

May 2010

HORIZONS



President's Message

In early April, the AONE held its 43rd Annual Meeting and Exposition in Indianapolis. Sally Lersch, Treasurer and I attended representing the Wisconsin Organization of Nurse Executives. There were over 2,200 attendees and membership in the AONE is over 7,000 members. As you can imagine the meeting focused on the impact of Health Care Reform on Nursing and the summary can be found on www.aone.org. There was also discussion on

the role of the Chief Nurse Executive, reporting structure, involvement in the Board and strategic planning. Each state identified different findings on the discussion items and the AONE was asked to write a position paper on the Chief Nurse Executive reporting structure. Each state was given the opportunity to summarize the work of their chapter, we shared the successful completion of the 2009 strategic plan, including the success of the 1st Leadership Academy, and the upgrade of the W-ONE website to include nursing forums and electronic registration.

April 21-23 was the W-ONE annual business meeting and convention at the KI Center in Green Bay. It was a great convention, and I would like to acknowledge the Program Committee for their commitment to providing an outstanding program with great topics and speakers.

Jean Surguy, RN, BSN, MAE, Program Chair
Lori Cardinal, RN, BSN
Sara Carpenter, RN, MSN
Marcia Donlon, RN, BSN, MS
Denice Dorpat, RN, MSN, CCRN
Jennifer Frank, BA
Alison Hafeman, BSN, CPHQ

Joan Klehr, RN, BS, MPH
Rebecca Kordahl, RN, MBA, NEA-BC
Pam Krueger, RN, MSN
Michele Oostdyk, RN, BSN, MS
Diane Otte, RN, MS, OCN
Cindy Schini, RN
Missy Tate, RN, BSN, MBA

There were over 170 participants, and it was wonderful to meet 65 new members at the convention. The convention started with a nationally recognized speaker, Liz Jazwiec, specializing in improving customer and employee satisfaction. She had us laughing, but yet she delivered a powerful message. Not only did we start with humor, we ended our conference with a motivational humorist, Bobbie Staten, who provided a presentation that gave us a jumpstart on what we have been missing.

At lunch on Thursday, we had the opportunity to again introduce and honor our 2009 Nurse Leader of the Year, Joan Beglinger. Last, our thanks to the vendors who participated and who, through their monetary contributions, help to keep our conference affordable. During

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President's Message - *continued from page 1*

our Annual Business Meeting, the WONE Strategic Plan for 2010 was shared and updated. Please refer to our website at www.w-one.org for the details.

As we approach Nurses Day, I wanted to thank you for your nursing leadership; each of you make a difference for our patients, our colleagues and our profession!

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

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

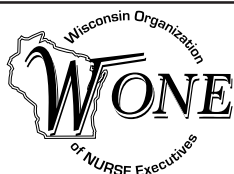
- ◆ Click on **Forums** box – Upper right corner of screen
- ◆ Answer the security question to **Allow All Content**
- ◆ In the "Welcome Guest" box, click **Register**
- ◆ **Agree** to rules
- ◆ Enter **Your Name** in the User Name
- ◆ Enter a **Complex Password** – Use at least **1 Cap and 1 Special 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.

Happy blogging!

W-ONE Board Meetings 2010

Thursday, June 17	1030-1500	Board Meeting, WHA Headquarters
Friday, Aug 20	10-1430	Board Meeting, WHA Headquarters
Wednesday, September 15	TBD	Board Meeting, WHA Annual Conference
Friday, Nov 19	10-1430	Board Meeting, WHA Headquarters



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.

