

NURSING YEAR IN REVIEW



CRYSTAL RODRIGUEZ



JOSHUA LAMARR



LORI WRIGHT - FEAR

2025

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UCHealth's mission to improve lives is advanced each day by the extraordinary work of nurses, staff and providers. Their compassion and expertise shape each patient's experience, empower collaboration and strengthen the communities we serve.

In our 2025 nursing year in review, you'll read about an initiative we launched to help patients return home sooner, with better outcomes and lower chances for readmission. Jennifer Rodgers, chief nursing officer with UCH, championed the team launching Mobility as a Vital Sign across UCH this spring.

The initiative supports safe movement of patients based on their risk of injury, and collaboration across disciplines is central to its success. Through Mobility as a Vital Sign, the number of patients who achieved their mobility goals three times in a 24-hour period has increased by more than 65%.

Our UCH vision is from health care to health, and this extends beyond our hospitals and clinics to the communities we serve. Holly Heise, trauma services outreach program manager with UCH Memorial Hospital Central (MHC), leads work to improve people's health and safety across age groups – meeting them where they are.

Through the Aging with Independence and Mobility (AIM) program, older adults in Colorado Springs and nearby areas participate in free, virtual and in-person sessions with strength and balance exercises, as well as instruction on medication management, home safety and how to safely get up from a fall. Students from elementary to high school participate in the Trauma Injury Prevention in Schools (TIPS) program, learning how to respond to trauma situations through hands-on activities.

Nurses are at the heart of health care, and their well-being directly affects the quality, safety and experience of care we deliver. Courtney Hickey, nurse with the endoscopy lab at UCH, is making a national impact through her advocacy for nurses' mental and emotional well-being, dismantling associated stigmas and encouraging a supportive culture.

Hickey received a standing ovation last year at the American Nurses Association (ANA) in Washington, D.C., where she shared her recommendations that were adopted as ANA policy. Her work is reshaping how mental health is addressed in licensure, workplace culture and professional support systems. Her voice is shaping the future of nursing, ensuring the best care includes patients as well as the professionals who serve them.

UCHealth nurses care deeply for our patients, our communities and each other. Their critical thinking, dedication and kindness make our care extraordinary, and it is an honor to support their work.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth B. Concordia".

Elizabeth B. Concordia

President and Chief Executive Officer, UCH



Thank you to every one of the more than 11,000 UCHealth nurses who put patients first. You drive our organization forward through times of change and growing complexity in health care. Your commitment to improving lives is a source of healing strength for our patients and their loved ones.

This publication highlights some of the countless examples of excellence across UCHealth over the past year. On its cover, we recognize three nurses, each representing a different UCHealth region, department and level of experience. The article starting on page 17 includes excerpts from our discussions about the state of nursing, the challenges we face and the opportunities we have to improve lives.

Joshua LaMarr, charge nurse with the ICU at UCHealth Poudre Valley Hospital (PVH); Crystal Rodriguez, nurse with the neuroscience unit at UCHealth Memorial Hospital Central (MHC) and Lori Wright-Fear, nurse with the labor and delivery unit at UCHealth University of Colorado Hospital (UCH), kindly shared their candid observations. We can all relate to how they're adapting to transformational times while keeping focus on the human connections so vital to what we do.

The past year included major recognition for several UCHealth hospitals. The American Nurses Credentialing Center (ANCC) recognized UCH with its sixth Magnet designation in January. This is the highest and most prestigious credential an organization can achieve for nursing excellence and quality patient care.

UCHealth Greeley Hospital (GH) received UCHealth's first-ever ANCC Pathway to Excellence designation in August 2024. This achievement recognizes the hospital's commitment to creating a positive practice environment where nurses are empowered to provide the highest quality of care. In December 2024, UCHealth Longs Peak Hospital (LPH) achieved the prestigious designation. These honors reflect commitment to high performance and empowering nurses across all teams.

As innovations, practice improvements and growth continue to transform nursing, it is essential that we provide a consistent and reliable experience for our patients – who naturally may feel apprehension when they arrive at a clinic or hospital. Through our commitment to set, meet and own expectations, we relieve uncertainty and enhance the quality of care we provide.

I am grateful for everything UCHealth nurses contribute, in ways big and small, to improve lives. Please join me in celebrating these accomplishments.

Sincerely,

Tamera Dunseth Rosenbaum
Chief Nursing Executive, UCHealth

UCHealth Chief Nursing Officers

TAMERA DUNSETH ROSENBAUM, DNP, RN, NE-BC

Chief Nursing Executive, UCHealth
Chief Nursing Officer, UCHealth Southern Colorado Region

ANITA BECKER, DNP, RN, NEA-BC

Chief Nursing Officer, Yampa Valley Medical Center

NOREEN BERNARD, EDD, RN, NEA-BC, FAAN

Chief Nursing Officer, Parkview Medical Center and Parkview Pueblo West Hospital

HEIDI BRADLEY, MSN, RN, CENP

Chief Nursing Officer, Greeley Hospital

CATHLEEN EHRENFEUCHT, MS, RN

Chief Nursing Officer, Highlands Ranch Hospital

KELLY GALLEGOS, MBA, BSN, RN

Chief Nursing Officer, Memorial Hospital Central and North

AMY HASSELL, MSN, BSN, RN

Chief Nursing Officer, UCHealth Virtual Health Center

JENNY KAUFMAN, MSN, BSN, RN

Chief Nursing Officer, UCHealth Medical Group

JAMIE NORDHAGEN, MS, RN, NEA-BC

Chief Nursing Officer, Broomfield Hospital and Longs Peak Hospital

TAMMY PICCONE, MSN, RN, NE-BC

Chief Nursing Officer, Poudre Valley Hospital

JENNIFER RODGERS, DNP, ACNP-BC, FAANP

Chief Nursing Officer, University of Colorado Hospital

MAGGIE WELTE, MSN, RN

Associate Chief Nursing Officer, Parkview Medical Center

BRIAN WEST, MBA, BSN, CMSRN

Chief Nursing Officer, Pikes Peak Regional Hospital

JESSIE WILLARD, MSN, RN, CENP

Chief Nursing Officer, Medical Center of the Rockies

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.

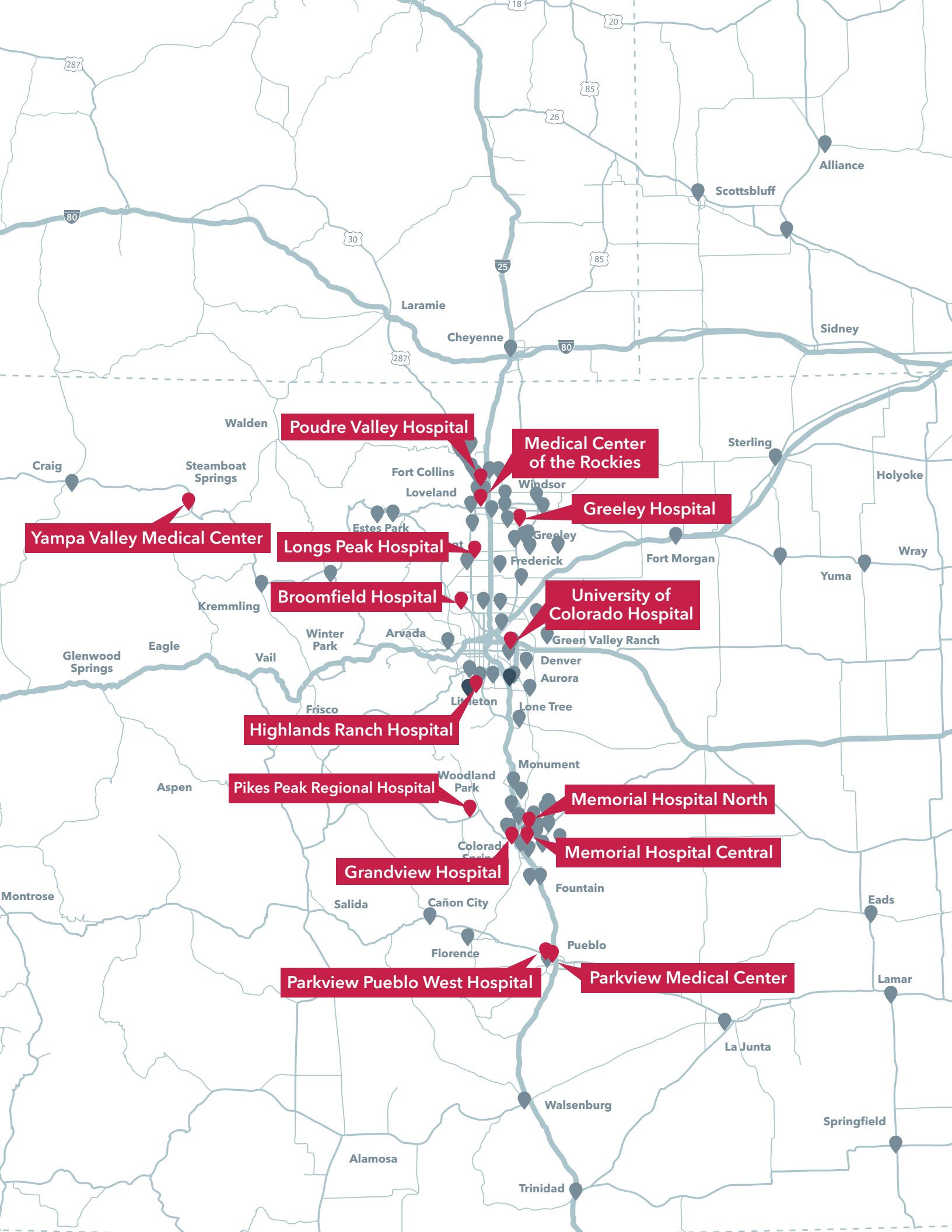
Our values.

