows:

Go to [www.w-one.org](http://www.w-one.org)

- ◆ Click on **Forums** box – Upper right corner of screen
- ◆ Answer the security question to **Allow All Content**
- ◆ In the “Welcome Guest” box, click **Register**
- ◆ **Agree** to rules
- ◆ Enter **Your Name** in the User Name
- ◆ Enter a **Complex Password** – Use **at least 1 Cap and 1 Special Character (!@# \$)**
- ◆ Enter any **Security Question** you prefer
- ◆ Click **Create User**
- ◆ Location – **Your Hospital**
- ◆ Home page – Leave blank
- ◆ Change **Time Zone** and
- ◆ **Save**

Your request needs to be approved as it is a Member’s Only site. Carol Winegarden will verify and approve your request. If you have any difficulty or are awaiting approval, contact Carol at [carolwi@cmhocontofalls.org](mailto:carolwi@cmhocontofalls.org).

Happy blogging!



Horizons is published quarterly as the newsletter of the Wisconsin Organization of Nurse Executives. Articles on nursing, management and health care issues, and letters to the editor are welcome. Display and classified advertising are accepted. For information, contact the editor.

2011 W-ONE Board of Directors: President, Paula Hafeman; Treasurer, Sally Lersch; Secretary, Janice Giedd; Past President, Peg Ose  
2011 W-ONE Board Members: Ellen Zwirlein, Constance Bradley, Jan Bauman, Amy Dwyer, Suzanne Marnocha, Pamela Maxson-Cooper  
Editor: Carol Winegarden

# THE HOSPITAL OF THE FUTURE

## *Good ideas on engaging staff nurses in quality*

The AONE Guiding Principles for Building the Hospital for the Next Generation are provided as a guide to nurse leaders who are engaged in building and redesign efforts in their organizations. Released in April, 2009, these guidelines provide assumptions and principles that will assist nurse leaders in facility planning. The 12 principles include:

- **Stakeholders involved in the design and construction of new facilities must have a mutual understanding of each stakeholder's respective language.** Do we understand each other's discipline-specific taxonomy?
- **Operations and facility design must be mutually supportive. The vision for how care is to be delivered informs operational planning. Good facility design enables the operational plan and supports the vision of care delivery.** A good design will support the way that the work of the nurse can best be executed. Will the design lend itself to improvement in measurable workflow activities? How will it affect the patient experience?
- **The first step of facility design development is a planning process that begins and will serve as a road map for design and implementation.** Is everyone on the same page? What are the priorities?
- **Roles and processes must be clearly defined before operational and facility planning begins and will serve as a road map for design and implementation.** Is accountability clearly defined? Who has approval rights?
- **Internal/external policies and regulations should be leveraged to promote mutual tie to the vision. Metrics should be quantitative, qualitative and performance-based.** Sometimes, success is defined in small, identifiable steps.
- **Current facilities should be optimized before embarking on building a new facility.** As stewards of the healthcare dollar, is building new the best option?
- **Continuous scanning of the environment will identify future trends that will impact the processes/project. Trends can be incorporated when possible and appropriate, thus providing potential improvements to patient care.** Do your homework. What is happening in the industry? What best practices can be incorporated?

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- **Build change process into the project so flexibility can be continually maintained.** Imbed flexibility from beginning to end. Who is leading? Are all stakeholders included?
- **The chief nurse executive must take a leadership role in creating a culture of innovation for high quality patient care operations and facility design.** This speaks to the key role the nurse executive plays from the strategic planning process through the project's completion. Challenge the status quo, assist in barrier removal and help eliminate silos.
- **Adequate funding for change should be incorporated into the project budget and time line.** This is the "plan ahead/what will the future bring" piece. If you are building over 2 years, what might you need in 5 years?
- **Priorities for the hospital organization should be based on the broader strategic plan.** The Chief Nurse Executive will play a key role in defining this strategy.

These guiding principles available in their entirety at [www.aone.org](http://www.aone.org) clearly articulate the evolutionary process occurring in the nurse leaders' responsibility in facility planning as we move into the future. The mandate for change in our health care delivery system indicates the need for thoughtful planning of our future environments.