2010 W-ONE Board of Directors: President, Paula Hafeman; Treasurer, Sally Lersch; Secretary, Peg Haggerty; Past President, Peg Ose
2010 W-ONE Board Members: Ellen Zwirlein, Constance Bradley, Jan Bauman, Amy Dwyer, Suzanne Marnocha, Susan Peterson
Editor: Carol Winegarden

AT THE BEDSIDE: STAFF NURSES AND QUALITY

Good ideas on engaging staff nurses in quality

*by Diane Sharp, MSN/HCE, BSBA, RN
William S. Memorial Veterans Hospital, Madison*

Nurses want to make a difference in their work environment, in the patient care they deliver, and in their profession. In order for an organization to achieve the *outcomes* it desires, it must construct the necessary supportive *structure* – the technology, the staff “administrative” time, the commitment to shared governance – so that staff might engage in the quality improvement *process*. At the recently designated Magnet® William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin, many of the improvements at the bedside are directed and driven by the direct care nursing staff.

There are ample certifying bodies, groups, and standards, external to an organization that drive healthcare quality. How those recommendations and mandates are transformed into quality at the bedside can be a difficult balancing act. Often, implementation at the bedside is not a simple endeavor because of the need to keep an “elegant”, fluid nursing process. According to Clancy (2009), the simpler the solution to a complex problem, the more successful the solution becomes; “in elegant solutions, it is not what you see that is important [but rather] what you do not see” (p. 508). The following is an outstanding example of a bedside nurse’s role in shared governance, engagement in quality, and the resulting “elegant” solution.

As a member of our medication event review committee, a med/surg unit representative member identified failure to remove a patient’s nitroglycerin patch at bedtime as a recurring “med event.” The Madison VA uses barcode scanning medication administration (BCMA). Upon application of a nitropatch, the package is scanned and the nurse signs it completed in BCMA. However, upon removal of the nitropatch, the order is signed as completed in BCMA, but sometimes, the physical removal of the patch was being overlooked.

The “elegant,” quality improvement designed by this direct care nurse was to work with pharmacy (an interdisciplinary approach) to create an “extra” barcode and attach it to the outside of the nitropatch package. Upon applying the nitropatch to the patient, the nurse would additionally attach the “extra” barcode right onto the nitropatch. Upon removal orders, the bedside nurse would need to scan the “extra” barcode (and thus remove the nitropatch at the same time).

Quality improvement is not something we view “in addition” to our jobs but rather it *is* our job. In an increasingly complex healthcare environment, elegant solutions are needed more than ever. At the William S. Middleton Memorial Veterans Hospital, nurses are encouraged to “be the change they wish to see” (Gandhi).

Clancy, T.R. (2009). In search of elegance: Making the complex simple. JONA, 39(12), 507-510.

TRANSFORMING CARE AT THE BEDSIDE:

Empowering Nurses to be the Change They Want to See

*By: Angela Garza, BSN, RN, Program Manager, Inpatient Medicine/Oncology,
Clement J. Zablocki VAMC, Milwaukee*

“When you are through changing, you are through.” (Bruce Barton, author and publicist)

This statement is so true today, especially in healthcare where change is the only constant; and the pace of change is so rapid that hospital leaders must be keenly aware of how this impacts nurses and ultimately patient care. Improving outcomes, reimbursement cuts, doing more with less, and pushing towards the “Magnet” are all factors that impact nurses, particularly the “front line” staff in acute care areas. How do nurse leaders stay afloat while trying to drive these system changes? How do we create or sustain healthy and safe work environments for our patients and the people who care for them? How do we retain nurses at the bedside where the patients so desperately need them? The answer lies in a transformation of care and a transformation towards a culture that empowers front line staff.



In 1999, the Institute of Medicine (IOM) released a report estimating that 98,000 patients die every year as a result of medical errors. In response to that, in 2003, the Robert Wood Johnson Foundation (RWJF) in collaboration with the Institute for Healthcare Improvement (IHI) launched a bold initiative to improve the care provided on medical/surgical units across the country. Focusing on acute medical surgical units, where patient turnover was high, where most adverse events occurred, and where staff retention was difficult, they proposed “Transforming Care at the Bedside” (TCAB) as the solution to the overwhelming negative trajectory of healthcare. The premise of TCAB is simple; get nurses back to the bedside where they make a significant impact on improving patient safety. The American Organization of Nurse Executives (AONE) partnered with the RWJF and the IHI in 2007, with a mission to spread TCAB processes to 67 units and evaluate the impact it would have on patients and nurses. Our unit (4C), medical telemetry and oncology area at the Clement J. Zablocki VA Medical Center, was fortunate to be selected to participate in this research project.

