A Letter from Elizabeth B. Concordia.

The commitment of UCHealth nurses to our patients is extraordinary. Over the past year, through a pandemic that disrupted everyone’s personal and professional lives, they pivoted, they innovated and they sacrificed. They took on different and challenging roles. Most importantly, our nurses, staff and providers continued to keep patients first, constantly focused on improving lives.

I am inspired by the words of Allison Stergios, cardiac ICU nurse at UCHealth University of Colorado Hospital in Aurora, who cared for patients in critical condition with COVID-19:

“People need care. They need help. That’s our role… Maybe it’s something as simple as holding their hand and being quiet and being present, letting them feel they’re not alone.”

After caring for patients through the hardest times of the pandemic, she volunteered to give injections at Colorado’s largest mass drive-thru COVID-19 vaccination event, hosted by UCHealth in partnership with several organizations in February 2021 at Coors Field. We vaccinated 10,000 people that weekend—and over 100,000 that month—a major turning point in the pandemic.

UCHealth nurses are also leaders in the communities we serve, caring for all patients and improving the overall health of our state. Our teams spearheaded a broad vaccination effort, which reached from our hospitals to long-term care facilities; federally qualified health centers; and places such as a rural fire station in Lake George, west of Colorado Springs, and Colorado’s oldest Black church, Shorter Community AME Church in Denver.

As an organization, we reinforced our commitment to kindness and fairness with a plan of action toward diversity, equity and inclusion. We incorporated DEI as a core component of UCHealth’s strategic plan, established regional inclusion committees and recruited Chief Diversity Officer David Mafe to build upon our Plan for Action.

In this publication, we celebrate our nurses’ dedication to see that our patients receive the best care even during adversity, to see that their coworkers are supported and to see that we constantly elevate the high-quality, innovative care we provide for people throughout the Rocky Mountain Region.

Their ambition and care make extraordinary possible.

Sincerely,

Elizabeth B. Concordia
President and Chief Executive Officer, UCHealth
A Letter from Katherine Howell.

I have extreme gratitude for the over 8,000 UCHealth nurses who cared for our patients and families during multiple pandemic surges. I admire all our nurses who, facing some of the toughest circumstances of their careers, also cared for each other—physically, mentally and emotionally. Two examples are described.

Assouma Murekeyisoni and Erin Barry, nurses on a floor normally devoted to renal care at UCHealth Memorial Hospital Central in Colorado Springs, held the hands of a patient fighting a simultaneous battle against COVID-19 and cancer as she took her last breath. The patient’s daughter later wrote hospital administrators to share her appreciation for the care delivered when she could not be at her mother’s side.

Kate Soholt, float pool nurse manager at UCHealth Poudre Valley Hospital in Fort Collins, led a team of nurses on the hospital’s ongoing, dedicated COVID-19 unit. One year into the pandemic, she organized a healing tribute for staff to acknowledge the first names of every patient who survived and who did not, and the staff and providers who cared for them. A poem was read, a song was played and a small potted plant was presented; it continues to thrive on the unit.

Nurses across UCHealth were removed from their comfort zones, as some who had spent years in non-clinical roles completed skills sessions with nurse educators to update their competencies before returning to the bedside. Thank you to our nurse educators who ensured timely competency completion while also staffing to meet our patients needs on COVID-19 units.

Our nurses came together to develop and introduce the first unified UCHealth Professional Practice Model, which depicts how our nurses practice, collaborate, communicate and develop professionally to provide the highest quality of care.

UCHealth Medical Center of the Rockies in Loveland was honored with a prestigious recognition for nursing excellence, receiving designation as an American Nurses Credentialing Center (ANCC) Magnet organization for the third time. It is impressive that our MCR team earned this achievement while navigating the challenges of a historic pandemic. It speaks to their tenacity and transformational leadership.

Across UCHealth, our devoted nurses cared for our patients with integrity, empathy and an unwavering commitment to care for the human spirit like never before.

Sincerely,

Katherine Howell
Chief Nursing Executive, UCHealth
Chief Nursing Officer, University of Colorado Hospital
UCHealth CNO Council members.

Katherine Howell, MBA, BSN, RN, NEA-BC
Chief Nursing Executive, UCHC
Chief Nursing Officer,
University of Colorado Hospital

Jennifer Rodgers, DNP, ACNP-BC, FAANP
Vice President Advanced Practice
and Associate Chief Nursing Officer,
Ambulatory Nursing
University of Colorado Hospital

Jennifer Zwink, MS, RN, OCN
Vice President of Nursing and
Associate Chief Nursing Officer
University of Colorado Hospital

Noreen Bernard, EdD, RN, NEA-BC, FAAN
Chief Nursing Officer, Longs Peak Hospital
Chief Nursing Officer, Broomfield Hospital

Kelly Watson, DNP, MHA, RN, FACHE
Chief Nursing Officer
Highlands Ranch Hospital

Tamera Dunseth Rosenbaum, MSNA, RN, NE-BC
Chief Nursing Officer
Memorial Hospital

Mark Mayes, MHA, BSN, RN, CEN
Vice President of Nursing and
Associate Chief Nursing Officer
Memorial Hospital

Courtney S. Hoffbauer, MSN, RN-BC, NE-BC
Director of Nursing, Grandview Hospital
Director of Hospital Acute Care Services
Memorial Hospital

Jessie Willard, MSN, RN, CENP, NDF
Vice President and Chief Nursing Officer
Medical Center of the Rockies

Tammy Piccone, MSN, RN, NE-BC
Chief Nursing Officer
Greeley Hospital

Julie Nunley, MBA, BSN, RN
Vice President and Chief Nursing Officer
Poudre Valley Hospital

