Nurses, staff and providers at UCHealth are focused each and every day on our mission of improving lives in both big ways and small. It is an honor to work with people who bring such generosity, kindness and camaraderie to our patients and the communities we serve.

In this 2022 nursing year in review, you’ll read about ICU nurse Amanda Hall at UCHealth Poudre Valley Hospital who set an outstanding example when she led a blood drive to honor a nurse colleague who needed transfusions. More than 20 other nurses, busy caring for patients during a COVID-19 surge, found time to help by donating their blood during a national blood shortage.

The excellence of UCHealth nurses is further exemplified through the support shown to colleagues. U.S. Air Force Brigadier General and UCHealth research nurse scientist Kathleen Flarity brings decades of military experience and two doctorates to her research of safety and well-being. Flarity’s commitment extends beyond academia to directly supporting the well-being of colleagues. She instructs newly-graduated nurses on caregiver resiliency and offers compassion fatigue resilience seminars open to all UCHealth staff. Her commitment to helping others is deeply appreciated, particularly as nurses have faced new challenges in connection to the pandemic.

In this report, you’ll see examples of heroic UCHealth nurses leading quality and safety initiatives and driving exciting research to elevate patient care. Our teams are also launching innovative solutions to allow nurses to practice at the top of their scope, with new support positions to improve staffing and patient care.

At UCHealth, we want our nurses to find their work fulfilling and rewarding, and we continue to find ways to support them. This year, we announced the UCHealth Ascend Career Program which is designed to support the career path of employees at all levels, drive retention and recruitment, and positively impact areas of need within UCHealth.

We’ve sought feedback on the types of support services, benefits and incentives staff prefer, and we’re continuing to explore further strategies as we expect to fill hundreds of nursing positions in the coming year.

Health care providers have seen significant challenges in recent years, and I’d like to thank all UCHealth nurses for their hard work and commitment to providing the best care for our patients while always supporting their coworkers.

Sincerely,

Elizabeth B. Concordia
President and Chief Executive Officer, UCHealth
A LETTER FROM
KATHERINE HOWELL.

As our 9,000 nurses care for patients and guide innovations across UCHealth, it is our commitment that all patients receive the best possible outcomes and experience.

The UCHealth Hispanic Transplant Program is helping to increase the number of kidney recipients in a population that has historically faced greater barriers to being listed for transplantation. Gladiz Martinez, transplant coordinator, is one of the program’s five Spanish-speaking nurses. She helps patients navigate all phases of the intricate process and conducts community outreach at local dialysis clinics.

When older patients who may be experiencing abuse and neglect arrive at our facilities, we must be attentive to their circumstances. Emergency department nurse Sarah Hagedorn, with UCHealth Memorial Hospital, led implementation of a tool to better identify and intervene in such cases. Her compassion for this patient population increased recognition of abuse and neglect, and it connected more of these patients with potentially life-saving resources.

These two examples represent how UCHealth nurses pursue strategic, successful approaches to improve lives. I am excited to share their work, among many others, with you in the pages of this publication.

Nursing is most fulfilling when we’re able to care for patients with supportive teams. For several years, we’ve been removing excessive documentation burden to help nurses spend more time with patients and less at computers. This year, we developed new patient care roles to provide additional support to nurses. Patient care assistants (PCA) and patient technology technicians (PTT) are among the roles we introduced to further support nurses.

Throughout UCHealth, nurses contribute to research and professional governance as we continue to care for our growing population. Our nurses’ compassion, integrity and devotion to patients improve lives and our vibrant communities in countless ways.

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

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Vice President Advanced Practice  
and Associate Chief Nursing Officer,  
Ambulatory Nursing  
University of Colorado Hospital

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Chief Nursing Officer, Longs Peak Hospital  
Chief Nursing Officer, Broomfield Hospital

Cathleen Ehrenfeucht, MS, RN  
Chief Nursing Officer  
Highlands Ranch Hospital

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

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Vice President of Nursing and  
Associate Chief Nursing Officer  
Memorial Hospital

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Director of Nursing, Grandview Hospital  
Director of Hospital Acute Care Services  
Memorial Hospital

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Medical Center of the Rockies

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Chief Nursing Officer  
Greeley Hospital

Ashley Bruning, MHA, BSN, RN, CNOR  
Chief Nursing Officer  
Poudre Valley Hospital

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

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

Kimberly DeLine, BSN, RN, JD, CPHRM  
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Associate Chief Nursing Officer  
UCHC Medical Group

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and Practice, UCHC

Karen Lovett, MS, RN, ACNS-BC, CCNS, NEA-BC  
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Senior Director of Quality and Regulatory Affairs  
UCHC Clinical Quality

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

Amy Hassell BSN, MSN  
Director of Patient Services  
UCHC Virtual Health Center

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

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

Ellen Seymour, MBA  
Director, Clinical Strategy, UCHC

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

Ellie Venafro, MHA, CHFP  
Director of Finance  
UCHC 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 interdisciplinary collaboration.
UCHEALTH AT A GLANCE FY2022

2,008 available beds

6,739,910 clinic visits

148,588 admissions and observation visits

14,492 babies delivered

605,507 emergency department visits

10,817 COVID-19 admissions
UCHEALTH NURSING QUICK FACTS

9,307 total RNs (all areas)

BSN rate 84%  
MSN/DNP/PhD rate 15%

48 DAISY Awards  
7 Colorado Nightingale Luminary Awards  
52 research studies

ANCC Magnet® recognized facilities.