Amy Dwyer, RN, MS  
CNO/Assistant Administrator  
Sacred Heart Hospital

Beverly Hoege, RN, MS, FACHE  
Executive Vice President  
Reedsburg Area Medical Center

## Guiding Principles for Appropriate Nurse Staffing: An Update

In January, 2005 a position paper titled *"Guiding Principles in Determining Appropriate Nurse Staffing: Standards of Practice for Acute Care in the State of Wisconsin"*, was adopted and disseminated by the Wisconsin Organization of Nurse Executives (W-ONE). The paper provided an overview of the research/evidence base of the relationship between nurse staffing and adverse events, or, on the positive side, enhanced patient outcomes. From this literature review, a "Position Statement", "Guiding Principles," "Key Drivers of Intensity of Patient Care Requirements" and "Key Drivers of the Capacity of the Nursing Organization to Provide Patient Care" were developed. The position paper was disseminated to the CEOs and CNOs in the hospitals in the state of Wisconsin as a paper document and has also been available on the W-ONE web site.

In the fall of 2010, the topic was revisited. Again the Clinical Nurse Specialists at St. Mary's Hospital in Madison did an admirable job of scanning the current literature related to nurse staffing and patient outcomes. They reviewed and summarized 24 articles published since 2004. Joan Beglinger and Peggy Ose, both CNOs and W-ONE members, then reviewed the W-ONE position in light of the current research/evidence. The conclusion was that the Position Statement, Guiding Principles and Key Drivers of Patient Care Requirements & Capacity to Provide Patient Care remain largely unchanged in the past five years. (See the Position Statement, Guiding Principles & Key Drivers included in this edition.) There is still no scientifically based data that identifies optimal staffing ratios in each patient care unit and/or situation. A multitude of factors must be considered, including experience of staff, patient acuity, unit layout, availability of ancillary support and the volume of non-direct patient care requirements. All of these factors influence staffing requirements.

While there is no question that appropriate nurse staffing is important to patient outcomes, there is no definitive answer as to the precise nurse to patient ratios and how those relate to enhanced outcomes. W-ONE and the nursing community will continue to analyze the current evidence and advocate for strategies that result in optimal patient outcomes. The entire updated *"Guiding Principles in Determining Appropriate Nurse Staffing: Standards of Practice for Acute Care in the State of Wisconsin"* will be posted soon on the W-ONE web site. Please take some time to review the most recent literature which should guide our decisions related to nurse staffing. Our positions and guiding principles continue to be driven by the best available evidence of the scientific community.

Joan Beglinger & Peggy Ose

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### **Guiding Principles for Determining Appropriate Nurse Staffing**

#### **Position Statement:**

Appropriate nurse staffing in any health care setting can only be achieved through a decision making process in which nurses themselves evaluate and respond to the drivers of patient care intensity. This evaluation and response must be made in light of the nursing organization's capacity to provide professional services. The components of appropriate staffing include the hours of nursing care and the appropriate mix of professional and non-professional providers.

#### **Guiding Principles:**

1. Authority and accountability for all nurse staffing decisions within the organization must rest with the nurse executive who will work in direct collaboration with the clinical direct care professionals in each specialty. Expertise in nursing is a foundation of appropriate staffing decisions.
2. An effective system of appropriate staffing strives to match patient care requirements with nursing care resources each shift, each day. Patient care needs must determine the level of staffing. Efforts to adjust for a day of higher than normal care requirements by arbitrarily restricting staffing to less than adequate levels at some point in the future are inappropriate.

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3. The daily determination of appropriate staffing requires objective information concerning patient care needs, skills of available staff, and budgeted resources, coupled with expert clinical judgment about the specific patient care requirements on any particular day. Appropriate staffing requires mechanisms to increase staffing in response to greater care requirements and to decrease staffing in response to reduced care requirements. Further required is a collaborative approach to managing patient flow within the organization when the demand for patient admissions exceeds the available nursing resources.
4. The professional standards, developed by the nationally recognized specialty nursing associations to address appropriate staffing, must be considered in developing staffing plans within organizations.
5. Clinical nurses recognize that prerequisites to providing a meaningful voice in determining appropriate staffing include an awareness of the fiscal realities of the current health care environment, and a willingness to play an active role in ensuring the efficient and effective use of resources through the pursuit of improved approaches to patient care.
6. The continuous pursuit of evidence-based best practices is an obligation of the profession. Benchmarking with other organizations must be an ongoing endeavor in determining appropriate staffing. To be meaningful, benchmarking must be a comprehensive process that includes comparisons of the Key Drivers of Intensity of Patient Care Requirements and of the Key Drivers of the Capacity of the Nursing Organization to Provide Patient Care. Comparisons of single variables, such as “hours of care”, without the broader organizational context, are not useful.
7. Ongoing evaluation of outcomes is also a necessary element in insuring the provision of quality care. At a minimum, this should include collection and analysis of data related to nurse sensitive outcomes such as length of stay and rates for urinary tract infection, pressure injury, post-operative infections, and pneumonia (ANA, 2000) and their correlation with other patient care trends. In addition, the impact of quality of work-life on quality of care delivered must be evaluated.