TCAB empowers front line staff to generate, and then test innovative ideas that improve quality of care and promote safety. This empowerment comes from the support from the organizations leaders. Creativity and innovation are key components of TCAB. Key staff members, willing to be the “Change Champions”, are given tools to help them host a unit wide “Snorkeling” session generating as many ideas as possible answering the question, “What does the perfect unit look like?”

Ideas are then grouped into four categories:

1. Patient Centered Care – involve patients
2. Vitality and teamwork – create a healthy work team and work environment
3. Value added care – eliminate waste of resources (time and supplies)
4. Safe and reliable care – keep patients safe

[...more information on page 5](#)

Transforming Care at the Bedside - continued from page 4

Staff nurses then test their ideas using the Plan-Do-Study-Act (PDSA) model along with rapid cycle testing. They were only required to keep one guideline in mind: *One nurse, one patient, one shift, can make all the difference.* Results are then quickly analyzed and decisions are made by staff to *adopt, adapt, or abandon* the idea. Rapid cycle change in the hands of nurses who live the experience daily is what separates TCAB from traditional performance improvement initiatives. Suggestions for improvements come from front line staff who perform direct patient care and not from the executive suite. In essence it is a grass roots effort to assist nurses in the realization that they have the power to create change. As a result, staff nurses develop ownership of processes and are directly responsible for the initiatives they implement.

No idea is turned away as long as patient safety is not compromised. Since our TCAB journey began, 4C tested over 100 change efforts, and adopted over 70 of them. Examples include:

- Fall prevention initiatives including: red socks for patients at highest risk of falling, hourly rounding, post fall huddle to gather staff and discuss what may have prevented the fall and what interventions to implement to prevent a repeat fall, leaf signage placed on the doorway of patient rooms, and a fall tote board to display how many days our unit has gone without a patient fall. These combined efforts led to a significant decline in our fall rate over the last year.
- Bedside hand-off shift reports to improve patient safety and increase patient involvement in their plan of care.
- Shift huddle or a time when nurses come together after report to share important information about their patients so the “team” can work together to keep our patients safe.
- “Pat on the Back” board for staff, patients and family members to post words of thanks.
- “Yacker-Trackers” or stop light noise control devices, which flash when the ambient volume goes up, are now mounted throughout our unit—to help control noise.
- Evidence Based Practice (EBP) changes involving use of the Iowa Model for EBP to evaluate if the volume of a bowel prep could be reduced to improve patient comfort while not compromising results. The staff nurses involved with this project have been selected to present at a Milwaukee research symposium on May 13, 2010.
- Reorganization of the nurse server cabinets so the supplies that staff use and need most are at the patient’s bedside when they need them.

The staff are now empowered to challenge the system and are currently promoting efforts to establish a healthy work environment. Although our official participation in the 2 year research portion for TCAB has ended, this has become a part of the culture of 4C. Staff satisfaction and retention remain high, so much so, that potential candidates now vie for positions on our unit. They are introduced to TCAB when they interview, to ensure they understand the expectations the nurses have set for themselves. The bar has been raised even higher for nurses on 4C, and to work here one must be very comfortable with change. The only constant is change – and we continue to do so - always in an effort to improve the quality and safety of the care we provide and make this a fun place to work.

Providing excellent care to our Veterans remains our primary focus and we are showered with praise and appreciation from our patients every day. This is a testament to the effects of TCAB. TCAB has made a great unit even better. Our responsibilities are now shifting towards spreading the TCAB word: Sharing what we have learned with other units in our hospital and channeling through our academic partners so that we all can Transform Care at the Bedside – one nurse – one unit – one hospital – at a time! For more information on how you can implement TCAB in your work area please visit the RWJF and IHI websites.