Poudre Valley Hospital  

University of Colorado Hospital  

Medical Center of the Rockies  
2010, 2016, 2021
Interdisciplinary collaboration

IMPROVING PATIENT CONNECTIONS WITH TECHNOLOGY.

Secure, online communication with patients quickly became essential during the COVID-19 pandemic, particularly in the ambulatory care setting where in-person office visits shifted to virtual.

Amy Vigil, BSN, RN, clinical director with UCHealth University of Colorado Hospital ambulatory services, worked with colleagues to make the Epic In Basket messaging feature more manageable for nurses, providers and other clinical staff across UCHealth.

“It’s one of the main ways patients prefer to communicate with us,” Vigil said. “It’s been a huge satisfier for patients, instead of waiting on hold, waiting for a call-back or having to go into the office.”

In Basket messages also result in redundant, non-actionable messages that consume users’ time. With a goal of reducing cognitive load and improving well-being, Vigil collaborated with the multidisciplinary team to purge more than 10 million messages. They continue to focus on standardizing the messaging process, improving messages regarding medications and developing access to meaningful data and reporting, among other priorities over the next year.

The team focused on “reducing burden by focusing on today’s work today, keeping it simple and fostering high performing teams and outstanding patient care,” Vigil said.

Vigil, who has been with UCHealth for nearly 20 years, completed the UCHealth Nurse Residency Program as an emergency department nurse before following her passion to informatics and onward into ambulatory nursing. She constantly seeks ways for technology to work for nurses, rather than the other way around.
Excellence

INNOVATIVE STAFFING TO MEET COVID-19 SURGE.

The COVID-19 pandemic resulted in repeated surges of patient hospitalizations, necessitating a new strategy to support staffing. Labor pools were stood up at each UCHealth region to coordinate staff who were redeployed and picked up additional shifts to support patient care delivery.

When the delta variant surge led to a staff shortage at UCHealth University of Colorado Hospital (UCH) in 2021, Patty Riley was asked to revive the labor pool for UCH. She knew she needed help.

“It’s not a one-person show,” said Riley, MSN, RN, NEA-BC, director of patient care services, women’s and infants and dialysis at UCH.

She quickly enlisted Danielle Schloffman, MSN, RN, NEA-BC, director of nursing innovation and outcomes, and Raaj Talauliker, process improvement project manager, and they got to work. The goal: Support the resource management center and create roles to meet the needs of inpatient staff and providers at UCH.

The team built on experience from previous surges, making adjustments such as offering four-hour shifts for care assistants to manage feeding, bathing and recording vital signs; opportunities for non-clinical volunteers to help with tray passing, lab running and materials management; and a UCHealth-wide online form to sign up for shifts.

Labor pool shifts were also filled in respiratory therapy and phlebotomy, which had a direct impact on nursing care delivery.

“Everyone stepped up,” Riley said. At UCH, more than 1,700 employees picked up over 13,000 shifts delivering over 65,000 hours of patient care support.

Elizabeth Spradlin, MSN, RN, TCRN, nursing project manager with UCHealth Memorial Hospital, said the initiative created efficiencies and standardized processes that can be reactivated and replicated at any time.

“This project was a great example of how all the UCHealth regions collaborated to develop a streamlined process across the system,” she said. “All regions had a place at the table and collectively shared best processes, which were instrumental in designing an improved and standardized way for staff to volunteer for additional shifts.”

In the UCHealth Northern Colorado Region, nurses stepped up to serve in a variety of roles at multiple hospitals.

“We’ve had great support over the last two years,” said Janet Werst, community health supervisor with UCHealth Poudre Valley Hospital (PVH) and UCHealth Medical Center of the Rockies (MCR), adding that redeployed nurses primarily came from the UCHealth Medical Group. “Many were deployed to MCR, PVH and Greeley Hospital to be part of bathing teams to help off-load this duty from primary nursing care.”
Compassionate care

SCREENING FOR ELDER ABUSE AND NEGLECT.

As a nurse for over 16 years with a personal calling to improve care for patients who have experienced elder abuse and neglect (EAN), Sarah Hagedorn embarked on a project that directly impacted patient care in the UCHealth Southern Colorado Region.

“EAN is truly heartbreaking, whether it is the intentional act of an abuser or, more commonly, neglect resulting from a lack of knowledge or resources,” she said.

Hagedorn has both professionally and personally experienced challenges faced by elderly people and their caregivers, and as part of her MSN, she focused on improving recognition and intervention of elder abuse and neglect (EAN).

“These patients are extremely vulnerable and EAN is often poorly understood,” said Hagedorn, MSN, RN, CCRN, SANE-A, SANE-P, clinical manager and SANE/SAFE project director with the emergency department at UCHealth Memorial Hospital. “If we can improve the recognition of possible EAN, then we can potentially intervene prior to severe, life threatening abuse or neglect.”