Michael Rodriguez, MSN, RN, CCRN
Chief Nursing Officer
Pikes Peak Regional Hospital

Kelly Gallegos, BSN, RN
Chief Nursing Officer
Yampa Valley Medical Center

Kimberly DeLine, BSN, RN, JD, CPHRM
Vice President Nursing,
Associate Chief Nursing Officer
UCHHealth Medical Group

JoAnn DelMonte, MSN, NPD-BC, NEA-BC
Vice President of Professional Development
and Practice, UCHHealth

Cathleen Ehrenfeucht, MS, RN
Vice President of Operations
University of Colorado Hospital

Lisa Camplsey, MBA, BSN, RN
Senior Director of Quality and Regulatory Affairs
UCHHealth Clinical Quality

Michelle Feller, MS, BSN, RN, CNN, NEA-BC
Senior Director of Resource Management Center
UCHHealth Nursing Administration

Amy Hassell BSN, RN, CCRN
Director of Patient Services
UCHHealth Virtual Health Center

Alice Pekarek, BSN, RN
Senior Director of Information Technology
Director of UCHHealth Clinical Informatics

Kaye Reiter, MSN, RN, NE-BC
Vice President of Perioperative Services
UCHHealth Operations Administration

Ellen Seymour, MBA
Director, Clinical Strategy, UCHHealth

Caryn Staib, MBA, MHSA, RN
Director of Value Analysis
UCHHealth Supply Chain Management

Ellie Venafro, MHA, CHFP
Director of Finance
UCHHealth Finance Administration
Our mission.
We improve lives. In big ways through learning, healing and discovery. In small, personal ways through human connection. But in all ways, we improve lives.

Our vision.
From health care to health.

Our values.
Patients first.
Integrity.
Excellence.

UCHealth Nursing Professional Practice Model
Nursing professional practice is anchored by the mission, vision and values of UCHealth and person-centered care. Nurses pursue excellence by leading evidence-based practices across the care continuum, delivering compassionate care through integrity and interprofessional collaboration.
UCHealth at a Glance FY2021

1,997 available beds
4,488,949 clinic visits
141,206 admissions, observation visits and urgent care visits
13,201 babies delivered
480,767 emergency department visits
8,220 COVID-19 admissions
UCHealth Nursing Quick Facts FY2021

8,555
total RNs
(all areas)

BSN rate | MSN rate | DNP/PhD
80%      | 13%      | 1%

42 DAISY Awards
6 Colorado Nightingale Luminary Awards
33 research studies

ANCC Magnet® recognized facilities.

Poudre Valley Hospital

University of Colorado Hospital

Medical Center of the Rockies
2010, 2016, 2021
TRANSFORMATIONAL LEADERSHIP

UCHealth Incident Command

Nurse leaders guide through pandemic.

Jamie Nordhagen remembers her worst day during the pandemic.

“I didn’t have the ‘why’ behind a pretty major decision that affected a lot of nurses,” said Nordhagen, director of capacity management and patient representatives. “I felt so helpless because I knew everyone was scared, and I didn’t have a way to reassure anyone.”

Nordhagen, along with Cathy Ehrenfeucht, vice president of operations and capacity, and Staci Aden, nurse manager, among many others, served in the command center for months to help manage patient flow, processes, operations, changes in PPE use and more. But more than handling these practical and tactical realities during the unimaginable, Nordhagen admitted to “learning a lot of humility.”

Ehrenfeucht, too, was humbled knowing that as leaders, they were bombarding nurses with almost hourly changes.

“I knew I needed to stay calm and not just listen, but really hear the staff when they brought concerns forward,” said Ehrenfeucht. “Clarity and kindness and patience were paramount.”

“Nurses were having to tell patients a family member passed,” added Aden. “I knew these moments impacted them greatly.”

The photo wall of beloved pets on the pulmonary unit, therapy-dog visits and bottomless buckets of candy proved helpful. As did instituting a contest during cleanup time in the command center.

“We guessed who chose the music, and while I didn’t always like the genres, it lifted people’s spirits,” said Ehrenfeucht, laughing.

More than anything, Nordhagen said she took time to debrief, engage and learn what it felt like to be on the floor.

“I never felt more proud of our nurses and their level of commitment and selflessness.”

As for Nordhagen’s best day?

“Every day, I see a nurse in the hallway and say thank you.”
Expanding ICU care between pandemic waves.

When the intensive care unit at UCHealth Longs Peak Hospital planned to double its capacity to 12 beds in February 2021, ICU Nurse Manager Natalie Willis started hiring new nurses a couple months early.

The first two nurses started in November, just as the pandemic’s second—and biggest—surge began driving up COVID-19 hospitalizations. Both nurses had more than 10 years of ICU experience and were able to make a difference with patient care well before the unit’s expansion completed.

“Natalie’s vision and preparation to hire critical nurses ahead of the opening had a dual benefit—the ability to care for ICU COVID-19 patients during the second wave of the pandemic, which preceded the opening of the new ICU beds,” LPH Chief Nursing Officer Noreen Bernard said.

About nine nurses were added to the unit through the expansion, and the ICU has continued to operate near full capacity at the busy hospital.

Educators return to bedsides to cover shifts.

To ensure appropriate staffing levels as the COVID-19 pandemic spread, UCHealth nurse educators set up skills labs to retrain fellow nurses who’d spent years in non-clinical roles. Then they, too, returned to the bedside.

Kelli Dunn, a nurse educator for trauma-surgical in the UCHealth Northern Colorado Region, had been away from direct patient care for five years until 2020, when she and many others supported colleagues as “helping hands”—caring for patients on COVID-19 units.

“I thought it was amazing,” said Dunn, whose shifts were mostly at UCHealth Medical Center of the Rockies. “I enjoy being at the bedside. I missed it.”