#### **Key Drivers of Intensity of Patient Care Requirements:**

1. The acuity, complexity and case mix of the patient situation are the primary determinants of patient care requirements.
2. There is a direct relationship between the length of stay in the acute setting and the intensity of care requirements. Therefore, as length of stay decreases, nursing workload increases. In 2002, the Advisory Board attempted to quantify this relationship and identified that for every day the length of stay is decreased, nursing workload is increased by greater than 27% (The Advisory Board, 2002). Since that time, patient length of stay continues to be compressed. Intensity of patient care is increased by admission, discharge and transfer activity.
3. The greater the number of admissions, discharges and transfers in a given day, the greater the intensity. Midnight census does not accurately reflect nursing workload.

#### **Key Drivers of the Capacity of the Nursing Organization to Provide Patient Care:**

1. The experience/expertise of the nurse directly influences individual capacity to provide patient care. Generally, the greater the expertise of the nurse, the greater the capacity to manage, both in terms of the number and complexity of patients.
2. The support systems available to nurses in the practice setting directly impact the capacity to provide professional services within the organization. Nurses whose work is supported by effective house-keeping, pharmacy, food and supply systems, as examples, have a greater capacity to provide professional services than those who are forced to spend time compensating for inadequate support.
3. The effectiveness of the system of care, particularly documentation and other non-direct care requirements, directly impacts the capacity of the nursing organization to provide professional services. Cumbersome systems that pull nurses away from the patient detract from the capacity to provide patient care.
4. The geography and unit design in which nurses practice influence the capacity to provide professional services. The ability to readily visualize and access patients enhances capacity. The demand for larger and more private patient care spaces (essential to meeting the expectations of today’s active consumer,) detracts from the capacity of the nursing organization to provide professional services.



## How Your Voice Can Help Your Hospital Turning up the *HEAT* in Madison & DC

By  
Jenny Boese, VP-External Relations & Member Advocacy  
Wisconsin Hospital Association

Did you know that this past session the Wisconsin Hospital Association's grassroots network, HEAT (Hospitals Education & Advocacy Team) helped **fight back legislation that would have banned the use of mandatory overtime by hospitals**? Did you know that HEAT members also helped **garner millions in Medicaid dollars for Wisconsin hospitals**? It's true! WHA engaged HEAT members on several priority pieces of legislation and those individuals made well over 1,000 contacts to legislators and Members of Congress...and we were victorious.

The Hospitals Education & Advocacy Team (HEAT) is designed with nurse leaders like you specifically in mind. The program's goals are to **educate** you on important issues and **mobilize** you to act. HEAT lets you know when your action is most needed and provides an easy-to-use online action center that puts you in direct email contact with your legislator. We also provides sample messages, background information and a regular newsletter so you know what is happening in the State Capitol in Madison and our nation's Capitol in Washington, D.C.

Our desire is to make advocating on behalf of your hospitals and patients as worthwhile as possible. Whether it's writing a letter or traveling to Madison for the **Wisconsin Hospital Association's Annual Advocacy Day (April 27, 2011)**, please join with 1,600 of your peers across the state who are already making their voices heard loud and clear.

Need a few other reasons to join?

1. You *can* positively impact the development of health care policy.
2. You *can* build legislative relationships.
3. You *can* be a force for change in your community and state.
4. You *can't* afford not to be involved.

Join HEAT today by logging onto <http://www.wha.org/speakUp/heatsignup.aspx> or by contacting Jenny Boese at WHA at 608-268-1816 or [jboese@wha.org](mailto:jboese@wha.org).

## W-ONE Professional Development and Research Committee Horizons February 2011

During 2010, the W-ONE Professional Development and Research Committee provided the Nurse Leader / Executive Mentoring Program as a service to our members. The program information, including a list of mentors, is found on the W-ONE web site (<http://www.w-one.org>). Please take a look if you are interested in pursuing a mentoring relationship in your professional career. Several members did pursue this career opportunity, and the feedback received has been positive. Thank you to those board members who have supported this program, by serving as mentors.

The Professional Development and Research Committee announced that Kathryn Olson was awarded the W-ONE DNP scholarship grant. Kathryn was awarded \$1,000 toward her educational expenses. Congratulations!