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 interdisciplinary collaboration.



2025: UCHealth at a Glance



2,593

available beds



9,373,996

outpatient visits



196,916

admissions and
observation visits



18,365

babies delivered



769,624

emergency department visits

UCHealth Nursing Quick Facts



74%
BSN RATE

11%
MSN/DNP/PhD RATE

32%
BOARD CERTIFICATION RATE

UExcel
408
LEVEL III

26
LEVEL IV



ANCC Magnet® recognized facilities.



Poudre Valley Hospital
2000, 2004, 2009,
2014, 2018, 2023



**University of
Colorado Hospital**
2002, 2005, 2010, 2014,
2020, 2025



**Medical Center
of the Rockies**
2010, 2016, 2021



Memorial Hospital
2023

ANCC Pathway to Excellence® recognized facilities.



Greeley Hospital
2024



Longs Peak Hospital
2024

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*We became nurses
because we wanted to
make a difference. But
the most meaningful
part? It's knowing
that in the hardest,
quietest and most
unseen moments—we do.*

GRETCHEN URKOV HARRIS
MBA, BSN, BS, RN, CPHQ

Manager, nursing development and engagement,
UCHealth Organizational Development

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culture of support

advocate
for our
patients



COURTNEY HICKEY

prioritize
mental health

Leading policy change to support nurses' well-being.

Courtney Hickey, BSN, RN, CCRN, nurse with the endoscopy lab at UCHHealth University of Colorado Hospital, is leading change to support nurses' well-being across the United States.

Her advocacy started with a letter to the Colorado Nurses Association (CNA). In June 2024, with the CNA's support, she presented her recommendations to the American Nurses Association (ANA) in Washington D.C., where she received a standing ovation.

Hickey's article in *Colorado Nurse* (September 2024), "Nurses' Well-Being Dialogue at the Membership Assembly," explains her recommendations that were adopted as ANA policy:

- Reduce mental health-related stigma in health care settings at all levels.
- Accelerate changes in how mental health is considered in the licensure process to normalize nurses seeking help for workplace-related stresses.
- Employers should be encouraged to foster a supportive culture, where seeking help is normalized and viewed as a strength.
- ANA will work in collaboration with the National Council of State Boards of Nursing to update and revise guidelines and best practices for alternative-to-discipline programs.

"We must eliminate discriminatory policies that perpetuate stigma and fear, and instead foster a culture of support and compassion that prioritizes the mental health and well-being of nurses," Hickey said in the article. The piece points to existing circumstances resulting in large numbers of nurses leaving the workforce, exacerbating a shortage and increasing the burden on the remaining staff.

Hickey said the COVID-19 pandemic had put the issue of nurse well-being "at the forefront" and motivated her to become involved with advocacy, and she continues to work with leaders with the CNA and ANA.

Hickey's article, "From stigma to support: Breaking barriers to nurse workforce well-being," published in the February 2025 issue of *American Nurse Journal* by the American Nurses Association, expands on policy recommendations to support mental and emotional well-being for nurses.

Hickey encourages nurses across the country to advocate to their respective boards and legislators to ensure processes and policies are supportive.

"It's part of our professional code of ethics to advocate for not only patients but ourselves and our profession," Hickey said. "It is up to nurses to get involved. If we don't advocate for our profession's standards, others will do it for us."

"We must eliminate discriminatory policies that perpetuate stigma and fear, and instead foster a culture of support and compassion that prioritizes the mental health and well-being of nurses."

– Courtney Hickey, BSN, RN, CCRN



"From stigma to support: Breaking barriers to nurse workforce well-being," by Courtney Hickey in *American Nurse Journal*, February 2025.

Championing health, safety for younger and older residents.

Holly Heise, RN, MSN, CCRP, is transforming community health in southern Colorado. As the trauma services outreach program manager for UCHHealth Memorial Hospital Central, she's driving change through education and outreach for at-risk populations and youth.

Two key programs that Heise and her team have elevated are Aging with Independence and Mobility (AIM) and Trauma Injury Prevention in Schools (TIPS).

AIM is a community-based initiative aimed at preventing falls among older adults through virtual and in-person, interactive instruction. Participants engage in adapted strength and balance exercises while also learning about medication management, home safety and strategies to get up from falling. Initially a grant-funded, one-year pilot program, AIM showed remarkable results, tripling participation outcomes at reduced costs. This successful program is now supported through UCHHealth trauma services.

"We've built a strong community through AIM," said Heise. "We host AIM alumni events for those who have completed the course, taking them on guided outdoor walks or partnering with the nearby Olympic training center to use their indoor track in the winters."

AIM is thriving, with active sites across Colorado Springs and nearby areas. To extend the program's reach, Heise and her team launched an initiative to train nonclinical instructors to help older adults stay strong, mobile and independent. These "AIM Champions" will lead approved sessions throughout their communities.

The TIPS program prepares students for trauma situations through engaging, hands-on activities. These include learning about body systems, controlling life-threatening bleeding, simulating real operating room scenarios and more. The program is divided into courses tailored to elementary, middle and high school students.

Heise's team organized the program to ensure the courses meet state curriculum requirements, such as critical thinking, safety concerns, time management and self-advocacy.

"It was important for us to have the program coincide with school curriculum to support what educators are already teaching in their classrooms," said Heise.

In the 2023-2024 school year, Heise and her team expanded TIPS from one district to six across 13 schools in Colorado Springs and Pueblo. More than 949 students participated in the program throughout the same school year – an increase of 44% compared to previous years.

With 134 volunteers contributing over 1,024 hours, TIPS is making a significant impact.

"My biggest role is supporting my team," said Heise. "If my team is pursuing their passion projects through building these programs, the programs will develop and so will they, as individuals."

"If my team is pursuing their passion projects through building these programs, the programs will develop and so will they, as individuals."

– Holly Heise, RN, MSN, CCRP

Introducing UEXCEL NextGen.

Our professional practice and recognition program for more than 30 years, UEXCEL received a major update this year to improve simplicity and better serve the aspirations of nurses across UCHHealth. UEXCEL NextGen expands the program's options while continuing to focus on nursing excellence in clinical practice, education, evidence-based practice, and leadership.

Health care today is more dynamic than ever, and we queried multiple groups to better understand the needs of our nurses. Through UEXCEL NextGen, eligible nurses have an opportunity to demonstrate professional growth and commitment to the profession through a wider range of activities. Examples include completion of a project, chairing a council or committee, and specialty certification.

"UEXCEL NextGen offers flexibility and expands opportunities for more nurses to contribute to innovations and build their leadership experience as they improve lives," said UCHHealth Vice President of Professional Development and Practice JoAnn DelMonte, MSN, RN, NPD-BC, NEA-BC.

DelMonte and a committee of eight nurse colleagues developed the program's changes for more than a year and collected feedback from nurses across UCHHealth. The result, which launched in July, involves a portfolio submission and options of two tiers with varying intensity of requirements. Monetary awards are available for successful completion of activities, and eligible nurses have the option to participate in triannual cohorts.



The Path to Nursing Excellence

Over the years, UEXCEL projects advancing clinical practice have created substantial and lasting impacts across disciplines and locations. These types of process improvement, quality improvement, and evidence-based practice projects are highlighted throughout this Nursing Year in Review.



UEXCEL NextGen

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.



Empowering nurses in transformational times.

Our profession is in constant transformation. The voices of nurses, across all perspectives, are key to shaping the future of nursing.

UCHealth Chief Nursing Executive Tamera Dunseth Rosenbaum, DNP, RN, NE-BC, worked with leaders across UCHealth to set up roundtables with three exemplary colleagues, each from a different UCHealth region, department and level of experience:

- Joshua LaMarr, BSN, RN, charge nurse III, intensive care unit at Poudre Valley Hospital
- Crystal Rodriguez, ADN, RN, graduate nurse with neuroscience unit at Memorial Hospital Central
- Lori Wright-Fear, BSN, RNC-OB, level III nurse, labor and delivery unit at University of Colorado Hospital

Their discussion examined opportunities as well as challenges experienced from each of their perspectives.

As you reflect on your career, what advice would you give the new grad you?

"Take better care of your feet," Wright-Fear said. "Buy new shoes more often."

Rodriguez, who recently started her nursing career, said nursing school can give students the impression nurses can't make mistakes. But in practice, that's not reality.