Hagedorn recognized that the emergency department already had the foundation needed for successful implementation of the copyrighted Elder Abuse Suspicion Index (EASI). The brief screening completed by ED (Emergency Department) staff, coupled with a referral to the forensic nurse examiner (FNE) team, offers a mechanism to improve identification and intervention in elderly abuse and neglect cases, and to improve outcomes for these patients.

For her UEXCEL New Knowledge, Innovation and Improvement project, Hagedorn worked to have the screenings become routine in the emergency department. The project led to UCHealth implementing the screening tool as part of a routine process for all patients 65 and older. The EASI is available to FNE and ED nurses across UCHealth.

By implementing the screenings, Hagedorn’s vision came to life. Her work increased recognition of elder abuse and neglect in the emergency department setting, which led to more forensic nurse examiner referrals and connected at-risk patients with community resources.

The UEXCEL Program is UCHealth's focus on nursing excellence in clinical practice, education, evidence-based practice and leadership. It is a clinical recognition and advancement program for nurses to develop leadership skills while continuing to practice at the bedside.
Person-centered care

TRANSPANT CARE FOR SPANISH SPEAKERS.

The challenges associated with needing a kidney transplant are numerous and complex. For individuals whose primary language is not English, navigating the process can be difficult.

At the UCHealth Transplant Center, a program started in 2018 to support Spanish-speaking patients is helping to ensure understanding and a successful outcome every step of the way.

As a transplant coordinator, Gladiz Martinez, MS, APRN, AGCNS-BC, CMSRN, helps kidney transplant patients navigate the complexity of the health care system.

“It’s been very rewarding,” Martinez said. “They (patients) hold appreciation in a way that’s very refreshing. My challenges have been trying to simplify things for them, but I feel like our team has done a really good job.”

Martinez said the program has grown in large part by word-of-mouth among patients, but UCHealth also does community outreach at local dialysis clinics.

Jessica Valladares, RN, was the first transplant coordinator involved with the program. She said numerous patients have been on dialysis for many years and have no knowledge of what a transplant is.

“They’re just so thankful and willing to do what they need to do,” she said, adding that moments such as a transplant patient giving her a tearful hug on a follow-up visit are a reminder of the program’s powerful impact.

Across the United States, the number of Hispanic people receiving kidney transplants is 18.89%, similar to the share of the population, about 18.5%, according to the Scientific Registry of Transplant Recipients. Hispanic people comprise the largest ethnic minority group in Colorado, at 21.8% of the population, according to U.S. Census data. They represent 25.84% of kidney transplant recipients through the UCHealth transplant program, a sign the UCHealth Hispanic Transplant program is making a difference for this population.

The 11-person team includes two providers, five nurses and two financial coordinators—all of whom speak both Spanish and English—and recently expanded to provide support for liver transplant patients.
Person-centered care

**UCHEALTH INTEGRATED TRANSGENDER PROGRAM.**

Gender-affirming surgery requires unique care beyond the surgery itself, including complicated insurance issues, letters of support, hormone therapy, hair removal, mental health and addressing other needs.

As a nurse navigator with the UCHealth Integrated Transgender Program, Hope von Gunten, BA, RN, helps patients with this highly complex care. She is able to spend time with patients, connecting them to resources and developing long-term continuity of care.

“These patients have been fighting for this care,” said von Gunten. “We are here to provide hope and fight with them.”

Von Gunten identifies as a member of the queer community, and as a result patients are also able to see themselves reflected in their care team. Patients feel safe, comfortable and protected.

“After the surgery, patients are finally in their authentic bodies for the first time,” said von Gunten. “It’s exciting to be on the frontier of medicine with such a dedicated team.”

“These patients have been fighting for this care. We are here to provide hope and fight with them.”
Evidence-based practice

TREATMENT FOR PATIENTS WITH SEVERE BURNS.

The pain experienced by patients with burn injuries can be extreme, and the wounds require frequent treatment that can be traumatizing and anxiety-inducing. Jill Rozynski, BSN, RN, CMSRN with the burn trauma unit at UCHealth University of Colorado Hospital, introduced a way to help these patients better manage their pain.

“If they can feel more comfortable, and if this is the missing piece for what they needed, they’re going to trust us for the rest of their care,” she said.

Opioids and benzodiazepines are often treatments for patients receiving burn wound care, but they can lead to over-sedation, breathing problems, physical dependence and tolerance. Ketamine delivered via IV is sometimes used as an alternative, but it also includes potentially strong side effects.

Rozynski researched oral ketamine as an alternative. It is safer to administer, relieves pain and calms the patients, and they’re able to remain conscious enough to participate in their care. She worked with a multidisciplinary group of colleagues to implement oral ketamine on the burn unit. The outcome was a 33% reduction in opioids used, 38.8% improvement in mean pain scores, 36.6% reduction in patient anxiety and 37.5% improvement in overall patient experience.

“It helps them relax overall, and they feel in control, comfortable and a part of their care,” she said.

Rozynski’s study was for a UEXCEL (see info box, page 11) project, and she was accepted to a UCHealth Nursing Research Fellowship in January 2022 as she continues to expand on this work. She presented to a national audience at the annual American Burn Association meeting in April 2022, and her project’s findings were published in the ensuing edition of the Journal of Burn Care and Research. Rozynski became a Nightingale Luminary award recipient and was awarded the UCH Magnet Nurse of the Year award.
Evidence-based practice

A PLACE FOR STAFF TO PAUSE, REFLECT.