The 2011 application process for all grants will again be conducted online. Please go to the W-ONE web site (<http://www.w-one.org>) later this year for more information and to access the online application forms.

Respectfully submitted,

Kathryn Olson, RN, BSN, MA, NEA-BC, Professional Development and Research Chair W-ONE  
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### Update on WHA Quality Measures Team and CheckPoint Susan Peterson, W-ONE Board Representative January 2011

The WHA Quality Measures Team met on December 17, 2010. Some of the key discussion points were:

- There are now two new people supporting the quality initiatives and CheckPoint at WHA. They are: Geoff McAlister who will provide technical assistance and support for the CheckPoint web site and Kelly Court who is the new Chief Quality Officer and will serve in a split position between WHA and Wisconsin Collaborative for Healthcare Quality (WCHQ).
- The group recommended the addition of Stroke Measures to CheckPoint to include Stroke 2, 3, 4, 5, 6, 8, and 10 as each of these have consistent definitions between CMS and Joint Commission. Public reporting of these measures is targeted for Quarter 2 CY 2011.
- Some changes to the Perinatal Measures were suggested and will be vetted with the state DHS department. These include replacing the term "C-Section with Trial of Labor" with "Cesarean Rate for First Births." Secondly, "C-Section without Trial of Labor" would be replaced with "First Cesarean Birth without Labor." It was noted that with this particular measure, it would not be possible to exclude high risk patients and therefore a rate of zero is not appropriate.
- Planning for introducing new measures to CheckPoint in the future occurred. The likely additions would be SCIP 9 and 10, CMS 30 Day Readmission and CMS Mortality for Pneumonia, CHF, and AMI which are currently reported on Hospital Compare. The team made an additional recommendation to add Central Line Associated Blood Stream Infections (CLABSI) per CDC methods.
- A Pilot study of the adding 30 Day All Cause Readmissions and Potentially Preventable Readmissions will get underway with volunteer hospitals.
- It was further recommended that the team and WHA assist hospitals in understanding CMS Hospital Acquired Conditions data in order to prepare for CMS public reporting activity in this area.

If you have any questions or comments, please do not hesitate to contact me at [susan.peterson@phci.org](mailto:susan.peterson@phci.org).

## Annual Report Membership Committee January 2011

2010 was an excellent year for W-ONE Membership! We ended the year with 320 members, the most in our recent history, and maybe the most ever. It is exciting to see so many current members renew, this shows that you find value in our organization. It is also exciting to see that 87 new nursing leaders decided to join us in 2010. In a year that education dollars have been decreased in many of our organizations, W-ONE Membership is still important

Year	Members	New	Renew
2004	266	30	236
2005	240	57	183
2006	271	61	210
2007	252	52	200
2008	257	47	210
2009	272	55	217
2010	320	87	233

and is seen as a good value for the money. Here are our numbers for the past 7 years:

Membership renewal information was sent out in December of 2010. This is the first year that we are doing all of our communication regarding membership renewal on line. Current and new members are able to join or renew their membership in either of two ways:

- Electronically directly from the website if you are paying by credit card  
or
- Via the mail by printing the membership application from the website and mailing it in with your check.

If you have not already renewed you are encouraged to do it soon so you can continue to receive the benefits of membership.

Your Membership Committee includes:

- **Ellen Zwirlein**, Board Member, Prairie du Chien Memorial Hospital
- **Rosemary Seffens**, Luther Midelfort Oakridge
- **Sara Carpenter**, Gundersen Lutheran
- **Linda Masih**, Zablocki VA Hospital
- **Kristi Hund**, Stoughton Hospital
- **Teresa Schultz**, Rogers Memorial Hospital
- **Shawn Callisto**, Black River Memorial Home Care
- **Patty Bosse**, Red Cedar Medical Center
- **Lori Barto**, Divine Savior Healthcare
- **Dawn Brostowitz**, Riverview Hospital
- **Doris Mulder**, Chair, Beloit Health System

If you have suggestions for the Board of Directors or the Membership Committee on ways to increase the value of your membership, please contact Doris Mulder by e-mail at [dmulder@beloitmemlorialhospital.org](mailto:dmulder@beloitmemlorialhospital.org) or any of the Membership Committee members.

## Program Committee Update

The Program Committee is putting together another exciting group of topics for 2011!

Dr. Jo Manion will be our keynote speaker, opening with "Using Positive Principles for Taming Toxicity in the Workplace." She will also have a breakout session on "Affirmative Leadership: The Power of Positive Energy."