References:

- *Institute of Medicine, Committee on Quality of Health Care in America. (2001). Crossing the quality chasm: a new health system for the 21st century. Washington, D.C.: National Academies Press.*
- *Institute of Medicine, Committee on Quality of Health Care in America. (2000). To Err is Human: Building a safer health system. Washington, D.C.: National Academies Press.*
- *Robert Wood Johnson Foundation. (2008). Transforming Care at the Bedside (TCAB) toolkit. Princeton, NJ.*

From the Legislative Committee

The W-ONE Legislative Committee teleconferenced on March 26, 2010 to review our strategic initiatives for this year as well as getting an update on legislative activity.

Our Strategic initiatives for this year include the following;

- o Initiate and strengthen relationships with legislators
- o Facilitate ongoing dialogue with legislators regarding healthcare related issues
- o Evaluate cost and issues related to automating web-based legislative communication system on W-ONE web site
- o Evaluate and monitor legislative bills which may require W-ONE position statements
- o Develop skill set and resources to monitor Wisconsin legislative issues
- o Planning a break-out session at W-ONE conference on legislative process, testifying at a hearing and getting to know your legislator

The legislative committee plans to assist in keeping you up to date with current activities that impact our healthcare environments on a daily basis.

The current legislative activity at the Assembly Health Committee remains on the Mandatory Overtime Bill (MOT) - SB 108. Legislation on the ban of mandatory overtime removes an important safety net that is rarely used but allows hospitals to assure patients they will be cared for in the event census increases dramatically. Hospitals routinely accommodate unpredictable events such as staff illness, weather and other variable demands. To meet these demands, any number of supplemental staffing resources would be implemented such as using internal float nurses, part time, on-call and per diem staff, variations of shift length and local agency staff. Limiting the tools available to hospitals impairs their ability to ensure that the correct number of staff and right skill mix are available to care for patients whenever the need changes.

Restrictive staffing rules may result in limiting access to emergent care. Hospitals do not directly control patient volumes or acuity levels. Staffing needs are unpredictable and can change very quickly. Scheduling restrictions may limit the amount of legally available staff and unintentionally decrease availability of some of these essential unpredictable service needs. These staffing limitations may reduce patient access to critical hospital services.

The MOT legislation passed out of the Senate (SB 108) but remains without a vote in the Assembly (AB 152). Since there was a financial cost to the State of Wisconsin, it was referred to the Joint Finance Committee. This committee has not acted upon the bill so it remains at this level. The legislative committee continues to monitor the MOT bill and will keep you updated.

Submitted by Jan Bauman

Update on WHA Quality Measures Team And CheckPoint Susan Peterson, W-ONE Board Rep.

The WHA Quality Measures Team met on February 19. Some of the key discussion points were:

- A mock-up of the CheckPoint screen display of the Perinatal Data was presented. The plan is for this data to be publicly reported on CheckPoint in May. The first report will likely contain data from the three quarters beginning July 2009-March 2010. When data for the next quarter is available, it will be added in order to display a rolling 4 quarters.
- The WHA Board approved moving forward with a set of stroke measures. Specific measures have not yet been determined. The anticipated go-live date for public reporting of stroke data would be the latter half of 2010.
- The Team will undertake a review of potential pediatric measures using the evaluation process that has been used for any new measures added to CheckPoint.
- Additional measures are being researched and analyzed against the evaluation criteria for posting to the CheckPoint site include the following:
 - o Culture of Patient Safety Survey results
 - o Efficiency measure such as length of stay
 - o Falls
 - o Pressure Ulcers
 - o Hospital acquired conditions
 - o Readmissions rate
 - o Nurse sensitive measures
 - o National Patient Safety Goals
 - o AHRQ Patient Safety Indicators

If you have any questions or comments, do not hesitate to contact me at susan.peterson@phci.org.