"You don't need to be perfect," she said. "Obviously, don't make big mistakes. But you're just human, and humans make mistakes."

LaMarr said "do the cliché things," and sooner.

"Make sure you're exercising often. Journaling. Finding a mentor," he said. "The stuff you hear all the time that you think you'll be immune from (needing) – I'd tell me to get into that stuff as fast as possible."

How do you balance clinical/task-driven responsibilities with the need for human connection?

"Just taking a deep breath before you go into a room is really helpful," Wright-Fear said. "My brain is already four steps, five steps, six steps ahead ... I've already got lists going on of what needs to happen, and I need to be more present in the moment for that patient."

She said she reminds herself not to rush things before entering the room, "so that I can have a moment with them, because this is a really important moment for them."

LaMarr said that in the ICU, "Things can be happening quickly when someone's deteriorating, and you won't have time to explain everything that you're doing."

But he invites the patient and family to shout out questions as he's working.

"Let me teach you as we go, if that makes sense," he said. "And then the other thing is, just trying to refine my practice to get it as efficient as possible. Because the more efficient I am and completing those tasks, the more time I have to be collaborative with the patient and family."

Rodriguez said she focuses on reading the patients to see how best to support them.

"Sometimes, we get patients that have a ton of support, a ton of family, and of course, I still want to talk with them," she said, adding that she tries to carve out a little extra time for people who don't have that kind of support, for example, taking a moment to comb their hair. "Sprinkling in some bad dad jokes is always wonderful. Everybody loves to laugh."

An unfortunate transformation we've all experienced, no matter what generation we are in, has to do with the increase in workplace violence that we're seeing in our organizations. How have you navigated this in your day-to-day practice?

"I have recently had a lot of experience when it comes to workplace violence in terms of just a difficult patient," Rodriguez said. "And basically, I had good luck with the patient because I respected them as a human and tried to meet them on their level. When somebody has a checkered past, so to speak, that can be hard."

She added that unconscious micro-biases "can make you talk to somebody a way that you don't think you are, but it comes across to the patient that you are." Trying to meet patients where they are, with understanding, can sometimes make a difference.

Wright-Fear said labor and delivery situations can at times be especially intense and emotional.

"A lot of times, people just need to be heard," she said. "And if you are fortunate enough to be in a situation where you have time to hear them and you're not in immediate danger – which, there have been those times, too – I feel like if at any point you can try to bring them into the conversation more, where they feel like more of an equal partner, that has been really helpful."

LaMarr said planning ahead on these kinds of circumstances is one of the most effective strategies he's seen implemented on the ICU.

"Speaking with your co-workers and collaborating with your physician to make sure that you have all the tools that you need in that time," he said. "And then establishing with my nurses, as a charge nurse, that there is no reason that they should ever put themselves in harm's way."

How can we better prepare the next generation for the bedside?

LaMarr encourages anyone entering their nursing career to pursue credentialing or otherwise continuing their education.

"Things are always shifting and changing with the introduction of technology, evermore, to our profession," he said. "Staying up to date with everything that has to do with your specialty, or nursing, is key to your success."

Wright-Fear said it is important for a nurse to experience a sense of community on their unit.

"That's what's been impactful to me in my nursing career, for sure, is to find a unit that has really been kind of like family in a lot of ways," she said, adding that she's mentioned to her husband that "I've spent as many Thanksgivings with these people as I've spent at home."

Especially for newer nurses, colleagues across the unit and beyond can each offer unique lessons in the profession, Wright-Fear said.

Rodriguez shared an example of how she's developing these kinds of connections: When collaborating to care for patients who need to be repositioned every two hours, "I make it a point to pair up with somebody different every time," she said. "Because you learn different tips and tricks from everybody."

If you could go back in time and choose your career path over again, would you choose nursing? And if so, why?

"I don't think there's anything that I would rather do," Wright-Fear said. "I feel such a passion toward women's health. I feel such a strong conviction for empowering women and giving them a voice. And I am in awe at just, obstetrically, at what the body can do."

She added that no matter how many hundreds of births she might have seen, "I can still get teary-eyed at a birth."

LaMarr said nursing has provided "kind of the ideal life for me. I get to go to work, help people on the worst day of their lives, and I feel a lot of honor and pride in it."

In the ICU, many times patients are facing potential for death, "And to be able to kind of reel them back from that is addicting, and it would be hard to say goodbye to that ... I love what I do, and I love the life that it provides me outside of the hospital and inside of the hospital."

Rodriguez said nursing school helped show whether this was the correct path.

"I just loved it more and more every day that I come to work," she said. "I just love it."

Optimizing outcomes through patient mobility.

Maximizing patient mobility in hospitals improves health care outcomes, patient experience and quality of care. UCHHealth's "Mobility as a Vital Sign" initiative, launched in spring 2025, sets daily mobility goals for patients and involves all care team members.

Each inpatient's mobility is assessed once per nursing shift. An automated goal is set in the electronic health record, and risks such as potential for falling or pressure injuries are identified and documented.

As a patient is mobilized, their performance is assessed three times per day on the activity measure for post-acute care (AM-PAC) scale, from "lying in bed" to "walking 250+ feet." All mobility, repositioning and turning events are documented. The mobility goal is achieved when a patient's mobility performance meets or exceeds their goal at least three times in a day.

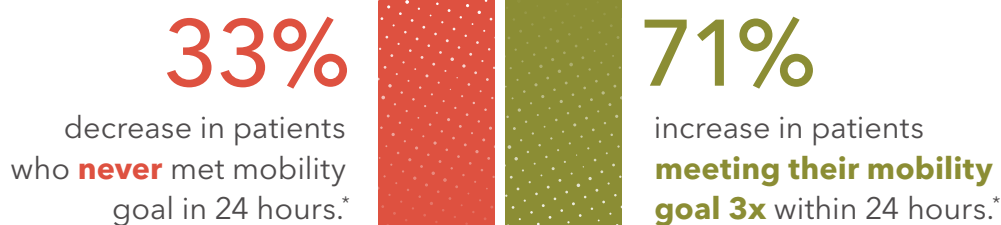
Sean Crow, 60, spent a week at UCHHealth University of Colorado Hospital (UCH) after surgery to repair a congenital aortic aneurysm. Despite a 14-inch incision and being tethered to monitors and drains, he took a short walk the first day in the ICU with a walker.

"By the third day, I was walking around the unit with my wife," Crow said. "It revitalizes you physically, even just to get out of the room."

Failure to mobilize patients impedes their progress and can lead to problems such as pulmonary complications, venous thromboembolism or falls with injury. Since Mobility as a Vital Sign – with tagline, "everyBODY moves" – was implemented, mobility goal achievement has improved by 60% at hospitals across UCHHealth.

"Consistently mobilizing patients decreases preventable harm and enables them to return home sooner," said Jennifer Rodgers, DNP, ACNP-BC, FAANP, chief nursing officer with UCHHealth University of Colorado Hospital, who serves as the executive sponsor for the Mobility Clinical Effectiveness Group that developed the initiative. "Through this multi-disciplinary collaboration, our teams are improving lives and ensuring the best care for our patients."

Staff such as nurses, patient care assistants, respiratory therapists, rehabilitative therapists and others involved with mobilizing patients are responsible for documenting the patients' mobility goals and progress. Staff training through in-person and online sessions provides guidance for the best results.



*July 2024 to June 2025

Ensuring the best care in cases of postpartum blood loss.

Heather Young, BSN, C-EFM, level III RN with the birth center at UCHHealth Medical Center of the Rockies (MCR), developed a tool to evaluate the hospital's effectiveness with managing obstetric hemorrhage, a leading cause of maternal death in the United States.

Through her UEXCEL Level III project (see info box, page 15), the postpartum hemorrhage (PPH) audit tool tracked key interventions and outcomes for patients whose blood loss exceeded 1,500 milliliters. This enabled a detailed review of clinical response.

The Journal of Obstetric, Gynecologic and Neonatal Nursing reported in 2012 that 54%-93% of maternal deaths caused by obstetric hemorrhage may have been preventable.

"Obstetric hemorrhage is considered the most preventable cause of maternal death," Young said. "That shows how important it is to practice protocol."

Findings from the audit tool show MCR consistently follows established PPH protocols and successfully manages hemorrhages.

"We value evidence-based practice at MCR, and I feel this project proves that," Young said, adding that audits show the hospital has been "very successful" in preventing deaths from postpartum hemorrhage.

Young's completed UEXCEL project was approved in January 2025. She continues using the tool for quarterly chart audits, has shared the outcomes with practice councils, and anticipates its use becoming more widespread.

"Obstetric hemorrhage is considered the most preventable cause of maternal death. That shows how important it is to practice protocol."

– Heather Young, BSN, C-EFM, RN

Staff earn BSNs, advance careers through UCHealth.

Mela Walker, a full-time level III medical assistant at UCHealth Lone Tree Medical Center and mother to a 1-month-old daughter, commenced her studies in January 2023 in the Regis University CHOICE Bachelor of Science in Nursing (BSN) program.