A recharge room is a quiet, peaceful space to pause and take a deep breath. It is a place to take a calm moment and reset.

UCHealth staff and providers have access to recharge rooms at UCHealth University of Colorado Hospital (UCH) and UCHealth Medical Center of the Rockies (MCR). There are virtual reality experiences, massage chairs, reading materials and more to create a calming, meditative atmosphere.

After the successful launch of the UCH recharge room in October 2021, the MCR recharge room opened in December 2021. Alyssa Golinvaux, BSN, RN, CCRN, clinical nurse in the surgical ICU at MCR, set up the MCR recharge room with a lava lamp, comfy reclining chair, soft rug, cozy pillows and blankets along with soft lighting.

“I wanted people to feel cozy, so I used natural and very soft textures,” Golinvaux said.

Employees have the option to transit via virtual reality goggles to a tropical island or a quiet mountain cabin to recharge during their shifts.

“Spending just 10 minutes in the room has proven to decrease stress levels,” Golinvaux said.

Recharge rooms continue to be added to support staff well-being at locations across UCHealth.

Interdisciplinary collaboration

PATIENT CARE ASSISTANT PROGRAM.

Khay Ann Sta Cruz is studying to be a surgical technologist, but she already is gaining experience caring for patients at UCHealth Memorial Hospital.

Sta Cruz is a patient care assistant (PCA). The new, entry-level position at UCHealth is available to people with little or no prior health care experience. UCHealth provides PCAs a rigorous, six-week didactic program in which they gain knowledge and skills to be most effective at the bedside and clinical settings.

PCAs perform the same skills as a nursing assistant on acute care units, learning from CNAs in skills classes focused on safe, compassionate, patient-centered care. More than 197 PCAs are working at hospitals across UCHealth.

“One once a PCA has completed this six-week program, they will be comfortable interacting with patients, family members and the patient care team. They will be competent providing essential patient care skills and quickly become a valuable addition to their unit,” said Judy Davidson, BSN, RN, SCRN, UCHealth nursing support program coordinator.

Sta Cruz was already enrolled at Pikes Peak State College when she applied to be a patient care assistant (PCA). She said the experience has reinforced her decision to become a surgical technologist, and that her work with patients includes checking vitals, turning and positioning patients and updating nurses on their condition.

“It gives me satisfaction to help them,” she said. “I really like what I’m doing.”
Excellence

CLINICAL EDUCATION RESOURCE NURSES.

We welcome growing numbers of recent nursing graduates to UCHealth, with hundreds projected to be hired in the next year. The UCHealth clinical education resource nurse (CERN) program launched in October to help ease the transition for new nurses.

CERNs are experienced nurses working across our hospitals, where they serve in acute care to support new graduates and fellowship RNs. They teach hands-on skills, answer clinical questions, educate on unfamiliar medications and more. Their time is focused on nights and weekends, when managers and educators are not always available.

“They round on all the acute care units they’re assigned to for a shift,” said Megan Mines, MS, APRN, AGCNS-BC, CMSRN, supervisor with professional development. “They work with charge nurses: ‘Who’s new? Who’s coming off orientation? How can we support you and your unit?’”

The CERN team served 38 acute care units with greater than 10,000 interactions helping staff, from October 2021 through June 2022, across all three UCHealth regions. Many of the requests were for moral support, skills and assessments.

Person-centered care

HOW CHALKBOARDS EASE MINDS IN THE ED.

At the UCHealth Memorial Hospital emergency department, a unique addition to four rooms helps patients work through behavioral health crises: a chalkboard.

Michelle Owen, BSN, RN, CEN, wanted to help patients who were agitated and difficult to engage in conversation. In a security-enhanced section of the department, patients sometimes feel completely out of control.

When the timing is right, she passes them a handful of chalk and says, “Whatever you put on that board is up to you. You will not be judged or punished. It doesn’t matter the words or pictures—whatever—this is yours.”

She recalls a young, male patient who was yelling and screaming when she handed him some chalk. About 15 minutes later, she knocked on the door and was invited in.

“You could see variations in the thought process, the anger as it unfolded over time,” Owen said. “By the end of it, there was a beautiful tree with flowers and bark and birds. He had obviously unloaded a lot of stuff. He was calm. He was able to talk and be reasonable.”

Since the chalkboards were added in summer 2021, the patients who use them receive less medication, require fewer restraints and there has been a decrease in workplace-violence-associated events.
Compassionate care

NURSE MOBILIZES BLOOD DONATIONS TO HONOR COLLEAGUE.

Amid intense shifts caring for ICU patients during a COVID-19 surge, nurses at UCHealth Poudre Valley Hospital took turns visiting a blood bus one Saturday in fall 2021 to honor Samantha Hadlock, a nurse colleague who works alongside them in the ICU.

For months, Hadlock, BSN, RN, CCRN, received blood transfusions while experiencing anemia. She continued to work in the ICU, serving a vital role as the pandemic led to staffing shortages and record hospital capacities across Colorado and the United States.