2010 Calendar of Events

Supported by the Aligning Forces for Quality grant in Wisconsin.

January							February							March						
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31																				

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24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
31																				

Learning Opportunities

How to participate:

- All programs begin at Noon, unless otherwise stated. Check the WHA Quality Center website for notices or updates on these and other opportunities (www.whaqualitycenter.org).
- If you wish to receive ALL announcements for these events and you are a QI / Risk Manager or a Nurse Leader, you will automatically be notified at least two weeks prior to the event via e-mail.
- If you or others are not on these e-mail lists and wish to be notified of announcements, please notify Stephanie Sobczak (ssobczak@wha.org) or Jill Hanson (jhanson@wha.org) to be added to the notification list.

Improvement Forum Conference Calls (all programs begin at Noon, unless otherwise stated):

<i>PM + QI = Momentum</i>	January 21	<i>Making the Business Case for QI Initiatives</i>	August 19
<i>The Engagement Puzzle</i>	March 18	<i>Priority Setting in a Too Busy QI World</i>	September 16
<i>Resistance to Change</i>	April 15	<i>Scorecards that Drive Results</i>	October 14
<i>Scorecards and Dashboards</i>	May 20	<i>The Culture of Safety: Are We There Yet?</i>	November 18
<i>The Message: Talking About QI</i>	June 17	<i>Encouraging Positive Change</i>	December 16
<i>Connecting Staff to Organizational Goals</i>	July 15		

Additional Opportunities:

Nurse Leaders Forum: February 25; May 6; August 5; September 30	W-ONE Pre-Con for Nurse Leaders: April 21
Online Learning: QI 100 Learning Series Available Beginning March 15	Wisconsin Quality & Safety Forum: October 18-19 (location TBD)

Aligning Forces for Quality is supported by the Robert Wood Johnson Foundation, through a grant to the Wisconsin Collaborative for Healthcare Quality. In Wisconsin, Aligning Forces for Quality is a joint project by the WCHQ, WHA, and other organizations.

Call for W-ONE Board Members

Dear W-ONE Members:

We are looking for a few strong nursing leaders. You may be the one we are searching for to serve W-ONE. It's time to elect new officers and committee members for several positions. If you are interested in being placed on the ballot, please indicate your interest by marking the position of interest. You may also nominate another person, be sure they are in agreement!

_____ President-Elect (one year term)

_____ Secretary (two year term)

_____ Board of Directors -- there are three open positions (two year term)

_____ Nominations Committee -- there are two open positions (two year term)

Name _____

Title _____

Agency _____

Preferred mailing address _____

Telephone _____

E-mail address _____

Please return the completed application no later than **June 30, 2010**.

Thank you!

**RETURN TO:
W-ONE
PO Box 259038
Madison, Wisconsin 54725-9038
Fax: 608-274-8554**

Nurse Leader of the Year

The Wisconsin Organization of Nurse Executives honors a Wisconsin nurse leader each fall. Criteria for selection of the Nurse Leader of the Year include the following:

1. A member in good standing of the Wisconsin Organization of Nurse Executives.
2. Has provided service to the Wisconsin Organization of Nurse Executives through participation in special or standing committees or through elected offices.
3. Has demonstrated creativity in nursing management/administration.
4. Has promoted the profession of nursing and nursing management within the institution and the community; serves as a role model, mentor and coach to others.
5. Has demonstrated nursing leadership by sharing knowledge and expertise within and outside the institution through presentations in seminars, formal course offerings and/or publications.
6. Has developed positive intra-institutional relationships with other disciplines including administration and medicine.
7. Demonstrates compassion and spirit toward patients, families, colleagues, and subordinates.
8. Participates in a broad range of civic and health care related organizations; a political activist for nursing and health care.

Nurse Leadership Award Nomination

Due Date: June 16, 2010

I request that the W-ONE Committee on Nominations and Recognition consider:

Name _____
Title _____
Institution _____
Address _____
City, State, Zip _____

for the 2010 Nurse Leader of the Year Award.