She said it was impressive how many of her colleagues willingly volunteered to care for patients with COVID-19, even when there were many unknowns. Michaela Martinez, a nurse educator for the MCR float pool and medical specialty, had been away from the bedside for two years before she stepped in to support clinical nurses during the spring and fall COVID-19 surges.

She said nurses working in the COVID-19 ICUs quickly adapted. At times, a nurse in a patient’s room would hold a note to the window of something needed, and she would retrieve it for them. The educators said it felt good to support their colleagues they’d previously helped train.

Whatever the need—whether grabbing medications, walking a patient or bathing a patient—nurse educators said it was nice to take tasks off their colleagues’ hands and provide great care.

The quick action of educators to mobilize the skills labs and prepare non-direct care nurses across UCHealth to transition led to “Rapid Response to Ready RNs for the COVID-19 Pandemic,” a December 2020 article in the Journal for Nurses in Professional Development. The article highlights the prompt action, organization and implementation of this process, as well as the lessons learned for future events.
UCHealth Poudre Valley Hospital

Nurse manager coordinates healing COVID-19 tribute for staff.

One year after their dedicated COVID-19 medical-surgical unit swiftly opened at UCHealth Poudre Valley Hospital (PVH), a small group of staff gathered March 30, 2021 in a conference room for a time of remembrance.

On a white board, first names were written: patients who survived, patients who died, and staff and providers who cared for them. A poem was read, a song was played and a potted plant was presented; it continues to thrive on the unit.

The group of nurses and nursing assistants reflected and shared touching stories of their work.

“We had one flower for each patient who passed away,” said PVH Float Pool Nurse Manager Kate Soholt. “There were 39 flowers, and each of the staff was able to take one with them as they left.”

Soholt coordinated the event, found coverage for the unit so staff could attend, invited and worked with a chaplain to finalize plans, and worked with compliance and senior management to obtain approval for the first names of patients to be used, among other tasks.

PVH Chief Nursing Officer Julie Nunley recognized Soholt with the hospital’s 2021 Magnet Nurse Leader Award, including the remembrance ceremony in the announcement:

“With Kate’s facilitation, the resource pool staff came together to review the past year; to grieve for the patients who were lost to COVID-19, to remember those with a fighting spirit, and to renew and heal themselves,” Nunley said. “Through the stress of opening two units and a global pandemic, Kate led by example and supported the staff physically, emotionally and mentally.”

Naomi Hayes, a nurse on Soholt’s unit, said she felt supported while caring for COVID-19 patients—from receiving respirators early in the pandemic, replacing uncomfortable N95 masks, to the goodies Soholt left for them in the breakroom.

“We’ve gotten past the fear phase and gotten to the point we really enjoy getting people home,” Hayes said in June 2021. “For the patient, you were there, and you helped them turn a corner.”
UCHealth Memorial Hospital

CNO uses stay interviews to reduce turnover.

Faced with critical nursing shortages as well as double-digit turnover rates, UCHealth Memorial Hospital Chief Nursing Officer Tamera Dunseth Rosenbaum aimed to change the trend.

Dunseth Rosenbaum set a goal of reducing turnover of nurses with two to five years of experience. By reducing turnover, she believed it possible to improve patient care as well as reduce expenses.

By conducting “stay” interviews with 236 nurses over six months, Dunseth Rosenbaum reduced turnover by 11 nurses and noted decreases in the number of Catheter Acquired Urinary Tract Infections (CAUTI) and increases in metrics associated with nurse communication tracked by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

By retaining 11 additional nurses, Dunseth Rosenbaum’s work saved about $500,000 in recruitment and training expenses.

UCHealth University of Colorado Hospital

Perinatal disparities and implicit bias.

A Black infant born in Colorado is over three times as likely to die before their first birthday than a white, non-Hispanic infant, according to 2019 data from the Colorado Department of Public Health and Environment. Nationally, Black infants are more than twice as likely not to survive their first year than white, non-Hispanic infants, according to the U.S. Centers for Disease Control and Prevention.

Preterm birth is the leading cause of infant mortality, and contributing factors range from access to care, to implicit bias, racism, distrust of the health care system and more. Nurses who are cognizant of these facts and advocate for health equity can improve the lives of our patients.

At UCHealth University of Colorado Hospital, Obstetrics Nurse Manager Cynthia Aubol and Clinical Nurse Educator Andrea Elmore collaborated with Cristol Keenan, a master of science in nursing student, to create a digital presentation to spread awareness. “Raising Awareness: Perinatal Disparities & Implicit Bias” is used to train nurses across UCHealth and connect them with more resources to address disparities in maternal mortality as well as infant mortality.

### Infant mortality rates by race (deaths per 1,000 live births) in Colorado, 2019

<table>
<thead>
<tr>
<th>Race</th>
<th>Infant Mortality Rate</th>
</tr>
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<tbody>
<tr>
<td>Black/African American</td>
<td>11.57</td>
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<tr>
<td>American Indian/Native Alaskan</td>
<td>8.23</td>
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<tr>
<td>White, Hispanic</td>
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<td>White, non-Hispanic</td>
<td>3.25</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5.11</td>
</tr>
<tr>
<td>Overall</td>
<td>4.85</td>
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</tbody>
</table>
UCHealth Professional Development

Creating a PPM with input from our nurses.

UCHealth in spring 2021 released a unified professional practice model (PPM) through a process open to input from all UCHealth nurses.

A PPM is required for all American Nurses Credentialing Center Magnet-recognized hospitals. The ANCC Magnet Application Manual defines a PPM as “the overarching conceptual framework for nurses, nursing care and interprofessional patient care. It is a schematic description of a system, theory or phenomenon that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest-quality care for those served by the organization (e.g., patients, families, communities).”