She recently graduated with honors in August 2025 and received a prestigious evidence-based poster award for collaborative research with a fellow student during the graduation ceremony. Despite the challenges, Walker found the journey manageable.

"Staying focused, having a strong desire, and practicing self-discipline are essential," said Walker, BSN. "The program is outstanding; it gave me the opportunity to become a registered nurse."

Walker is one of the first graduates of the Regis CHOICE BSN program from the Ascend Career Program at UCHealth, which covered their nursing school tuition. She aspires to work as an emergency department nurse and eventually become a certified registered nurse anesthetist (CRNA).

Yesenia I. Salomon, BSN, completed the program with honors while working as a phlebotomist II with the UCHealth Longmont Clinic. She is considering an ICU or ED nursing role.

"My father, a firefighter paramedic, introduced me to the medical world and the ability to help people beyond the general help we can give as humans," she said, adding that she was drawn to a nursing career because of the opportunities it offers for hands-on work caring for patients.

Salomon also intends to continue pursuing education, potentially becoming a CRNA or nurse practitioner. She said she appreciates being able to complete her clinical rotations at UCHealth, and the preceptors were especially impactful to her nursing education.



Mela Walker, left, and Yesenia I. Salomon

The Ascend Career Program continues to be available to eligible employees in good standing at 0.5 full-time equivalent or above. This year, UCHealth expanded its academic partnerships to include CU College of Nursing and Community College of Aurora to offer an additional BSN program. For both these BSN programs, UCHealth will pay up to \$10,000 of tuition, books and fees per calendar year for eligible employees.

Improving patients’ experience, psychological readiness for surgery.

When a patient is scheduled for surgery, pre-procedure questions traditionally surround their physical readiness. Do they have transportation to and from the facility? Do they know the soap to use ahead of the procedure? Are they managing their diet and any medications?

But Jennifer Calley, BSN, level III RN, charge nurse in the post-anesthesia care unit at UCHealth Yampa Valley Medical Center (YVMC), sought to better address another question: What about their psychological readiness?

“Surgery can be overwhelming,” Calley said. “There’s a lot on people’s minds ahead of a procedure. If we can reduce anxiety by increasing preparedness, we better set up our patients for success.”

Following research and collaboration with colleagues in quality, patient experience, nursing and leadership at YVMC and other UCHealth facilities, Calley convened a focus group of patients who recently had surgery. Key opportunities were identified.

For example, it had been standard to reach out to one point of contact for patient updates. But there are usually multiple people a patient wants to keep updated.

“We implemented the family texting function in Epic to address this,” Calley said. “From early December 2024 through the end of February 2025, we saw usage go from 0 to 63% with patients who have surgeries lasting more than an hour.”

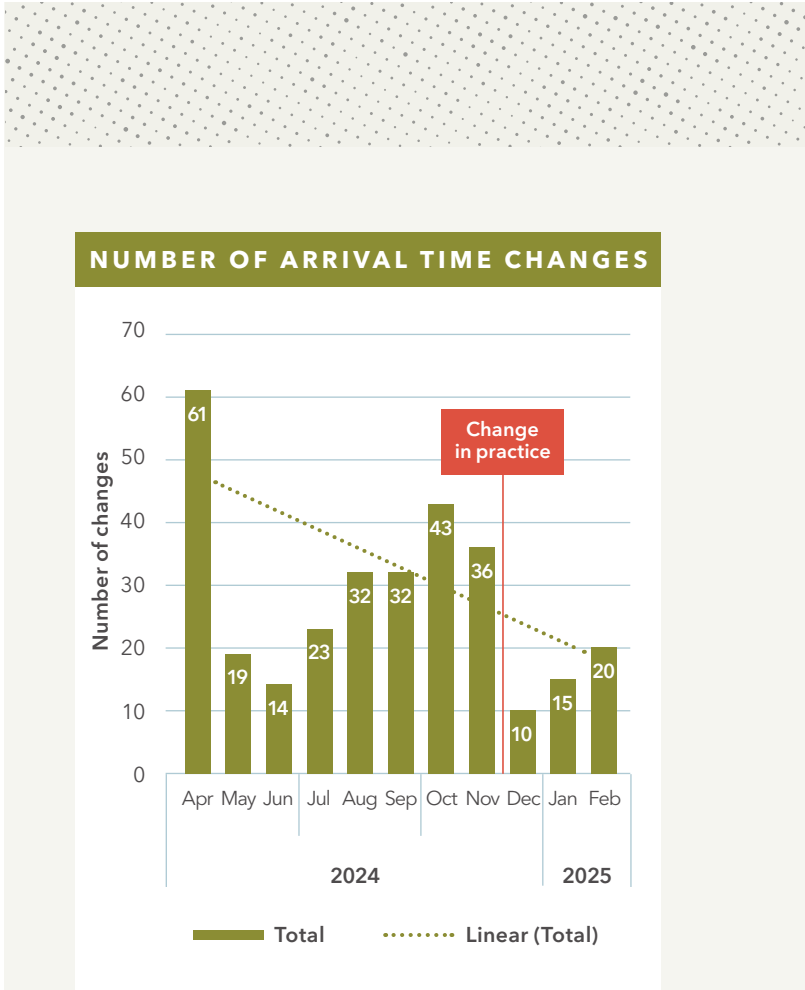
Patient arrival time communications were also updated. Previously, patients received their arrival time during their pre-anesthesia testing call. When surgery day arrived, the time could have shifted multiple times.

“Now, we call patients two business days before their procedure with their arrival time,” Calley said. From January through February 2025, this resulted in time changes the day before surgery decreasing by 50%.

“There are still occasions, like emergent add-on cases, that can shift a surgery start time. But this approach has led to fewer frustrated patients,” Calley said. “It allows patients to make necessary arrangements in their lives – be it travel, day care and even pet care. When those things are taken care of, the patient is better able to focus on their own care.”

In May 2025, a surgical nurse navigator was added at YVMC to serve as an additional point of contact for patients, their families and the care teams.

“Communication is key in every aspect of health care,” said Calley. “These changes have enhanced the work our nursing teams were doing, which ultimately gives our patients a better experience.”



“

To see a patient feel confident in their health is the best feeling. When they feel knowledgeable and can navigate their plan of care with confidence, it is a great thing to see.

ISABEL SANCHEZ, BSN, RN

UCHealth Primary Care - Dublin

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ICU palliative support for stroke patients and their families.

When a patient is admitted to the surgical intensive care unit after a hemorrhagic stroke, the family will likely face major, unexpected decisions.

"We had this young kid who had a hemorrhagic stroke," said Erik Tanski, MHA, BSN, level III RN, nurse with the surgical ICU at UHealth Medical Center of the Rockies. "Nobody expects young people to stroke. They were here three weeks. There were lots of doctors, but not a lot of continuity. We need support for this patient population."

His UEXCEL Level III project (see info box, page 15) implemented palliative care consultations, with goals of care discussions to be completed within 72 hours for nontraumatic, hemorrhagic stroke patients in the surgical ICU. The intent is to assure that patient wishes and goals for their care are respected, and to avoid costly, potentially unnecessary or undesired interventions.

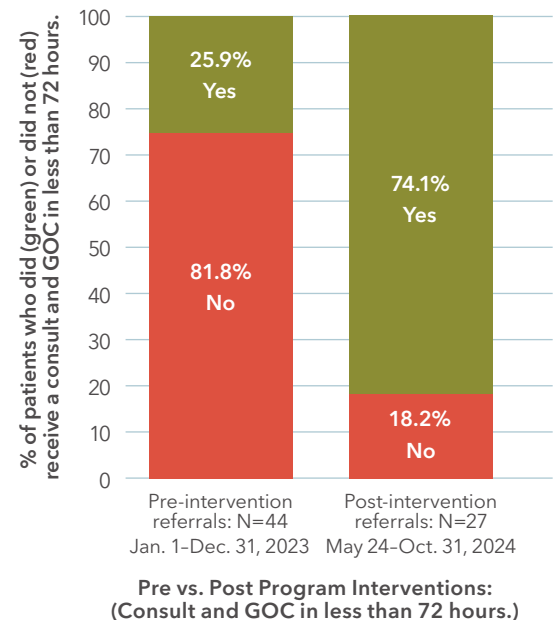
Tanski collaborated with hospitalists, pulmonology, neurology and palliative care teams to develop the process. After implementation, the number of non-traumatic hemorrhagic stroke patients receiving palliative care consultations within 72 hours increased from 25.9% to 74.1%.

In addition, the ICU length of stay in this patient population decreased following implementation, from 3.5 days in January 2024, to 1.25 days in September 2024.

"That wasn't the intent of the project to begin with," Tanski said. "I love the fact it helped with the length of stay. What made that decrease was having clear goals with the family."

Also, after the project was implemented, a survey of staff found that 100% would like the project to become permanent on the unit for nontraumatic hemorrhagic stroke patients.

PERCENT OF PATIENTS REFERRED OR NOT REFERRED, PRE VS. POST PROGRAM INTERVENTIONS



"There were lots of doctors, but not a lot of continuity. We need support for this patient population."

– Erik Tanski, MHA, BSN, RN

Support for nurses who experience a workplace safety event.

