



August 2010

# HORIZONS



## President's Message

I hope you are having a wonderful summer with your children, grandchildren, family and friends. We are fast approaching a very important time of the year for the Wisconsin Organization of Nurse Executives, voting for our new Board Officers, Members and Nominations Committee Members. Our organization

is strong with over 300 members who volunteer their time and talent to make us the best. We are once again blessed with many talented nurse leaders who have been nominated to the open positions for 2011. The Board represents nurse leaders from many different organizations, academia, critical access hospitals, community hospitals and regional hospitals. This diversity adds to the positive decision making and collaboration within our organization. The ballots will be sent via email so please take a few minutes and vote!

Our next Board meeting will be held on September 15 at the WHA Annual Convention at the Marriott Madison West Hotel in Madison and is open to all of our members. I encourage you to attend as there are a lot of great initiatives we are working on and it would be great to have you join us.

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

### W-ONE Board Meetings 2010

Wednesday, September 15	TBD	Board Meeting WHA Annual Conference
Friday, November 19	10-1430	Board Meeting WHA Headquarters

## W-ONE Professional Development Committee Report July 30, 2010

The 2010 W-ONE information and application documents for all scholarships and research grants are now available online at: <http://www.w-one.org>

Respectfully submitted,

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### 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.

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

# STAFF ENGAGEMENT DRIVES PRACTICE IMPROVEMENTS AND STAFF SATISFACTION

*Good ideas on engaging staff nurses in quality*

## **St. Clare Hospital, Baraboo**

**Sara Willis, RN, Council Chair**

**Charity Leister, RN, Council Chair**

**Doris Blumberg, RN, Council Member**

**Diana Hutter, RN, Council Member**

**Shar Witz, RN, Council Member**

**Liz Hilgeman, RN, Council Member**

**Wendi Kohnert, RN, Director of Acute Care Services**

The Medical Surgical Department at St. Clare Hospital in Baraboo, Wisconsin has been experiencing many changes in how care is delivered by the nursing staff. The model of care delivery is Relationship Based Care and staff engagement has never been better. The Medical Surgical Department's Practice Council is comprised of staff nurses and is facilitated by the department director. The council has been responsible for choosing, planning, and implementing many changes that have enhanced safety, clinical outcomes, patient satisfaction, and physician satisfaction. The council, guided by elements and principles of Relationship Based Care, reflected on the existing nursing practice model and created a vision for ideal practice. While it isn't possible to be perfect, the staff implemented key practices that brought care closer to the defined perfect world. And as the journey continues, additional evaluation and changes continue to occur.

What made the council successful? Commitment, communication, staying centered, and collaboration created successes. First, the council and staff made a commitment to making needed changes in a realistic way that impacted results. We did not seek the easiest fixes and challenged ourselves to go above and beyond "good enough". The leadership team also made a commitment to ensure that staff would be relieved of bedside care to attend development meetings, planning meetings, and results reporting meetings.

Second, communication was essential. Involving as many people as possible was the goal of the council. A communication tree was employed whereby every single member of the staff was assigned to a member of the practice council. The council member accepted responsibility to communicate ideas and decisions to their colleagues from the council. The council sought feedback and suggestions, and at the appropriate time with the leadership of the department director, developed educational opportunities to communicate the implementation plan to the department. Involving everyone and gaining support for the plans were key to the council's success.

Third, the council stayed centered...patient centered. Every decision that was made had the patient at the center. Decisions that positively impacted patients were embraced. Some of the decisions that were made included improving continuity of care by making changes to staff schedules, changing how patient assignments were made, and shifting role expectations.

....continued on page 4

## Staff Engagement Drives Practice Improvements/Staff Satisfaction - continued from page 3

Lastly, the council collaborated with everyone from housekeeping to physicians. The council's goal was to break down silos and offer comprehensive and well coordinated health care services that would reach across the continuum of care. Nurses have begun to be the keepers of the therapeutic relationship as they coordinate the care of their patients with all the care team members.

The vision that the Medical Surgical Department reads: "We are dedicated to providing safe, compassionate and personalized care with unconditional respect to everyone who enters our doors". In our quest for improvements, not only have outcomes improved but staff members are also happier. In 2009, statistically significant improvements were seen on the staff satisfaction survey in the areas of systems and leadership, teamwork, and direct management. In the 2010 staff satisfaction survey, when asked if they plan to be working for St. Clare Hospital in one year, 97.1% responded favorably. The Medical Surgical Department and their council have much to celebrate as they continue their work in 2010.

## Elder Friendly Hospital

THE AONE Guiding Principles for the Elder-Friendly Hospital/Facility and the Role of the Nurse Leader provides guidance to assist the nurse leader in creating an elder-friendly hospital for patients and for an aging workforce. The document addresses principles for the patient, the staff, the nurse manager, and the Nurse Executive.