Previously, UCHealth hospitals had separate PPMs. Contributions from those, as well as from individual nurses, helped shape the UCHealth PPM. The model was developed through a 26-person workgroup that analyzed common themes and took them to the marketing department, which developed a graphic representation of nursing practice at UCHealth.

UCHealth Nursing Professional Practice Model

Nursing professional practice is anchored by the mission, vision and values of UCHealth and person-centered care. Nurses pursue excellence by leading evidence-based practices across the care continuum, delivering compassionate care through integrity and interprofessional collaboration.
UCHealth Highlands Ranch Hospital

Nurse honored to sing in virtual 2021 presidential inauguration ceremony.

At 10 years old, Emily Worthem loved singing in choirs and a cappella groups that performed for residents of nursing homes in Chicago, Illinois, where she grew up.

She could not have imagined that seeds planted then would lead her to become a nurse and to a national stage Jan. 20 to celebrate the inauguration of President Joseph R. Biden.

Worthem, an ICU nurse with UCHealth Highlands Ranch Hospital, was part of the star-studded event “Celebrating America,” a virtual concert honoring President Biden and Vice President Kamala Harris. Because of the coronavirus pandemic, traditional presidential inaugural balls were not held. Instead, actor Tom Hanks hosted the virtual celebration, along with stars Kerry Washington, Bruce Springsteen, Eva Longoria and others.

“It’s a huge honor,” Worthem said of being included in a sing-along with nurses from across the country who have cared for patients during the COVID-19 pandemic.

A few days before Thanksgiving, she wrote a song about what it’s like to take care of COVID-19 patients and the emotional toll it has taken on her fellow doctors and nurses. Denver-area media aired Worthem’s story, and that exposure led to her being selected to sing for the inauguration.

Caring for COVID-19 patients, she said, has been a demanding labor of love.

“It’s been super stressful, but I’ve really relied on a team of nurses, docs, respiratory therapists—everyone—to kind of get through it together,” Worthem said. “I’m really proud of all the efforts of everyone on the team.”
UCHealth Memorial Hospital

Nurses foster collaboration and shared leadership as hospital pursues ANCC Magnet designation.

Nurses Clarien Piedersen and Kim Kassab joined forces to establish a 28-member UCHealth Memorial Hospital Nursing Peer Review Committee designed to review difficult clinical cases with the goal of improved patient care.

The team uses an evidence-based, non-judgmental approach to review cases where improvements can be made at individual and systemic levels. By creating a collegial work group, Piedersen and Kassab are building an environment that encourages self-reflection, trust, collaboration, nurse empowerment and continuous improvement.

After more than a year of preparation and a few COVID-19-caused delays, the UCHealth Memorial Hospital Nurse Peer Review Committee convened in April and meets monthly.

UCHealth University of Colorado Hospital

ICU nurse, a Broncos cheerleader, makes history.

ICU nurse Gabriela Windey, a cheerleader for the Denver Broncos, was the first female and first National Football League cheerleader to receive the Pop Warner Little Scholars Humanitarian Award. Usually, the award goes to NFL players.

It recognized her service as a nurse with UCHealth University of Colorado Hospital, “working 12-hour days to care for patients most impacted by the virus,” according to a news release.

Windey’s manager, Mark Yoder, said that through times of great uncertainty, she always showed up to do her best for patients and their team.

“Gabby is fearless,” he said. “She embraces every opportunity and takes on every challenge with an amazing attitude.”

Pop Warner, founded in 1929, is a nonprofit promoting youth football, cheer and dance programs and is the largest organization of its kind in the world, according to its website.
When the COVID-19 pandemic caused changes to school for Lynn Cerasoli’s daughter, the veteran nurse of 30 years and a group of parents decided they could contribute to their children’s education. They became PATT, or Parents Are Teachers Too.

“It had never crossed my mind that I would ever be in a situation where I would be homeschooling my child,” said Cerasoli, with UCHealth Yampa Valley Medical Center, “let alone teaching her and other children life-saving skills.”

Cerasoli is part of a team of nurses with YVMC’s trauma program who provide community outreach and education. They teach CPR, first aid and, as she did for her daughter’s cohort of fourth and seventh graders, Stop the Bleed.

“Stop the bleed gives bystanders the knowledge to potentially save a life,” she said. “As an ER nurse, I know that controlling any bleeding in the field is critical and can be lifesaving. The majority of Steamboat’s population, including our kids, are very sports- and outdoor-oriented and will likely experience or witness a bleeding injury at some point. Having the knowledge to step in and help can make a difference.”
UCHealth Memorial Hospital

Nurse’s hands convey care message.

When an elderly patient asked Assouma Murekeyisoni to “be with me,” the UCHealth Memorial Hospital nurse understood the challenge of a seemingly simple request.

As a charge nurse on a floor normally devoted to renal care but now also caring for COVID-19 patients, Murekeyisoni was busy. The 26-bed unit was at capacity. Yet the 10-year nurse, eight at UCHealth, offered her hand to the patient fighting a simultaneous battle against COVID-19 and cancer.

“I understood it was a time for me to be quiet,” Murekeyisoni said. “There was nothing I could say. This was a time to use my hands to tell her I cared.”

As she held the patient’s hand, her work cell phone buzzed incessantly in her pocket. Others needed her. But Murekeyisoni made sure her patient was not alone. Alysha Jackson, the unit’s administrative assistant, stepped in to be with the patient. Later, as the patient awaited transfer to the ICU, technician Jennifer Hopton came in. Following a visit by spiritual care representatives, Murekeyisoni joined nurse Erin Barry to hold the patient’s hands as she took her last breath.