The World Health Organization estimates up to 38% of health care workers will experience a workplace violence incident, with many more being threatened or exposed to verbal aggression at some point in their careers.

This statistic, and experiencing a workplace safety event herself, inspired UCHHealth Memorial Hospital Central Neuroscience Unit 5C Associate Nurse Manager Elizabeth Ferriman, BSN, RN, CNRN, CMSRN, to launch a nursing research fellowship project to improve post-incident care for colleagues who experience such an event.

"Most studies look at the prevention of these events, so I knew it was important to make sure nurses and patient-facing staff feel as supported as possible if they experience a workplace violence event," said Ferriman.

To gather data, Ferriman and her team conducted two studies – one at the regional level and one at the national level. They surveyed nurse leaders on their hospital's post-incident care policies and resources, the reporting structure, and if they would recommend holding a unit or staff debrief with all parties involved in an incident.

The results highlighted the need for standardized, evidence-based post-incident care that is easily repeatable and supports health care workers following an event. Ferriman put the data into action and developed post-incident care phases.

A key finding is that leadership involvement before, during and after an incident plays a pivotal role in supporting impacted employees. Of survey respondents, 100% indicated leadership follow-up at some point after an incident is important, showcasing managers' active engagement shapes the effectiveness of post-event care and significantly influences nurse burnout, stress, post-traumatic stress, compassion fatigue and retention. These respondents also felt the standardization of a follow-up process is essential to prevent individuals from being missed after an incident occurs.

Ferriman's work is improving post-incident care for health care workers. Her studies have been presented at the Rocky Mountain Interprofessional Research and Evidence-based Practice Symposium, and she is preparing to present at the national level. She is also developing a manuscript to share her findings with a larger, global audience.

Her next steps also involve creating a standardized protocol for post-incident response.

"This has been a passion project of mine," Ferriman said. "The reason I became a nurse is to give people their voice back. Now, I'm inspired to give nurses their voice back."

"This has been a passion project of mine. The reason I became a nurse is to give people their voice back. Now, I'm inspired to give nurses their voice back."

– Elizabeth Ferriman, BSN, RN, CNRN, CMSRN

Guidance to rewarm hypothermic babies.

Mary Heaton, BSN, RN, RNC-MNN, C-EFM, capped her 41-year nursing career with a project to improve the lives of infants experiencing hypothermia.

Heaton's UEXCEL Level III project (see info box, page 15), completed in 2024 while she was a charge nurse on the mother-baby unit at UHealth Highlands Ranch Hospital, created a standardized treatment plan for babies experiencing mild-to-moderate hypothermia in the newborn nursery.

There are many ways a baby can become hypothermic: convection, radiation, conduction and evaporation. For new parents, it can happen more easily than they may expect; for example, a baby may be exposed to cool room temperatures as the parents try to figure out how to put a diaper on while the baby is not dressed.

With no formal guidelines available on steps for treating such infants, Heaton developed a standardized approach to uniformly rewarm infants. The result, the Infant Thermoregulation Pathway in the electronic health record, is on track to be implemented across the UHealth Metro Denver Region and potentially the full system.

"In the extreme, it can save lives," Heaton said. "In the short term, it can prevent NICU admissions, unnecessary septic workups, separating parents from their babies, and detrimental physical issues in babies such as respiratory problems, feeding problems and other physical manifestations of hypothermia."

A sign of sepsis is temperature instability. It is imperative to identify these babies quickly to implement treatment. The pathway's guidance helps ensure hypothermia is treated appropriately and timely.

"The best thing is skin-to-skin – a nice, warm blanket over mama and baby," Heaton said. "If mom doesn't want to do skin-to-skin or is unavailable, then the baby can go under a radiant warmer and be monitored to slowly warm up."

As retirement neared at the end of 2024, Heaton was still committed to seeing the project to completion.

Although Heaton finished her career as a postpartum charge nurse, her more than 20 years working in NICUs had her recognize the importance of thermoregulation in the newborn. Heaton said she is hopeful "my project will continue to benefit babies long after I retired."

Mary Heaton



Proactive, RRT blood sample improves efficiency.

When a patient's condition is deteriorating and a rapid response team (RRT) is called at UCHHealth Greeley Hospital (GH), a newly streamlined process for blood draws helps avoid re-punctures and can lead to blood transfusions occurring more quickly.

Anna Cheuvront, MPA, BSN, level III RN, critical care outreach (CCOR) nurse with the ICU at GH, developed this enhancement to rapid response protocol as part of her UEXCEL Level III project (see info box, page 15). When diagnostic lab samples – such as lactate, complete blood count and basic metabolic panel – are collected as part of a rapid response, a type-and-screen specimen is now included as well.

"Say we run some labs, and later you need a blood transfusion," Cheuvront said. "Instead of a re-puncture to collect type and screen, we already have the tube available."

Through the UEXCEL project, she found over the previous year, 35 rapid response patients had later required blood transfusions, and most needed a second venipuncture. During the ensuing pilot, seven patients who needed blood transfusions benefited from the new process. None required a second venipuncture, thanks to the proactive collection of blood samples.

Before the project was implemented, most CCOR nurses weren't aware the "blood bank hold sample" option existed. Through awareness, education and encouraged routine, it is now commonly used by these nurses when they triage patients. Cheuvront officially obtained approval for these changes, as well as other additions, to become part of the RRT order set across UCHHealth. The go-live is expected this fall.

"Say we run some labs, and later you need a blood transfusion. Instead of a re-puncture to collect type and screen, we already have the tube available."

– Anna Cheuvront, MPA, BSN, RN



Janet Lopez

EVIDENCE-BASED PRACTICE

PACU nurse champions solution to improve patient comfort.

When an intraoperative pain medication for patients recovering from joint replacement surgery was discontinued, UCHHealth Broomfield Hospital Post-Anesthesia Care Unit (PACU) Nurse Janet Lopez, BSN, RN, CCRN, CAPA, found an alternative, with early results indicating an improvement.

Her UEXCEL Level III project (see info box, page 15) studied how various periarticular infiltration (PAI) medications impact pain scores for total knee and hip replacement patients and explored other pain management strategies to improve their recovery.

Lopez collaborated with her local teams to create a three-phase, multimodal approach. Individualized patient tracking sheets were created to collect data on every total hip and knee replacement patient, with pain scores tracked before and after surgery.

Despite the challenges inherent in measuring subjective pain and variability in clinical practice, Lopez's initial findings support the adoption of the RECK (ropivacaine, epinephrine, clonidine and ketorolac) PAI as an optimal replacement option to help patients manage pain in total knee and hip replacement surgery.

"I got more and more excited as I saw the data," said Lopez. "Within the first two weeks, the data was proving what we predicted."

Patient-reported pain scores and satisfaction saw a notable improvement with RECK.

"Our patients experienced fewer issues with hypotension and nausea, which allowed them to get moving much sooner," Lopez said. "Those discharged on the same day enjoyed a smoother recovery and greater comfort in their own homes."

The phase three RECK PAI data collection has yielded promising outcomes, which Lopez presented at the 2025 National Conference of the American Society of PeriAnesthesia Nurses. She will also share her findings at the International Collaboration of PeriAnesthesia Nurses (ICPAN) Conference in September 2025.

"I am proud that we can impact pain scores by being creative, and (RECK) is a great option, along with PACU nursing pain control recommendations, to avoid using intravenous opioids or having them be a last resort for patients," Lopez said.

we do
our best

it's been
wonderful

AMY
CONBOY

positive
response



Easing tension for young patients in the ED.

When a pediatric patient arrives at the emergency department and needs an IV catheter, wound care or stitches on a cut, there's a strong chance the patient will be fearful. Traditional approaches sometimes involve topical anesthetic and comfort positioning with a parent distracting the child's attention.

"We do our best, but we end up kind of bundling or burrito-ing kids," said Amy Conboy, BSN, RN, CEN, CPEN, charge nurse IV with the emergency department at UCHHealth Poudre Valley Hospital (PVH). "And the kids are scared. You can tell they're still scared and still having pain."

For her UEXCEL Level IV project (see info box, page 15), she implemented a practice change to administer low-dose nitrous oxide – a gas for sedation and pain relief that wears off quickly – for anxious pediatric patients over 1 year old during minor procedures.

The gas is safe, takes effect rapidly and has minimal side effects. Combined with the traditional approaches, it helps the patients become calm and pay less attention to the procedures. Nurses are able to administer the nitrous oxide through a mask and monitor its effects with the provider's approval.

"It's been wonderful. We use it a lot at PVH," Conboy said. "Parents have had a really positive response to it."

Since the practice became routine at the PVH ED in 2024, the average pediatric length of stay decreased by 17 minutes, or 10%.

Nearly all EDs across the UCHHealth Northern Colorado Region are equipped with nitrous oxide, but it has a tendency to be underutilized. Conboy's project involved training ED colleagues to use the equipment as they help relieve pain and anxiety for pediatric patients.

"It's been wonderful. We use (nitrous oxide) a lot at PVH. Parents have had a really positive response to it."