We will have a general session on social media and clinical practice to give you a taste of Thursday. On Friday we have Jeanne Geiger-Brown from University of Maryland discussing, "12 hour Shifts for Nurses: Should we change this Paradigm?"

The Wisconsin Center for Nursing will give an update on the RN survey and their work with the Robert Wood Johnson Foundation/IOM Future of Nursing initiative.

We listened to your comments and have a breakout session just for Critical Access Hospitals.

When you received the brochure, you will notice we have added back the discount for a group of 3 from one organization registering at the same time. We look forward to seeing everyone at the Kalahari in Wisconsin Dells on April 6-8, 2011.

Respectfully Submitted,  
Jean Surguy, Chair  
Program Committee



Judy Warmuth, WHA Liaison  
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## WHA Update

### Transforming Care at the Bedside

Wisconsin’s Transforming Care at the Bedside (TCAB) project is finally a reality. Eighteen medical surgical units in sixteen hospitals will come together for a kickoff meeting in March. TCAB is designed to use the energy, knowledge and power of staff nurses to improve patient care and outcomes. You will be hearing about projects over the next 18 months of the project with an emphasis on learning, nurse engagement, patient outcomes and fiscal impact.

### 30 Minute Rule

There has been conversation about compliance with what is referred to as the “30 minute rule” for medication administration, which sets the expectation that medications be administered within 30 minutes before or after the actual scheduled administration time. Concern was created by an article by the Institute of Safe Medication Practices (ISMP) that reported multiple stories of how the 30 minute rule is actually causing more problems and unsafe practices. The articles can be read at <http://www.ismp.org/Newsletters/acutecare/articles/20100909.asp>

The 30-minute language is not rule, but a CMS probe in the interpretive guidance of the Acute Care Hospital State Operations Manual. Updated guidance on how the probe is used by DHS in their most recent quarterly update at: [http://www.dhs.wisconsin.gov/rl\\_dsl/Publications/dqaUpdate0111.htm#medication](http://www.dhs.wisconsin.gov/rl_dsl/Publications/dqaUpdate0111.htm#medication)

### Quality Improvement Act

The Quality Improvement Act (QIA) updating Wisconsin’s peer review statutes has passed the legislature as part of a larger tort reform

bill, been signed by the Governor and become Special Session Wisconsin Act 2.

Many of you will remember that this legislation has been introduced twice in the past without becoming law. The QIA was designed to:

- √ strengthen, clarify and provide protections against the use of peer review and quality improvement investigations and reports in civil proceedings;
- √ maintain ordinary negligence as a matter for civil, not criminal court; and
- √ protect and strengthen the current regulatory system.

This is good news for both patients and health care providers and will encourage all to be involved quality initiatives in hospitals.

### Wisconsin Government

A new Governor and many new legislators are already at work in Madison. The 2011-2012 budget bill will be introduced this month. With an already significant budget shortfall, there will be challenges for all in the next legislative session. This is a great time to meet your legislator and participate in the setting of healthcare policy in Wisconsin.

Enjoy our Wisconsin winter. As always, feel free to call or message me with questions or thoughts.

Judy Warmuth, Vice President, Workforce Wisconsin Hospital Association.



## **WONE Strategic Plan**

**2011-2013**

### ***Our Initiatives and Key Drivers***

- ☆ **Create safe, healthful, patient-centered practice environments in nursing and healthcare that result in quality outcomes.**
- ☆ **Enhance development of nurses holding and aspiring to leadership roles.**
- ☆ **Support the development of a competent and appropriate supply of nurses for the future.**
- ☆ **Influence Wisconsin initiatives that impact healthcare policy.**

### ***Our Mission***

***Shape healthcare through innovative and expert nursing leadership.***

### ***Our Vision***

***WONE is the recognized voice of nurse leaders.***

### ***Our Values***

- ☆ ***Leadership***
- ☆ ***Creativity***
- ☆ ***Excellence***
- ☆ ***Integrity***
- ☆ ***Stewardship***
- ☆ ***Diversity***
- ☆ ***Collaboration***



## W-ONE Board of Directors 2011

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### Member Checklist

- Please contact Pam Aud whenever you have a change in either employment or residential address to guarantee timely mailings. E-mail [paud@wha.org](mailto:paud@wha.org) or 608/268-1806.
- Submit articles for publication in the next issue of Horizons to Carol Winegarden, 920/846-3444, [carolwi@cmhocontofalls.org](mailto:carolwi@cmhocontofalls.org).
- If you are interested in being a part of a specific committee, contact the committee chair.

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