“I have a great team,” Murekeyisoni said. “We’re here to change patient lives. But they change our lives, too.”

Murekeyisoni’s actions drew praise from the patient’s daughter who wrote hospital administrators to share her appreciation for the care delivered when she could not be at her mother’s side.

Murekeyisoni understands the challenge of time and distance. She fled war-torn Rwanda 15 years ago, having seen first-hand the genocide that rocked the African country. Emigrating to Colorado Springs under political asylum rules, she traveled to Trinidad to earn an associate’s degree in nursing and later, a BSN from the University of Colorado Colorado Springs. She’s now pursuing a master’s degree while balancing work and parenting three children.

“It’s been hard,” Murekeyisoni says of the COVID-19 pandemic. “But I’ve been through hard times before. We’ll get through this.”

She is pictured in full PPE on the cover of this publication.
If there’s one thing nurses can count on, it’s people having babies. The COVID-19 pandemic was no different.

A pregnant COVID-19 patient arrived in the critical care annex (CCA) during a 2020 surge in pandemic-related hospitalizations at UCHealth University of Colorado Hospital. She was immediately intubated and put in a prone position, not an easy feat considering she was 29 weeks pregnant. When it became clear the baby needed to be delivered, nurses prepped for a cesarean section.

“The nursing teams quickly adapted to everything being different,” said Patty Riley, director of patient care services for women and infants at UCH. Following the delivery, the mom was returned to isolation and the baby to the NICU.

Per request of the family, nurses pumped milk from the breasts of the still intubated and sedated mom and later introduced her to the baby via an iPad.

“That was really hard and emotional for the nurses,” said Riley. “They showed such strength and support for one another.”
UCHealth Poudre Valley Hospital

Nurse communication liaison.

Strict visitor restrictions during surges of the COVID-19 pandemic helped keep people safe at UCHealth hospitals. They also separated patients from their families and loved ones.

Busy health care workers in personal protective equipment had a hard time breaking free to provide updates, so the nurse communication liaison role was created to bridge communication gaps.

“We as nurses know how valuable it is to make sure families are involved and understand what’s happening with their loved ones,” said Claire Dunlap (pictured), a cath lab nurse with UCHealth Medical Center of the Rockies and UCHealth Poudre Valley Hospital. “That takes a lot of time and energy, and is hard to do with high patient workflow.”

For her team, particularly early in the pandemic when elective procedures were put on hold, patient workflow was down. Dunlap also was carrying her first child, and information was scarce early-on regarding COVID-19’s effects on people who are pregnant and their children. She was caught in a tough spot between her professional and personal lives.

“It was kind of horrible having this moral dilemma—I’m someone who is trained on a ventilator and didn’t leave the ICU that long ago. Do I go back and help those coworkers out whom I’ve worked with a long time?” Dunlap said. “In nursing, your responsibility is that you know you make sacrifices, and you still do it anyway. And then being stuck in a position where this is my first child. Now I have a little baby that I have to look out for. How do you choose?”

Through the liaison role, she was able to help patients and her colleagues while working from home. Dunlap would have morning meetings with floor nurses and review electronic patient charts through a secure internet connection. She would then follow up with the families, listen to their concerns and give them support—answering any questions she could and relaying information between them and the unit.

“I hope it took a little bit of the burden off our floor nurses going through so much with the pandemic,” Dunlap said.

UCHealth’s Nurse Communication Liaison program was featured in the Journal of the American Medical Informatics Association for its success in reducing pandemic-related communication barriers between patients and families.

PVH ICU Nurse Lauren Carlson said the liaisons were “absolutely vital” in maintaining a consistent connection.

“I was able to focus on taking care of my patients and giving them the best possible chance of survival, knowing that their families were up to date on everything that was going on,” she said, adding that having a liaison assigned to the same unit for multiple days allowed them to build rapport and avoid repeating information.
UCHealth Grandview Hospital

The Joint Commission total hip and knee certification.

Achieving a Disease Specific Care (DSC) Certification from The Joint Commission is no easy task. The journey requires teamwork, dedication and excellence. Despite COVID-19 shutting down elective joint-replacement surgery for six weeks and many nurses answering the call outside of UCHealth Grandview Hospital, the nursing team and staff at Grandview achieved UCHealth’s first ever DSC Certification for total-hip and total-knee replacement surgery.

The Joint Commission Gold Seal for DSC Certification symbolizes dedication to evidence-based practices and improving the lives of those requiring joint-replacement surgery. An interdisciplinary team was formed to design, implement and evaluate the program dedicated to the care of primary elective total-hip and total-knee replacement. Areas of emphasis include venous thromboembolism (VTE) prophylaxis protocols, surgical-site infection processes, pain management through multimodal pain plans and active early mobility.

Patients who participate in the program have the added benefit of an orthopedic nurse navigator, who helps them prepare for surgery through a preoperative joint-replacement class and personal phone calls before the day of surgery.

One of the first opportunities this certification identified was the outdated practice of using continuous passive motion (CPM) devices following a knee-replacement surgery. The interdisciplinary team determined removal of all CPM devices to be necessary, and nursing and therapy teamed up to create a process-improvement project dedicated to ambulating patients within the first four hours of admission to the inpatient unit. Baseline data showed patients were ambulating within the first four hours of admission 76% of the time. After removing the CPM devices and educating staff, in March of 2021, 96% of patients were ambulating within four hours.

A second, ongoing area for improvement is the emphasis on reducing operating-room traffic during a joint-replacement procedure. The effort is related to reducing surgical-site infections. At a baseline, Grandview had a minimal amount of surgical-site infections. However, the team recognized the importance of this initiative as a best practice for reducing infections and has shared practice guidelines with a systemwide committee, working across regions to help reduce surgical-site infections overall.
UCHealth University of Colorado Hospital

CICU nurses care for COVID-19 patients, volunteer at mass vaccination.