Inspired by her colleague, fellow ICU nurse Amanda Hall, BSN, RN wanted to find a way to support Hadlock. She began donating blood to UCHealth Garth Englund Blood Center and organized a blood drive encouraging others. The schedule quickly filled, so they held a second event a short time later.

“The ICU has such an incredible team, and this blood drive is an example of that,” Hadlock said during one of the blood drives. “They spend hours each week helping patients get through the darkest days of COVID-19 and are still willing to drop everything to come donate blood on their day off.”

Over 20 UCHealth nurses were among those who volunteered to donate blood. The contributions were especially appreciated during a national shortage of blood supply. Hadlock and Hall are collaborating to make the blood drive an annual event.

“Our ICU nurses are exceptional in so many ways. When they are not on the front-line saving lives, they are also behind the scenes saving lives for those in the community,” said Bridget Aesoph, blood donor recruiter with the blood center.
As an older woman neared the end of her life, Garth Leadbetter looked out the window at UCHealth University of Colorado Hospital (UCH) on a gorgeous Colorado day and came up with an idea.

The situation, already difficult, was compounded because members of a large extended family were not yet in agreement about how to let go of their loved one.

“There was an awful lot of emotion,” said Leadbetter, MSPC, BSN-RN, acute care nurse with UCH. “It was an extraordinary time that called for extraordinary adaptations.”

Leadbetter encouraged all the family members—15 or so, including a newborn—to walk outside to a healing garden. He gently rolled the patient in her hospital bed out to the patio. For more than an hour, as the sun shone on all of them, the entire family spent time with their loved one. The patient got to hold her great-grandchild and managed to smile as Leadbetter thoughtfully answered questions from family members.

“Families need to understand that even at the end of life, we are intently focused on quality care and attention to detail,” Leadbetter said. “They need to know, in their hearts, what comfort care really means for their loved one.”

Leadbetter credits his leadership team and fellow nurses for supporting his decision to head outside and help family members find unity. Leadbetter has not always been a nurse. He had a successful career in software engineering but, in his late 40s, decided to enroll in nursing school.

“Something about nursing and spending time with patients spoke to me,” he said.

Dr. Ethan Cumbler, MD, an internal medicine doctor at UCH, watched as Leadbetter took the patient to the garden.

“I’ve never seen anything like it,” Cumbler said. “The entire family saw the care and attention that this exceptional nurse was giving, and it gave everyone the confidence to make a tough decision.”
Person-centered care

INNOVATIONS TO CATCH LYMPHEDEMA EARLY.

Patients who receive cancer treatments can develop lymphedema, a painful side effect that is incurable if not caught early. Lanie Wolff, BA, BSN, RN, CBCN, oncology nurse navigator with UCHealth Cherry Creek Medical Center, said a patient’s experience with lymphedema motivated her to make sure it never happens again.

“Her exact words were: ‘This is so much worse than cancer,’” Wolff said. “It’s heartbreaking to see that happen.”

Lymphedema occurs when part of the lymphatic system gets blocked or damaged, and the lymph vessels are no longer able to drain lymph fluid from an area. This causes the lymph fluid to pool in the body’s soft tissues, which leads to swelling.

After cancer treatment, patients should be screened every three months for three years to catch lymphedema early. But going through cancer treatment can be overwhelming, and sometimes patients forget to have screenings on time.

Through a UEXCEL project (see info box, page 11), Wolff implemented nurse-led lymphedema screening clinics utilizing SOZO, a non-invasive detection technology. They expanded patient access at UCHealth Lone Tree Medical Center in March 2021 and Cherry Creek Medical Center in December 2021. These screening appointments last 5-10 minutes for patients, who receive bioimpedance measurements to determine whether there are signs of lymph fluid build-up.

“It takes longer to take off their socks and shoes than to stand on a machine, get a reading and be done,” Wolff said. She’s helping to expand SOZO to other locations as well.

To help ensure patients make appointments, she worked with colleagues to see that invitations are sent through My Health Connection messages. Before the messages, 28% of patients at Lone Tree returned for the screenings over about two years. In the first month of the messages being sent, 43% of patients scheduled their screenings—and five were sent to therapy to prevent progression and ideally reverse lymphedema.
Compassionate care

NURSE LEADS RECOGNITION FOR PUBLIC SERVANT.

When a 26-year veteran of the Colorado Springs Fire Department was treated at UCHealth Grandview Hospital, the last thing he expected was a round of applause.

But thanks to Charge Nurse Amanda Martinez, BSN, RN, CEN, soon-to-retire Joe Tabarez was met in a hallway full of Grandview staff and providers. They showered him with praise and thanked him for his service as he walked through a pair of sliding glass doors.

“I turned the corner, and the walls were lined with people,” said Tabarez, 63. “I was shocked at first and maybe a little embarrassed. Firefighters don’t do their jobs for recognition. It’s because we care about people.”

“The folks who do these jobs—military, police, fire, EMS, paramedics—are amazing,” Martinez said. “They deserve our kudos and rarely get them. I wanted to change that.”

Helping those who don’t expect it is something Martinez does often, according to her supervisor, Tami Hollister, BSN, RN.

“She’s a regular at going above and beyond,” Hollister said.