– Amy Conboy, BSN, RN, CEN, CPEN

Enhancing care for ED patients experiencing hypothermia.

To treat hypothermic patients arriving at the emergency department (ED), Jeremy Hulsker, BS, level III RN, CEN, found an opportunity to potentially triple rewarming rates and reduce mortality.

An ED charge nurse with UHealth Memorial Hospital Central, he pioneered the initiative to update the Accidental Hypothermia Protocol for patients admitted across UHealth Southern Colorado Region EDs.

“The protocol was last updated in 2017, and I wanted to make sure that it aligned with the current best practices for treating accidental hypothermic patients,” said Hulsker. “The new protocol needed to include methods for assessing and treating hypothermic patients, such as the HOPE (hypothermia outcome prediction after ECLS) score, the Arctic Sun system and extracorporeal membrane oxygenation (ECMO) for profoundly hypothermic patients.”

To add ECMO to the updated protocol, Hulsker worked with the cardiothoracic team to ensure they were on board with their role in supporting profoundly hypothermic patients. With their understanding and approval, Hulsker created detailed guidelines for the use of ECMO and a protocol for notifying and activating the cardiothoracic team.

The Arctic Sun is a temperature management system often used to induce hypothermia in comatose patients following cardiac arrest or to mitigate the risk of brain injury. Through research for his UEXCEL Level III (see info box, page 15) project, however, Hulsker found it capable of rewarming patients at a rate of 1.6 degrees Celsius per hour. This is an improvement compared to traditional methods at 0.5 degrees Celsius per hour.

“I confirmed with the Arctic Sun representatives that the system could be used for rewarming and worked with them to set up training for our staff on how to safely implement this new rewarming method,” said Hulsker.



Understanding that not all facilities have access to targeted-temperature management systems, Hulsker made sure staff at all facilities knew the resources they could utilize for supporting their accidental hypothermic patients.

“These updates help save hospital resources and give our hypothermic patients a better chance at survival,” he said.

The new Accidental Hypothermia Protocol was approved in January 2025, and has been implemented throughout the UHealth Southern Colorado Region.

Fellowship honors Mary Krugman.

The legacy of Mary Krugman, PhD, RN, FAAN, is ingrained at UHealth and within University of Colorado Hospital's (UCH) culture. She was a leader, researcher, speaker, innovator, mentor, advocate and inspiration to a great number of nurses.

Krugman, who died in 2023, pioneered the concept of nurse residency programs, which became widely adopted in the United States as a best practice. She previously served as director of nursing, innovation and outcomes with UCH and established our UEXCEL program, which provides a professional framework for developing, evaluating and promoting registered nurses. In 2024, Krugman was inducted into the Colorado Women's Hall of Fame.

We are honored to introduce the Mary Krugman Endowed Nursing Research Fellowship, available to UHealth nurses participating in the UHealth Nursing Research Fellowship. One fellow will be selected per application cycle, with an additional fellow selected if there are enough qualified applicants, toward a goal of increasing the Nurse Research Fellowship size by one fellow per year.

Our inaugural Mary Krugman Endowed Nursing Research Fellow is Catherine Reinert, MBA, BS, BA, RN, CBCN, OCN, care manager with the UHealth Cell Therapy Clinic in Aurora. For almost a decade, she dedicated her time to caring for patients with blood disorders and cancer, and she continues to advance her role to create further impactful change for her patients.

The Nursing Research Fellowship began at UHealth in 2020 and provides infrastructure and mentorship for clinical nurses to develop, conduct and disseminate nursing research. With careful guidance from research nurse scientists, nurses are allocated dedicated time to successfully complete a research project.

To date, 18 fellows have completed the UHealth Nursing Research Fellowship. Their research has led to achievements such as presentations on national levels and inclusion in professional publications.

Examples of projects completed through the fellowship include the use of weighted blankets as an effective and safe intervention with non-intubated ICU patients; virtual technology to conduct wound-care consults; and oral ketamine for burn patients to support nutritional intake, mobility, and the relief of pain and anxiety during treatment.

Photo of Mary Krugman, courtesy of University of Colorado College of Nursing.



Improved support for patients experiencing fetal demise.

While caring for a grieving family experiencing fetal demise, UCHealth Grandview Hospital (GVH) Emergency Department (ED) Charge Nurse Lea Adcock, BSN, RN, CEN, observed gaps in both emotional support for these families and the respectful handling of the product of conception (POC).

Driven by experience and nursing compassion, Adcock set out to develop a clear and concise fetal demise process for GVH ED staff through her UEXCEL Level III project (see info box, page 15).

She started by surveying her ED staff. The initial results showed that only 13% of ED staff felt confident in providing fetal demise care, and 50% did not know the hospital’s fetal demise resources available to them.

The survey results highlighted a pressing need for a more structured approach, prompting Adcock to examine fetal demise workflows at other UCHealth Southern Colorado Region EDs to gain insight into how they handle these sensitive situations.

“I didn’t want to ‘reinvent the wheel’ for the GVH ED, but I wanted to ensure I understood other perspectives and that we implemented a process tailored to our hospital’s size and available resources,” Adcock said.

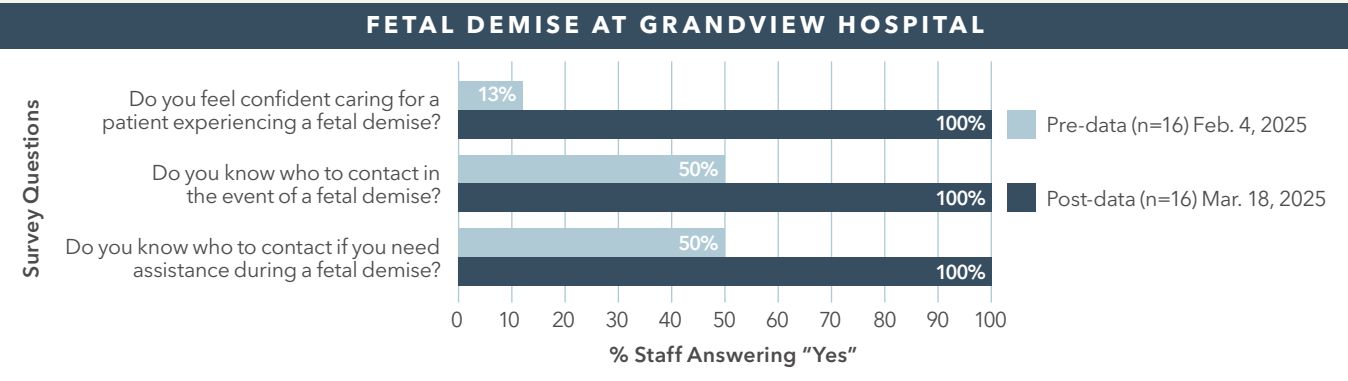
Understanding that grief support is an immediate, high-priority need for these patients, Adcock created the Fetal Demise Resource Box – a physical tool for ED staff containing her updated guidelines for handling the POC, grief resources and remembrance items for families.

“This ensures that we are treating the situations properly and with the dignity these families deserve,” she said.

After the updated process was approved and the new tools were implemented, Adcock conducted educational sessions for the ED staff. Following these sessions and her outreach efforts, ED staff were resurveyed, showing a 100% improvement in confidence and knowledge when working with fetal demise patients.

“In the ED, we are trained to be very task-oriented and provide efficient medical support,” Adcock said. “Updating this process helps ED staff complete the necessary fetal demise steps and provides extra time for the emotional support these families may need.”

Adcock not only improved GVH’s approach to fetal demise care through education, process enhancements and advocacy but has set a compassionate standard that could serve as a model for EDs across the UCHealth system.



Virtual admission RN program expansion.

The virtual admission registered nurse (VARN) program expanded this year by 800 beds to cover more than 1,700 beds in acute care units across 11 UCHHealth hospitals. The program can save bedside nurses 2.3 hours each day, per unit.

The virtual nurses work remotely from the Virtual Health Center (VHC) to complete documentation for admissions and transfers. They videoconference with patients via two-way video and complete tasks such as basic admissions assessments, social determinants of health screenings and medication reconciliation.

“Patients love it,” said VHC Chief Nursing Officer Amy Hassell, MSN, BSN, RN. She added that virtual nurses can spend the full time needed with the patient in one uninterrupted session, as they are less susceptible than bedside nurses to interruptions for urgent calls or other patients’ needs. “It’s seamless.”

COMPASSIONATE CARE

Break Bag project for nurse well-being.

To support the well-being of nursing teams, Charge Nurse TJ Bench led the Break Bag project, introducing wellness kits across five units at UCHHealth Memorial Hospital North (MHN).

The UEXCEL Level III project (see info box, page 15) incorporates virtual reality headsets, sensory experiences and guided meditation to reduce stress and combat burnout, said Bench, BSN, CMSRN, level III RN, who completed the project while based on the high-acuity cardiac unit at MHN. He recently changed roles to serve as a virtual quality support RN for UCHHealth Memorial Hospitals.

Surveys of participants, before and after they took breaks with the kits, showed an 84% reduction in stress.