UCHealth University of Colorado Hospital Cardiac ICU Nurses Allison Stergios and Brandy Brown both cared for patients in critical condition with COVID-19 through the worst times of the pandemic.

“Somebody asked me at one point: ‘How do you keep going back, day after day, when it’s so challenging?’” Stergios said. “People need care. They need help. That’s our role. More importantly, as a nurse, there’s always something you can do for your patient. Everybody needs comfort. Maybe it’s something as simple as holding their hand and being quiet and being present, letting them feel they’re not alone.”

One patient with COVID-19 was transferred to her in the final minutes of his life. She never had a chance to get to know him.

“I held his hand and talked to him and told him he wasn’t alone. I said a prayer for him, and I just provided the comfort that I could. There’s nothing else I could do, just provide comfort,” she said. “I’m probably not going to meet his wife. But if I did, I would tell her he was not alone. Somebody was there that cared.”

When the opportunity arrived to support Colorado’s largest mass drive-thru COVID-19 vaccination event at Coors Field, both Stergios and Brown volunteered to give injections.

“I was called an angel more times than I could count. After the last year, it was just so great to see so many grateful 70-year-olds,” Brown said. “It was the happiest eight hours I’ve been at work. It was the absolute best feeling.”

Patients told Brown and Stergios they were giving them their lives back. They shared how they look forward to seeing their grandchildren and not being afraid to buy groceries.

“This is just the biggest sign of hope,” Brown said. Stergios said it was the first time she’s felt hope in a long time: “I remember at the end of that, saying, ‘My heart needed this.’”
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS
UCHealth Medical Group

COVID-19 vaccination efforts: from outreach clinics to Coors Field.

The historic rollout of COVID-19 vaccines, less than a year after the virus was first confirmed in the United States, required immense coordination in a short amount of time. At UCHealth and across the country, nurses were integral to that effort.

UCHealth had 48 hours to set up the clinic at UCHealth Poudre Valley Hospital that would vaccinate Colorado’s first patient on December 14. With Gov. Jared Polis standing by, Christy Ruffell, UCHealth Medical Group Manager of Clinic Nursing Standard, gave Kevin Londrigan, Medical Center of the Rockies respiratory therapist, the first dose of a COVID-19 vaccine in Colorado.

Soon, the UCHealth effort expanded to nine brick-and-mortar locations and many pop-up clinics, providing COVID-19 vaccinations across the state. UCHealth vaccinated people in long-term care facilities, at a fire department in Lake George and in a parking lot outside Coors Field, to name a few.

“It’s really not a job anymore, it’s a mission,” said Carolyn Carroll Flynn, operations manager with the UCHealth Southern Colorado Region vaccine clinics. “You go home exhausted, but your bucket is full. You don’t go home running on empty.”

Patients told her that after a year of missing birthdays and holidays with family, “Now I can go and see my grandchildren.”

UCHealth collaborated with partners, including federally qualified health centers, to get vaccines to people in underserved and low-income communities. In collaboration with colleagues across UCHealth, nurses took on integral roles such as providing patient education, observing for reactions and administering the vaccine.

Approximately 80% of the nurses involved with vaccination efforts are with UCHealth Medical Group. The UCHealth company-wide effort includes pharmacy and administrative staff as well as medical assistants, LPNs, physicians and more.

On January 31, 2021, 10,000 people received doses of the COVID-19 vaccine at the Coors Field parking lot in Denver. This was the state’s largest mass drive-thru vaccination event. UCHealth and University of Colorado School of Medicine experts organized and staffed the vaccine clinic in partnership with the Colorado Rockies, the State of Colorado, the City of Denver, the Denver Police Department and Verizon.

On February 7, 2021, more than 525 people received COVID-19 vaccines at Colorado’s oldest Black church, Shorter Community AME Church in Denver. These are just a few examples of the lengths UCHealth went to ensure vaccine access for everyone eligible.

COVID-19 Vaccination Totals

From the first dose on December 14, 2020, through June 30, 2021:

<table>
<thead>
<tr>
<th>648,613</th>
<th>328,277</th>
<th>11</th>
<th>105</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 vaccine doses given by UCHealth in FY 2021 (through June 30)</td>
<td>People who received at least one dose from UCHealth</td>
<td>Brick-and-mortar vaccine clinics</td>
<td>Mobile clinics</td>
</tr>
</tbody>
</table>
With capacities strictly limited in conference rooms and auditoriums to avoid spread of COVID-19, UCHealth learned new ways to connect with our colleagues. In-person events such as daily safety huddles, training courses and our annual UCHealth Nursing Leadership Conference were converted to videoconferences via Microsoft Teams.

In March 2020, the same month the first two COVID-19 cases were confirmed in Colorado, two-hour HeartMath resiliency workshops were scheduled to begin across UCHealth. The course description includes techniques to “lower anxiety, facilitate self-healing and improve mood and positive outlook,” all of which would become critical as the pandemic disrupted everyone’s personal and professional lives and exposed many health care workers to harrowing experiences.

From 2020 through July 2021, UCHealth hosted over 40 virtual HeartMath workshops with over 460 participants.

“Given the year nurses faced—where they were challenged with staffing issues, concerns about their personal health and that of their family and the many emotionally draining situations they encountered during this pandemic—strategies such as those taught in the HeartMath course can improve our ability to refuel our emotional battery, build resilience and contribute to our overall health and well-being,” said Faith Cantrell, nurse residency program coordinator.