For Tabarez, the summer weekday began normally until his fitness routine was interrupted by a nosebleed. When the station’s EMTs couldn’t stop the bleeding, they took him to Grandview’s emergency department. As he was treated there, Tabarez shared there were only a handful of shifts left in a 26-year career with the local fire department and that he was an 18-year Army veteran.

“I got great treatment from everyone,” Tabarez said. “Their actions were heartfelt. I wish I could have stayed and thanked them all in person, not only for what they did for me, but what they do for everyone they treat.”

Person-centered care

IMPROVING CARE FOR BOARDED ED PATIENTS.

Surges in patient volumes sometimes require acute care patients to be boarded on other units. During those times, it is imperative that patients continue to receive quality care.

Hannah Pfeifer, MBA, BSN, RN, charge nurse with the UCHealth Greeley Hospital emergency department, combined previous experience on inpatient units with a review of literature to assess potential knowledge gaps for colleagues. She developed boarded patient supply carts, staff education and a resource binder in the ED regarding inpatient nursing care.

The UEXCEL project (see info box, page 11) led to an 81% to 92% increase in ED RN knowledge regarding inpatient care of patients boarded in the ED. The project is leading to safer and higher quality care of boarded patients on the unit.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Excellence

VIRTUAL CARE INNOVATIONS.

**COVID-19 remote patient monitoring**
Remote patient monitoring through the UCHealth Virtual Health Center (VHC) made it possible for hundreds of COVID-19 patients to avoid lengthy hospital stays. It resulted in similar or lower readmission rates.

UCHealth provides the patient with a smartphone and wearable device fitted to the wrist and finger, wirelessly transmitting biometrics such as oxygen levels, heart rates and respiratory rates from the comfort of their home. The VHC remotely monitors the data, and when concerning signs are detected, staff can quickly intervene and head off the need for an emergency room trip or hospitalization.

Decreases in length of hospital stay ranged from 0.5 to 1.7 days by sending patients home safely and earlier through use of remote monitoring during multiple COVID-19 surges. The technology has supported patients at University of Colorado Hospital, Greeley Hospital and Memorial Hospital.

“We've targeted the program to where the number of patients is highest and the hospital capacity is the lowest,” said Amy Hassell, RN, BSN, CCRN, a critical-care nurse and director of patient services for the VHC.

**Virtual wound care**
Wound healing is more closely monitored, and patients most in need of care are seen sooner, through the VHC’s virtual wound care program.

Wound, ostomy and continence (WOCN) nurses remotely review new consults and patients with existing injuries and assess risk status for pressure injury development. They work with the bedside nurse to conduct virtual rounding and analyze photos taken by the bedside nurse to ensure the best patient care.

This helps to ensure the most critical wounds are seen first and orders appear in the chart sooner. The FTE-neutral project led to the time to consult being reduced by 48 hours.

The addition of virtual wound care has led to a 30% increase in the number of patients seen by the wound care team, as well as a substantial increase in time spent on wound care prevention rounds for patients identified as having a high risk for hospital-acquired pressure injuries.
Integrity

WORKPLACE VIOLENCE TRAINING TO PROTECT STAFF, PATIENTS.

De-escalation training, early-detection screenings and use of data to bring attention to units most in need of support are among several initiatives deployed to support staff facing potential workplace violence.

“UCHealth is committed to ensuring a safe work environment,” said Randi Koch, MSN, BA, RN, CHSE, manager of UCHealth simulation programs and a master-level Crisis Prevention Institute (CPI) instructor. “We want staff to feel confident they have the resources to keep themselves as well as their patients safe, including during difficult circumstances.”

The CPI training is an evidence-based, fully accredited program designed to train staff with proven techniques effective in approaching and reducing the tension of an agitated person. It focuses on the alternatives if a person loses control and becomes violent. Instructors across UCHealth conduct this in-person training that is mandatory for all emergency department staff and select others.

By analyzing data from the software used to report incidents, CPI training has expanded to units identified as most likely to benefit.

The Behavioral Excellence: Advancing Leadership and Education in Real Time (BE ALERT) program provides an opportunity for nurses and support staff to learn and practice de-escalation techniques in a real-time simulation with live actors, followed by a structured debrief. This is available to UCHealth Metro Denver Region staff and empowers them to provide the best possible care for patients while protecting themselves by de-escalating conflict and responding effectively when an incident occurs.

Across UCHealth, staff can use an online, scenario-based course that teaches verbal de-escalation techniques that can be used to manage agitated or challenging patients. The interactive, adaptive software adjusts the course curriculum to best suit the needs of the person taking it, based on their responses to questions.

The Broset Violence Checklist (BVC) went live in spring 2022 through our electronic health record. The BVC assists in the early detection of imminent violent behavior with six questions. The screening tool is completed by the bedside nurse, and the evidence-based intervention steps in the accompanying toolkit can help staff proactively mitigate the risk of violence.

These measures are in addition to signage posted in patient-facing areas to remind them of our zero-tolerance policy for workplace violence.
When a patient with existing comorbidities tests positive for COVID-19, they can reduce the risk of hospitalization and death by receiving monoclonal antibodies (mAb) within a few days.

UCHealth provided more than 15,600 COVID-19 therapy treatments in outpatient and emergency department settings since fall 2020, when it became clear that special mAb clinics would be needed to meet demand. Nurses were integral in this effort, accomplishing tasks that under normal circumstances would require months of preparation, such as setting up vacant rooms and organizing staffing, patient flow, supplies, technology, infection prevention and more.