The headsets offer immersive, realistic nature scenes to create a biophilic experience where space is limited, while the Calm app provides guided meditation. The kits also include essential oils tailored to individual moods, helping set a calming tone.

Based on the project’s positive outcomes, the initiative has begun expansion to areas such as urgent care departments.

“This project underscores the power of innovative, accessible stress-reduction strategies in supporting nurse satisfaction and well-being, paving the way for broader implementation across the health system,” Bench said.

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A drop of milk helps preterm babies learn to eat, go home sooner.

For a premature infant, the ability to breathe while eating usually doesn't develop until 37 weeks.

"Starting to feed before 37 weeks is crucial for the neonates' learning process. Waiting too long can hinder their ability to eat and create an aversion to oral feeding. It's important to seize this opportunity," said Justine Nusz, MBA, BSN, level III RN, CPN, nurse with the neonatal intensive care unit at UCHHealth Poudre Valley Hospital (PVH).

Through her UEXCEL Level III project (see info box, page 15) starting in January 2024, Nusz examined how a drop of milk could help the process develop earlier and decrease time on a feeding tube. The amount of milk starts with as little as 0.2 milliliters, for example, at 32 weeks of age.

"They're not obligated to swallow that," Nusz said. "They can absorb it in their cheeks, which also has a dual effect."

The milk, combined with oral care, helps the infants acquire a healthy microbiome and prevent necrotizing enterocolitis, a serious intestinal disease. Parents are able to participate with nurses using the dropper for feeding. And transitioning from a feeding tube earlier helps the baby get home sooner from the hospital.

"A lot of parents will say it's the worst thing ever to go home every day and leave without your baby," Nusz said. "It's been really rewarding hearing from the families and what a difference it made for them."

Comment from a patient's mother: "This approach has been instrumental in helping (my son) transition smoothly to breastfeeding, fostering a deeper bond between us, and laying a strong foundation for his feeding skills. I am incredibly grateful for this innovative method and the positive impact it has had on our experience."

At PVH, where the drop of milk has become standard practice, the number of preterm infants who acquire necrotizing enterocolitis has declined and is below the national average. Nusz credits her colleagues, including providers and speech therapy, for their contributions to make the project a success.

"A lot of parents will say it's the worst thing ever to go home every day and leave without your baby. It's been really rewarding hearing from the families and what a difference it made for them."

– Justine Nusz, MBA, BSN, RN, CPN

Improving pain management while reducing OR hold times and postoperative recovery times.

Post-anesthesia care unit (PACU) Charge Nurse Olga Geissler, level III RN, BSN, RN, CPAN, NC-BC, collaborated with a multidisciplinary team to implement an evidence-based approach to pain management that is helping keep the operating room (OR) on schedule and decreasing patients' time in the PACU.

"Pain management is a complex issue that requires creative thinking and collaboration among all parties, including the patient," said Geissler, with UCHealth Memorial Hospital Central.

Geissler's UEXCEL Level III project (see info box, page 15) identified effective, evidence-based pain management strategies to decrease patient OR hold times and PACU stays. The collaborative effort included her hospital's anesthesia leadership, acute pain service, PACU nurses and perioperative leadership.

The project led to Geissler advocating for increased communication between PACU nurses and anesthesiologists and the use of oral medications in early recovery, as well as implementing a variety of multimodal pain management strategies. Once she secured backing from perioperative and anesthesia leadership, along with the baseline OR hold time and PACU stay data, she began collaborating closely with acute pain services and educators. They designed training sessions, created educational materials, built nursing surveys for pain management insights and hosted journal clubs.

Geissler led four journal clubs providing PACU nurses with an opportunity to gather and discuss research articles, share experiences and learn evidence-based interventions for pain management. The final journal club session focused on an article about improving team culture. Anesthesia providers attended this session, fostering open dialogue with PACU nurses to share each other's viewpoints on pain management, challenges and strategies for enhancement of collaboration.

Geissler's efforts, from literature review and collaboration to education and execution, led to an overall reduction in OR hold times to under 10 minutes, with an average of 7.8 minutes. PACU stays were also reduced by 16 minutes, decreasing from 98 minutes to 82 minutes.

"The greatest success of this project was the increased awareness of the challenges, as well as improved collaboration and communication between PACU nurses and anesthesia providers," said Geissler.

Quarterly pain management sessions are planned to keep staff educated on best practices and strengthen collaboration among PACU staff, anesthesia teams and acute pain services. Geissler continues to be a coach and mentor RNs and charge nurses in her department, ensuring ongoing excellence in patient care.

"Pain management is a complex issue that requires creative thinking and collaboration among all parties, including the patient."

– Olga Geissler, BSN, RN, CPAN, NC-BC



Kelly McMonagle, left, and Brandi Kee.

PERSON-CENTERED CARE

Preventing pressure injuries in the operating room.

When a patient is positioned in an operating room for many hours under general or regional anesthesia, their skin can become susceptible to pressure injuries.

Brandi Kee, MSN, RN, CNOR, perioperative quality and patient safety specialist nurse with UCHealth Northern Colorado Region, evaluated research as part of the UCHealth OR Nurse Practice Council to find an evidence-based tool to assess pressure injury risk and interventions based on a patient's medical and surgical history.

The ELPO risk assessment scale for surgical positioning injuries, developed and validated in Brazil, proved to be an effective option that is evidence-based and user-friendly for the intraoperative nurse to complete.

The tool incorporates factors such as age, history of vascular disease, duration of surgery and more to determine risk and interventions. For example, if a patient ranks higher on the scale, staff is reminded to provide extra padding for vulnerable areas.

Kelly McMonagle, BSN, level III RN, CNOR, operating room charge nurse III with UCHealth Medical Center of the Rockies (MCR), worked with Kee and the OR Nurse Practice Council to pilot the ELPO tool for her UEXCEL Level III project (see info box, page 15). Through McMonagle's project, the practice council was able to gain valuable insight into the risk assessment tool.

To track the cases, incident reports were reviewed for skin tears or breakdown resulting in hospital-acquired pressure injuries (HAPI) up to three days after surgery. At MCR, there were 1.38 HAPI cases per 1,000 surgeries in April 2024; following the pilot, the number dropped to zero by November 2024.

"To the patient, it's huge," McMonagle said. "If someone has a total knee (replacement) surgery and there's skin breakdown and infection, that could devastate somebody."

Preventing HAPI also means avoiding extended hospital stays, diverted resources and other complications. Next steps with ELPO involve making an electronic version in Epic, creating a perioperative skin integrity bundle and rolling the process out to all UCHealth ORs.

Improving night shift patient care with rapid response education.

Knowing when to call for a rapid response team (RRT) can mean the difference between timely intervention and a worsening condition.

That's why UCHHealth Longs Peak Hospital ICU Night Shift Charge Nurse Melissa Mathias, BSN, level III RN, CCRN, set out to understand why rapid responses were called significantly less when a critical care outreach (CCOR) RN was not staffed during the night shift. Her UEXCEL Level III project (see info box, page 15) focuses on improving the rapid response process and educating teams on when to call for an RRT.

Through reading relevant literature, analyzing hospital data and meeting with medical-surgical and medical-oncology leaders, Mathias found there were 40% fewer RRT calls and 67% more incidents of cardiac arrest during the night shift.

"Bedside nurses are the first team members to recognize deteriorating patients," said Mathias. "I spoke with these nurses and learned that they were facing some unaddressed barriers related to the RRT calling criteria and the best methods of quickly getting them involved. It was important for me to address these barriers and improve this process in my project."

From developing educational content and posting flyers in units to launching new chats in Epic for enhanced communication between ICU and medical-surgical and medical-oncology charge nurses, Mathias' efforts created a 17% increase in rapid response calls during the night shift.

"I made a rapid response simulation video that helped educate staff and new employees about rapid responses, along with a comprehensive quiz at the end," Mathias said. "The video allows staff to visualize what goes on during an RRT, see the benefits, and ease the anxiety of calling an RRT."

Mathias' rapid response education and videos are now shown to new inpatient employees in the UCHHealth Metro Denver Region and at mandatory, in-person classes.

"As nurses, our primary mission is to ensure the safety and well-being of our patients," she said. "Rapid responses play a crucial role in achieving this goal."

"As nurses, our primary mission is to ensure the safety and well-being of our patients. Rapid responses play a crucial role in achieving this goal."

– Melissa Mathias, BSN, RN, CCRN

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Empowering nurses during times of change means listening to their needs, trusting their judgment, and supporting them to grow personally and professionally. It involves creating a workplace where they feel valued, capable, and ready to take on new challenges confidently.

KORY SCHEIDEMAN
BSN, RN, CEN, CPEN, TCRN, FAEN

Nurse manager
UCHealth Emergency Room – Harmony Campus

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University of Colorado Hospital receives ANCC Magnet recognition.



UCHealth University of Colorado Hospital (UCH) was re-designated as an American Nurses Credentialing Center (ANCC) Magnet hospital in January, now having achieved this prestigious recognition six times.