Having reviewed the criteria for this award, I believe this candidate has met them in the following ways:

Submitted by:

Name _____
Title _____
Institution _____
Address _____
City, State, Zip _____
Telephone: _____

RETURN TO:

W-ONE
PO Box 259038
Madison, WI 53725-9038

Please Return by June 16, 2010



Judy Warmuth, WHA Liaison
VP, Workforce Development
Wisconsin Hospital Association
jwarmuth@wha.org
608-274-1820

WHA Update

Legislative Session Ends

The general session of the 2009-2010 Wisconsin Legislature is over. As I write this column, almost 200 bills that have passed both houses are awaiting action. It is still possible that the Governor will veto some of this bills, and I will not make predictions on them. I can, however report that the following bills did not succeed and will not become law: Certified Nurse Midwives practice changes, Certification of Surgical Technologists, Expansion of authority for Advanced Practice Nurse Prescribers, Additions to FMLA for school events, Licensure of Anesthesiologist Assistants and the Ban on Mandatory Overtime. There is much legislative interest in the health care workforce, and I anticipate that licensure, expansion of scope of practice and staffing will again be a focus in the next legislative session.

Many of you participated and were involved in issues this session. I hope that you feel that you made a difference and that your voice was heard. I also hope that you plan on using those skills again.

CNO Program

WHA in collaboration with W-ONE is planning an introduction and orientation day at the WHA office in Madison. The program is designed for those new and somewhat new to the role of chief nursing officer. The objectives for this day include learning about the resources available to CNOs through WHA, an introduction and welcome to W-ONE, effective ways to work with legislators, and an overview of state regulations and requirements. Program information will be sent directly to CNOs and if there is significant interest, it will be repeated.

May AF4Q Webinar features W-ONE members

The next AF4Q Webinar for nurse leaders will feature familiar names and voices. 'Helping Nursing Staff Move from Uninvolved to Engaged' will be presented by Tim Gengler, CNO, Aspirus Hospital, Wausau and Ruth Risley-Gray CNO, Langlade Memorial, Antigo. They will discuss their learnings and experience with shared governance and nurse engagement. The program will be May 11 at noon. If you are interested, contact Jill Hanson at jhanson@wha.org to register.

WHA Workforce Council Activity

The WHA Workforce Council took positions on two issues at their last meeting. First, the council recommended that NCLEX pass rates and nursing programs being monitored for low pass rates be posted on the Department of Regulation and Licensing website. The council made the recommendation as a way of informing the public and holding nursing programs accountable to students and potential students.

The Council was also asked to make a recommendation about mandatory influenza immunization for hospital employees. Their recommendation was to support hospitals in their efforts to immunize all employees without a mandate.

....continued on page 11

Board of Nursing Meeting

The Board of Nursing met on May 6. The agenda is posted at http://drl.wi.gov/meetings_doc.asp?thismeeting=2265 . Two items of interest on the agenda were public posting of school of nursing NCLEX pass rates and approval for Rasmussen College to plan AD nursing programs in Appleton, Green Bay and Wausau. As always the meeting is open to the public. The Board's meetings are very interesting and I would encourage any of you with an interest to attend.

IPP Task Force

The Impaired Professional Task Force was appointed to update and improve the Department of Regulation and Licensing's process for assisting all impaired licensed professionals. The Task Force has been meeting for almost a year, and had nearly completed its work. Administrative rules have been drafted and the approval process has begun. This process may take six months or more. When the rule is implemented, the Wisconsin Board of Nursing and WHA will formally communicate information about the new program which will be called the Professional Assistance Program.

I hope you are having a great spring.



W-ONE Board of Directors 2010

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- Submit articles for publication in the next issue of Horizons to Carol Winegarden, 920/846-3444, carolwi@cmhocontofalls.org.
- If you are interested in being a part of a specific committee, contact the committee chair.

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