“The success of this program was because of staff nurses willing to either work on something totally different from normal or pull extra shifts,” said Kathy Deanda, RN, MSN, UCHealth senior director of virtual health, who led the launch of the clinics.

Nurses collaborated with pharmacy teams, who ensured crucial mAb supplies were available across distant locations. They mixed and dispensed hundreds of bags of the liquid mAb solutions each day to make sure the nurses had what they needed to treat patients.

Nurses with the UCHealth Virtual Health Center accelerated connections between COVID-19 patients and mAb medications. They used algorithms with electronic health records to flag those with comorbidities, working with providers in the VHC to order mAb therapy and schedule patients. With each new COVID-19 variant demanding different mAb formulations and treatments—ranging from infusions to injections to oral medications—the teams have been able to transition in as little as 24 hours.

By spring 2021, the demand for treatment required expansion. UCHealth Broomfield Hospital became the first dedicated mAb therapy site joining our current infusion centers across UCHealth. Eventually three more sites were set up as permanent mAb therapy centers allowing our infusions centers across the system to focus on their current patient populations and offering many more scheduling opportunities for patients with COVID-19.

“There is a lot of power in individuals believing in a global mission. These nurses felt this was their role in ending the pandemic,” said Kimberly DeLine, JD, BSN, RN, CPHRM, UCHealth Medical Group associate chief nursing officer, who led establishment of permanent mAb clinic locations.

At infusion centers, nurses expanded space and took on shifts. For example, rising demand at UCHealth Memorial Hospital (MH) in fall 2021 led to an expansion of the COVID-19 treatment space, supporting an increase in patients treated weekly from about 30 to a peak of 170.

“We were open seven days per week, and we were full,” said Kathy Noel, RN, BSN, CRNI, associate nurse manager at the MH outpatient infusion center.

The collaboration of nurses across UCHealth in varying departments allowed us to operate one of the most successful COVID-19 therapy programs in the region, reducing hospital admissions and improving lives.

“There is a lot of power in individuals believing in a global mission.”

–Kimberly DeLine
Associate chief nursing officer,
UCHealth Medical Group
Interdisciplinary collaboration

PATIENT TECHNOLOGY TECHNICIANS SUPPORT NURSES.

The patient technology technician (PTT) role supports nurses and CNAs with an additional staff member available 24/7 who is focused on technology. The PTT ensures telemetry, wearables, safety view cameras and other medical equipment are in good working order.

They also have direct patient interactions; for example, taking telemetry hotline (red phone) calls from the UCHealth Virtual Health Center and helping address those issues with patients. This is an entry-level, non-clinical position, and a PTT receives basic life support training. The goal is to remove barriers to efficient patient care as well as save nurses and CNAs time, helping them perform at top-of-scope.

The PTT pilot occurred December 2021 through March 2022 at UCHealth Greeley Hospital and the sixth floor of UCHealth University of Colorado Hospital. After successful outcomes, the PTT role is expanding across UCHealth.

During the pilot, the presence of PTTs substantially reduced telemetry calls answered by nurses at both hospitals. Please see below for results:

Impact of PTT Pilot on Telemetry Calls

- 62% reduction in red phone calls at UCH.
- 59% reduction in red phone calls at GH.

Blue phone calls care VHC calls to the PTT to fix technology issues:
- 62% reduction in red phone calls at UCH.
- 59% reduction in red phone calls at GH.

- Red phone = Mobile phone charge RN or dedicated staff member carries to respond to life-threatening arrhythmias and/or “no data available” calls.
- Blue phone = Rolled out with PTT pilot work. PTT member carries a mobile phone to respond to “no data available” calls.
  If not able to answer, call rolls over to red phone.
Evidence-based practice

ULTRASOUND-GUIDED IVS SUPPORT PATIENT SAFETY.

To support patient safety, Alex Ensby, BSN, RN, CEN, worked to create and educate staff on a standardized practice for ultrasound guided intravenous (USGIV) insertion at UCHealth Longs Peak Hospital (LPH). He trained staff using policy and evidence-based practice standards including the use of image capture.

“Vascular access can be stressful and painful for many patients,” Ensby said. “I have a passion to help increase insertion success and decrease negative outcomes regarding this area of practice.”

Post-data indicates a significant decrease in infiltrations and phlebitis, demonstrating a 71% reduction in harm in 100 patients sampled over a nine-month span. Ensby also developed a protocol to bill for this service. The former emergency department nurse, whose quality improvement project was used for UEXCEL credentialing (see info box, page 11), now serves as nursing house supervisor and is part of the vascular access team at LPH.
The number of successful organ and tissue donations at UCHealth Memorial Hospital increased fivefold (16 to 84) from 2017 through 2021, becoming the highest in Colorado and Wyoming.

An ICU nurse’s UEXCEL project (see info box, page 11) to increase referrals led to changes in education and policy that helped to make such a dramatic increase possible. Rachel Merling, BSN, RN, CCRN, charge nurse at the hospital’s 4N neuro/trauma ICU, collaborated with colleagues to ensure patients and their families would receive timely information on decisions necessary for organ transplants.