Despite the shift from in-person classes to video chat rooms, the results were positive. On a scale of 1-5, with 5 being the highest, participants’ feedback averaged 4.7 on whether they would recommend the course to their colleagues.

Our annual Nursing Leadership Conference in September is traditionally a time for nurse leaders across UCHealth to come together, celebrate our achievements and look forward to the next year. In 2020, chief nursing officers from across UCHealth sat six feet apart as a camera crew filmed the Microsoft Teams live event from the mostly empty Bruce Schroffel Auditorium at UCHealth University of Colorado Hospital while hundreds of audience members tuned in remotely. The conference was a success, but we look forward to returning to in-person gatherings.
UCHealth Virtual Health Center

Artificial intelligence helps save lives.

The UCHealth Virtual Health Center (VHC) in spring 2021 implemented capnography monitoring on all acute-care units throughout UCHealth. This follows the life-saving implementation of sepsis monitoring and arrives as a deterioration-monitoring pilot project begins.

“Overall, we are moving the clinical intelligence upstream to intervene earlier and in a more meaningful way for patients,” said Amy Hassell, director of patient services for the VHC.

Through a combination of electronic health record (EHR) data and monitoring devices, artificial intelligence triggers alerts at signs of trouble. The VHC tracks the data for all hospitals remotely from a command center in metro Denver. When an alert is triggered, floor nurses are notified.

The capnography project is a collaboration among nursing, providers and the VHC to deliver the highest degree of quality care. It is a non-invasive, continuous measurement of carbon dioxide (EtCO2), which can give an early warning sign of respiratory depression. Capnography monitoring enhances our culture of patient safety and aligns with evidence-based tools of monitoring standards for EtCO2 in patients.

Sepsis is the leading cause of death in U.S. hospitals. At UCHealth, sepsis monitoring with the VHC has cut in half the time it takes to recognize a problem, and it’s helped save over 100 lives.

Deterioration-monitoring is in a pilot phase developed to detect clinical deterioration in COVID-19 patients sooner. It’s been adopted in two inpatient medical-surgical units, both of which have noted positive outcomes including a 12% reduction in ICU transfers, showing a trend of earlier detection of deterioration.
UCHealth Virtual Health Center

**New fall-predictive tool.**

The fall-predictive tool implemented across UCHealth in June uses 50-75 variables in a patient’s chart to determine a patient’s fall risk. Running automatically every four hours, the Epic Fall Predictive model in electronic health records (EHR) saves nurses documentation time while ensuring consistency.

The tool calculates a score from 0-100, and a score over 50 means the fall-risk level is high. When a high fall risk is determined, a nurse is able to view the score in Epic, and interventions are put in place. If a nurse thinks the score is too low, they can override it to up-rate the scoring to a high fall risk.

“This is really the future of health care,” said Amy Hassell, director of patient services for the VHC. “It’s so much more robust than we could ever document it.”

UCHealth further refined the tool before implementing it, fine tuning the algorithm so patients with a borderline score remain a high fall risk.

UCHealth Medical Center of the Rockies

**Video monitoring to avoid patient falls.**

UCHealth Medical Center of the Rockies (MCR) is running a pilot to further mitigate the risk of a patient falling and hurting themselves.

Patients determined to be at risk, based on scoring through the Epic Falls Predictive model and additional risk score called the “Safety View Score” helps with early identification of patients with impulsive behaviors, who are then selected for video monitoring by 12 cameras. Each day, techs at the Virtual Health Center (VHC) huddle with the local charge nurse to review patients who meet the criteria.

The first phase of this project initially involved three dedicated cameras at University of Colorado Hospital, and two at both MCR and Poudre Valley Hospital. The project resulted in an overall reduction in fall rates and was found to be particularly useful to reduce falls related to impulsivity.

After MCR recorded the greatest decrease (the fall rate went down 49%) in the initial pilot, the project there was expanded to include MCR acute care and progressive care units. Plans call for the project to expand to other UCHealth hospitals.
UCHealth University of Colorado Hospital

Opening visitor access to patients with COVID-19.

The bottom line? It wasn’t safe. It wasn’t safe to have a loved one in the room with a COVID-19 patient. It wasn’t safe to have a visitor there to comfort them when breathing was like sucking air through a straw. So when a peak of 469 patients with COVID-19 were being treated in UCHealth facilities, nurses were there.

“There’s only so much that can be conveyed over a tiny screen or on the phone” said Olivia Thornton, associate nurse manager in the COVID-19 ICU. “So often, nurses were the only person who held the patient’s hand—the only friendly voice they heard in what was a terrifying time.”

But as we learned more about the virus and its transmission, visitation for COVID-19 patients became not just a possibility, but a promise.

“We were going to make it happen,” said Thornton.

Indeed. In a matter of weeks, the team developed strict protocols, tip sheets, educational materials and even a video so visitors could properly don and doff personal protective equipment, and safely share an in-person hour with the patient.

In February 2021, the visitor pilot program launched at University of Colorado Hospital. Nurses reached out to family members and helped arrange the first visits for COVID-19 patients. It went off without a hitch, and soon all UCHealth hospitals adopted the program.

“Nurses made all the difference,” said Thornton. “It was so worth it.”
EMPIRICAL OUTCOMES

UCHealth University of Colorado Hospital

Decreasing NPO status for heart-catheterization patients.

Kimberly Alderfer, CICU nurse with UCHC health University of Colorado Hospital, partnered with the cath lab, CICU, sedation committee, food and nutrition services and her peers to develop a plan to decrease the duration of NPO (nothing by mouth) status for patients before right heart catheterization.

Alderfer recognized patients were spending extended times in NPO status, leading to poor health outcomes and patient dissatisfaction. She advocated for her patients and collaborated with an interdisciplinary team to develop a new plan that allows patients to eat until 6 a.m. and drink clear liquids until 10 a.m. on the day of their procedure.