The first guiding principle is to assess each patient as a unique individual. Assessment focuses on risk assessments, recognition of what is happening outside the hospital, and perspective on patient baseline and where they want to be at discharge. The nurse executive oversees the completion of a system analysis to ensure assessments are being done and tools have been created to ensure appropriate assessments are completed so a patient-specific care plan is created.

The second guiding principle is take measures to accommodate the patient's and family's special needs. The "rights of the elderly" are assured. A broader definition of family may need to be considered. The Nurse Executive creates a culture that incorporates diversity which includes age and family.

The third principle is the nurse provides therapeutic response, patience, and presence for the geriatric patient. Nurses are knowledgeable of the resources needed for the geriatric patient. Evidenced based protocols are used by all providing care. The nurse coordinates care across the continuum. Excellent communication that is tailored to the needs of the geriatric patient is used. The Nurse Executive integrates NICHE (Nurse Improving the Care of Health System – Elder) competencies as appropriate for staff caring for the elderly patient.

The fourth principle is that the physical environment supports the needs of the geriatric patient and the staff who care for them. The nurse executive ensures that Evidence Based Design Principles are incorporated as appropriate to provide an elder-friendly environment.

The fifth principle is trans-disciplinary and collaborative approach to care of the elderly is provided. A council/team encourages a collaborative approach to care. The Nurse Executive establishes and supports collaborative approach to care. Further information on AONE Guiding Principles for the Elderly-Friendly Hospital can be found at [www.aone.org](http://www.aone.org).

The AONE task force on Elder-Friendly hospitals is planning a preconference for the 2011 annual meeting that will disseminate the AONE work to create elder-friendly hospitals.

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## WHA Update

### Board of Nursing Meeting

The Board met July 22 for their regular meeting. Rasmussen College received approval to admit students to a new program in Green Bay. Rasmussen has permission from the Board to plan for programs in Wausau and Appleton as well, but does not yet have clinical placements determined for these locations. The Board again discussed access to clinical learning experiences for student nurses and reminded hospitals that the Board does not monitor the number of students using any single facility, that hospitals are responsible to look carefully at the number of students they support in their facilities.

The board approved a Q & A on Student Complaints about Nursing Programs which should soon be available on the DRL website. Also on the website is the July 2010 Nursing Regulatory Digest. This is the first edition since 2003. The health boards have heard from their licensees that the Digest was missed and it will return as an electronic newsletter. The Digest can be found at: [http://drl.wi.gov/board\\_docview.asp?docid=121&boardid=42&locid=0](http://drl.wi.gov/board_docview.asp?docid=121&boardid=42&locid=0)

There was discussion of the USA Today article about the Nurse Compact licensees that continue to practice despite practice issues in other states. It was agreed that the Board, in cooperation with WHA will offer a program for nurse leaders on the implications of employing nurses to work under a compact license.

Two items that WHA had requested are included in the Board's 2010 Goals: posting of school of nursing NCLEX pass rates and notifying hospitals when new board actions against licensees are posted on the website. No timeline has been proposed for either item, but it is good news that these enhancements are planned goals for 2010.

### Impaired Professionals

The Department of Regulation and Licensing has proposed changes to the administrative rule that governs the impaired professionals program in the department. A hearing on the new rule changes will be held on August 6, 2010.

The changes can be viewed at: <https://health.wisconsin.gov/admrules/public/Rmo?nRmold=7043> click on: Initial Proposed Rulemaking Order. If you have comments or concerns about this rule, I would very much like to hear about it. I do plan to attend the hearing.

### RN Survey

The Wisconsin Collaborative has been promised that basic demographic data will be available from the RN Survey by August 3. While no date has been promised, access to components of the data via a website has also been promised. I will inform W-ONE members when they can access the first data release.

### Physician Duty to Report

Physicians in Wisconsin have a new duty to report specific behaviors and actions by other physicians which may put patients at risk. There is some concern about this mandate. The Medical Examining Board has drafted an article that will respond to these concerns. It will be available in the next Medical Board version of the Regulatory Digest.

### Transforming Care at the Bedside

WHA will be offering a hospital collaborative of Transforming Care at the Bedside. We are waiting for a possible kickoff date from AONE and will begin seeking enrollment as soon as we have a date. Our request is for a late fall kickoff, with early spring 2011 as our second option. Watch for more information and a timeline soon.

### Elections

With the Legislature in recess, attention has turned to elections. If you have an opportunity to talk with candidates, consider it a way to educate them about issues of interest to nurse leaders. You may be at a candidate forum or even find a candidate at your front door. Each of you have your own local issues, but you may also want to ask what individuals believe or support about nursing outcomes and quality, reimbursement for care or access for the uninsured.

*Judy Warmuth*

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- 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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