More than 300 staff filled the Bruce Schroffell auditorium for the announcement, plus hundreds more attending virtually. Confetti and cheers erupted when David Marshall, chair of the ANCC Commission on Magnet Recognition, announced they had voted unanimously to credential UCH as a Magnet organization for the sixth time.

UCH Chief Nursing Officer Jennifer Rodgers said that among more than 6,000 U.S. hospitals, UCH is one of a few dozen to be designated six or more times, putting it in the top 1% of the world for nursing excellence.

"We do not settle for the status quo," she said. "We push ourselves to embrace and lead change. We lean on each other when we need a helping hand, and we put our patients and families in the center of all we do."

Between the site visit and submitted documents, Marshall cited eight exemplars that stood out in the committee's findings. Among the highlights:

- Advocacy, including community health promotion such as the Stop the Bleed initiative led by Robyn Wolverton, which resulted in HB23-1213, a law to bring training and resource kits into public schools across Colorado. Advocacy also included health legislation to support the safety of patients who experience domestic violence, as well as the safety of health care employees who experience workplace violence.
- Demonstrating a BSN rate above 80%. At the time of the site visit in October, the rate at UCH was 87%.
- Support for oral anticancer medication administration at home, as an alternative to hospital-based infusions, through evidence-based practice. Specifically, Marshall pointed to the work of Amiee La Touche, BSN, level IV RN, OCN, BMTN, infusion nurse with the UCHealth Blood Disorders and Cell Therapies Center (BDC) - Anschutz Medical Campus. He said the practice developed at UCH will serve as an example for all organizations on how those medications are administered.

ANCC Magnet recognition is the highest and most prestigious credential an organization can achieve for nursing excellence and quality patient care. UCH first achieved Magnet designation in 2002. This was followed by re-designations in 2005, 2010, 2014, 2020 and 2025.

"We lean on each other when we need a helping hand, and we put our patients and families in the center of all we do."

– Jennifer Rodgers, DNP, ACNP-BC, FAANP



UCHealth
Magnet accreditation

Greeley Hospital awarded ANCC Pathway to Excellence designation.



UCHealth Greeley Hospital (GH) was designated in August 2024 as an American Nurses Credentialing Center (ANCC) Pathway to Excellence hospital.

This achievement recognizes the hospital's commitment to creating a positive practice environment where nurses are empowered to provide the highest quality of care.

On a call announcing the designation, Linda Harden, vice chair of the executive committee with the ANCC Commission on Pathway to Excellence, said results from the survey of GH nurses showed an 81% response rate out of 310 nurses, with favorable scores well-exceeding the benchmarks.

"It shows you care about your nurses that work there," Harden said. "A couple high-scoring items are the fact you provide education – you allow nurses time to attend educational sessions – and your nurses feel recognized, so you're valuing them and what they do every day."

The submitted documentation showed the hospital firmly meets all six required standards: shared governance, leadership, quality, safety, professional development and well-being. Evidence was collected from areas throughout the hospital to support the application for designation. And there was strong participation from nurses reporting favorable scores on the Pathway to Excellence survey.

GH is UCHealth's first hospital to receive this prestigious designation.

"This designation raises the bar and reinforces our commitment to excellence in nursing," said Tammy Piccone, MSN, RN, NE-BC, chief nursing officer at GH. "It's a place people are proud to work – because we care deeply about our team and the care we provide to our patients."

In April 2025, Piccone stepped into the role of chief nursing officer at UCHealth Poudre Valley Hospital.

EXCELLENCE

Longs Peak Hospital awarded ANCC Pathway to Excellence designation.



UCHealth Longs Peak Hospital was designated in December 2024 as an American Nurses Credentialing Center (ANCC) Pathway to Excellence hospital.

On a call announcing the designation, Rodney "Rocky" Hauch, member at large with the Commission on Pathway to Excellence, said results from the survey of LPH nurses showed a 74% response rate of 309 nurses, with favorable scores well-exceeding requirements to complete the designation.

"You have built an amazing culture," he said, adding that LPH nurses are empowered to use their voices, and nurse leaders are accessible.

Submitted documentation shows LPH firmly meets all six required standards: shared governance, leadership, quality, safety, professional development and well-being. Evidence was collected from areas throughout the hospital to show the team's excellent work.

The Pathway to Excellence designation highlights nursing excellence and the essential positive culture necessary to deliver the highest-quality care and exceptional patient experience, said LPH Chief Nursing Officer Noreen Bernard, EDD, RN, NEA-BC, FAAN.

"It is a testament to the outstanding nursing culture at Longs Peak Hospital, where our nurses demonstrate an unwavering commitment to the community, to one another, and to the nursing profession," Bernard said.

In March 2025, Bernard became chief nursing officer with UCHealth Parkview.



From left: Carri Wright, John Himberger and Nicki Seyller

EXCELLENCE

Excellence in Nursing Awards.

The Colorado Nursing Foundation presented the 2025 Excellence in Nursing Awards to 16 nurses across the state in May. Three UCHealth nurses were honored with this prestigious recognition:

Exceptional Achievement by a Nurse-Led Team

John Himberger, MSN, FNP-BC, ACHPN

Manager, advanced practice, UCHealth Memorial

Himberger leads the palliative care team that developed the general inpatient (GIP) hospice program. For patients who are not stable enough to be discharged, this program provides a secure way for them to stay at the hospital. Patients and their families can receive continuous care without significant disruption, and their families can

receive bereavement support after the patient dies. The GIP hospice program started in 2023 with two pilot hospice inpatient units. Through its success, the program expanded throughout the hospital in less than a year, and in May 2024, to other UCHealth hospitals.

Exceptional Achievement in Advanced Practice Nursing

Nicole (Nicki) Seyller, DNP, APN, ACCNS-AG, CCRN, SCRNI, CRNI

Critical care clinical nurse specialist, UCHealth Southern Colorado Region

Seyller played a key role in launching a virtual rapid response team, which resulted in more than 250 lives saved between 2022 and 2024. In the past two years, she has developed clinical pathways for patients undergoing alcohol withdrawal, led a quality improvement

evidence-based practice change to assist in the identification of ICU patients experiencing delirium, created simulation-based training for critical care charge nurses, and was a major contributor in the implementation of insourcing hemodialysis for inpatients.

Exceptional Achievement in Nursing Education in Nursing Professional Development

Carri Wright, MSN-Ed, RN, NPD-BC, CHSE

Coordinator of education programs, UCHealth Southern Colorado Region

Wright developed and facilitated a simulation-based education (SBE) experience for acute care units. Through this experience, she strengthened the clinical reasoning and critical thinking skills of acute care teams. In the past

year, she impacted over 130 acute care nurses using the SBE program. Wright also developed a workshop to introduce clinical nurse educators to SBE, which has been adopted across UCHealth.

DAISY Award winners exemplify compassion, nursing excellence.

When Libby Vogel, RN, acute care nurse at UCHealth Parkview Medical Center (PMC), saw a patient with a unique and specific need, she stepped up immediately.

"I was concerned when I noticed one of my patients with an ulcer on her foot," said Vogel. "When I asked about it, she told me she only had one pair of old, hand-me-down shoes and couldn't afford a new pair. It was very emotional for her to discuss."

Vogel realized her patient was dealing with a pressure wound on her foot because the only shoes she owned didn't fit. In fact, the patient was sticking tissues inside to try to make them fit better. Knowing poor footwear could lead to further complications for her patient, Vogel went out after work and purchased shoes and clothes then brought them to the patient during her next shift.

The shoes "fit like a glove," and the patient was so excited that she immediately tried them out during a short walk. For her compassion and grace, Vogel was nominated by Andrea Wade, MS, BSN, director of patient services at UCHealth Parkview, to receive PMC's first-ever DAISY Award in May.



At UCHealth Internal Medicine – Snow Mesa, Catherine Curtis, BSN, RN, received UCHealth Medical Group's first DAISY Award in November 2024. When a patient Curtis had been working with over several weeks expressed worry about having a biopsy for a possible cancer diagnosis, Curtis made sure to reach out on the day of the procedure and let her know that she was thinking of them.

"I feel fortunate that I have an opportunity as a clinic nurse to develop relationships and connect with patients," said Curtis.

This is just one example of the over-the-top kindness she is known for, according to Jamie Rainwater, the medical assistant lead who nominated Curtis for this recognition.

"Catherine constantly goes above and beyond to make sure our patients are taken care of," Rainwater said. "She didn't have to reach out to this patient, but this kind act made the patient feel much better about the procedure they needed."

The DAISY Award is an international program that honors nurses for their exceptional skill and compassionate care. The award recognizes any nurse – whether in direct care, leadership, education, or support roles – who makes a meaningful impact on patients and staff. Nurses at locations across UCHealth are now eligible to receive this recognition.



“Nurses are part of collaborative health care teams, working with others who share a common goal of healing and caring for our patients.”

VERONICA AYERS, BSN, RN

UCHealth Primary Care - Mason Street

VERONICA
AYERS

NURSING 2025 YEAR IN REVIEW

Cover photo: Crystal Rodriguez, ADN, RN, Joshua LaMarr, BSN, RN, and Lori Wright-Fear, BSN, RNC-OB
(Article on page 17.)

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