She provided extensive education to staff, worked with providers to create a suggested meal plan, and coordinated with food and nutrition to ensure food was stocked and available on the unit. Her project led to a reduction of 12.4 hours, on average, of time spent NPO for these patients.

UCHealth Memorial Hospital

Sleep campaign increases patient satisfaction.

Anne Wagner’s project, the SHUSH (Sleep Heals Us Here) Campaign, successfully increased HCAHPS scores from positive score of 35 to a 75.

Her campaign included education for nurses, with a focus on night shift nurses, where she introduced the program through various educational presentations and offerings. Nurses began creating a culture of quietness and calmness at night to facilitate patient healing. Wagner provided an informal survey to patients where they responded “always” and “usually” that the area around their rooms was quiet at night.

This survey yielded a 75% response rate. Her project successfully changed the culture on her floor to maintain a quiet environment to aid in patients’ healing.
ED nurse improves vaccination education.

When UCHealth Greeley Hospital opened in summer 2019, Reba Kindle was involved with creating the ED’s pediatric observation unit, a new concept focused on supporting some of the hospital’s youngest patients.

Even before the COVID-19 pandemic, vaccine skepticism had made discussing vaccines with parents a sometimes uncomfortable moment; but sometimes, the problem is as simple as parents needing to become more familiar with how to make appointments.

UEXCEL is a clinical recognition and advancement program for UCHealth nurses to develop leadership skills while continuing to practice at the bedside. When Kindle took on her UEXCEL project, she decided to focus on supporting vaccination while easing the burden on fellow ED nurses.

“Vaccination discussions need to be fast and non-confrontational,” she said.

She created an anonymous patient survey to learn from the experiences they’d had with health care providers or what barriers they may have had to making appointments. It was posted about three months, ending in November 2020. She also conducted a staff survey.

As a result, she developed a resource folder with a pamphlet to be handed out as pediatric patients discharge. It contains general information with QR codes for links and access to the My Health Connection app, where patients can make appointments. She also provided staff education regarding the importance of reviewing and verifying immunization records.

This resulted in a 9.5% increase in nurses stating that they discussed immunizations with the families of pediatric patients.
UCHealth Broomfield Hospital

Perfect-quality metrics for inpatient rehab facility.

In the first two years since it opened July 1, 2019, the inpatient rehabilitation facility at UCHealth Broomfield Hospital has had zero HAPI (hospital-acquired pressure injuries), C. diff (inflammation of the colon caused by bacteria Clostridium difficile), CLABSI (central line bloodstream infections) or CAUTI (catheter-associated urinary tract infections).

Broomfield Hospital Chief Nursing Officer Noreen Bernard said the metrics are “extraordinary and demonstrate above-average delivery of patient care.”

The unit had faced challenges with falls early on, but interventions decreased them from 6.08 falls per 1,000 patient days (July 2019–June 2020) to 2.34 falls per 1,000 patient days (July 2020–June 2021). According to the National Institutes of Health, U.S. hospital fall rates range from 3.3 to 11.5 falls per 1,000 patients.

“Every fall is a fall for all of us,” Nurse Manager Debra Petersen said. “We’re not looking to point fingers or who didn’t do what or whatever. It’s a fall, it’s devastating, and we all don’t like it.”

She said they hold each other accountable, and a whiteboard is used to ensure the safest method for mobilizing each patient. The nurses take a team approach to look out for each other and decide which method works best for which patient.

One of the unit’s many success stories is Dan Michalec, its first COVID-19 patient, who had been training for a half-marathon before he fell ill with the disease in March. He was admitted to the ICU at UCHealth University of Colorado Hospital in mid-April, and he continued his recovery when he was transferred to UCHealth Broomfield Hospital for inpatient rehabilitation.

Michalec did not see his family for nearly nine weeks, but they were all able to celebrate being together again when he was discharged on Mother’s Day. Petersen guided his wheelchair out of the hospital.

“I can’t tell you how much I appreciate how so many of you willingly took time away from your family so that I can now spend time with mine,” Michalec said. “If I had been given the opportunity to hand-pick my own team to help guide me through the darkest of times, it would never have been as good as the team of professionals that provided the incredible care for me at UCHealth.”
UCHealth Medical Center of the Rockies

Third consecutive ANCC Magnet recognition.

After one of the most challenging years for the nursing profession, UCHealth Medical Center of the Rockies was honored with a prestigious recognition for nursing excellence.

On Jan. 21, 2021, the hospital was designated as a Magnet organization for the third time.

The American Nurses Credentialing Center’s Magnet Recognition Program® is the ultimate seal of quality and confidence. Organizations that achieve this designation are recognized for their superior nursing processes and quality patient care, which leads to the highest levels of safety, quality and patient satisfaction.

MCR’s original designation came in 2010. This was followed by a re-designation in 2016. In achieving its third Magnet designation, the hospital outperformed national benchmarks on central line-associated bloodstream infection rates, device-related hospital-acquired pressure injury rates, falls-with-injury rates and more, according to the Commission for the Magnet Recognition Program. MCR also exceeded goals to improve professional nursing certifications and professional RNs earning a bachelor’s or higher degree.

Jessie Willard, chief nursing officer at MCR, said the designation provides patients with a benchmark to measure the quality of care that they can expect to receive from a hospital.

“We couldn’t have done this without everybody, all staff coming together and pulling together for us,” Willard said. “And the fact that we were able to accomplish this during a pandemic—I don’t even know what to say about that. It is pretty exciting.”
FY 2021
Nursing Year in Review

Cover photo: Assouma Murekeysoni, RN (story on page 17)