“It was really a culture change across the board,” she said. “We had lots of people working on this. I provided education to ICU staff and physician partners.”

She began the work in 2019, reviewing missed opportunities and compiling information on donation resources into a binder for the nurses’ station. She partnered with donor relations committees across UCHealth to revise the policy for donation after circulatory death (DCD).

Previous policy required DCD organ trials—an early step in the transplant process—to occur within 60 minutes of death. But transplant centers have shown they can accept organs for up to 120 minutes, so the time limit was removed. Shortly afterward, Merling said they had a successful transplant at 61 minutes.

Merling, who cares for critically ill patients, has partnered with numerous patients and families in support of organ donation. Her project included education of 57 nursing peers as well as many respiratory therapists and physicians, to help ensure they were prepared to have difficult conversations about organ donation.
Excellence

BETTER OUTCOMES FOR PREGNANT AND POSTPARTUM PATIENTS.

Nurses on the labor and delivery unit at UCHealth Highlands Ranch Hospital (HRH) carry a quick-reference card for blood pressure medication dosages to improve response times and patient safety.

It’s part of an initiative Anna Playfair, BSN, RN, RNC-OB, C-EFM, labor and delivery nurse, led to improve efficiency for the use of blood pressure medications within 60 minutes to treat severe hypertension for pregnant and postpartum patients.

“The badge buddy helps nurses to be confident with the doses patients receive,” Playfair said of the card, which can be carried on a lanyard for easy access.

The project included teaching and resources for staff and physicians, leading to improved compliance administering blood-pressure medications, from 33% to 66.7%, in one month’s time.

“Her project added awareness to an important quality metric. Patients are getting treated with the medication quicker, which decreases complications and improves outcomes,” said Chelsea Carlson, MSN, RN, director of nursing with women’s and infants’ services at HRH.

The initiative, completed in August 2021, was Playfair’s project for UEXCEL (see info box, page 11).

“She’s an amazing force for good in our department,” Carlson said.
Interdisciplinary collaboration

LEADING IUC REDUCTION, IMPROVING OUTCOMES.

UCHealth OR Nurse Lauren Bayless worked within the professional governance structure to lead a change in practice resulting in decreased risk for catheter-associated urinary tract infections (CAUTI).

“My motto was, ‘You can’t have a CAUTI if you don’t have a catheter,’” said Bayless, BSN, RN, CNOR, a certified perioperative nurse with UCHHealth University of Colorado Hospital.

She worked with the UCH Perioperative CAUTI Clinical Effectiveness Group (CEG) to develop the project. An interdisciplinary group of nurses, educators, surgeons and others coordinated guidelines to help avoid using indwelling urinary catheters (IUC) or remove them as soon as possible, even while the patient was still in the OR.

“They actually put it in post-op orders for general surgery,” Bayless said. “To keep the foley (IUC), they had to document the rationalization in orders and charts.”

She created education around this new protocol and trained OR staff on the standardization of perioperative catheterization using guidance from governmental and professional organizations.

The new guidelines were implemented in July 2020, and by fall 2021, there was a dramatic decrease in the use of catheters in the OR:

- 19% decrease in IUC placement
- 24% decrease in IUC placement for cases lasting fewer than four hours

Bayless was named 2021 UCH Magnet Nurse of the Year Award for Exemplary Professional Practice for this work.

The project originated about five years earlier, after Bayless joined the OR at UCH. She had questioned whether it was necessary for many patients to receive IUCs, and she became a CAUTI champion on the unit. It became her level III UEXCEL project (see info box, page 11) and developed from there.
Excellence

UCHEALTH NURSE INDUCTED AS AMERICAN ACADEMY OF NURSING FELLOW.

U.S. Air Force Brigadier General and UCHealth Research Nurse Scientist Kathleen Flarity, DNP, PhD, CEN, CFRN, FAEN, FAAN was named a fellow of the American Academy of Nursing in October 2021. This is one of the profession’s highest honors.

Flarity is one of 225 nurse leaders representing 38 states, the District of Columbia and 17 countries to be inducted in the AAN 2021 Class of Fellows. She joins more than 2,900 of the world’s most accomplished and highly educated nursing leaders. The AAN serves the public by advancing health policy and practice through the generation, synthesis and dissemination of nursing knowledge.

At UCHealth, Flarity’s leadership and experience supported the early COVID-19 response when national supply shortages of PPE affected Colorado in spring 2020. In addition to her job, and working clinically, she served on several system taskforces and helped develop a plan using ultraviolet light to sanitize N95 masks for all UCHealth hospitals, extending their use and helping keep infection rates among staff below those of the general public.

Flarity mentors UCHealth nurses in research and was instrumental along with the RNS team in developing the Nursing Research Fellowship program. She has conducted multiple studies regarding compassion fatigue resilience and offers a multifaceted education program to UCHealth nurses, staff and associates.
Excellence

VIRTUAL HEALTH MANAGER RECEIVES COLORADO NIGHTINGALE LUMINARY AWARD.

Nurse Manager Christina Denton, MSN, RN with UCHealth virtual health operations received Colorado’s highest nursing honor in October 2021: a Colorado Nightingale Award recognizing her role in launching telehealth technology to allow for patients to be cared for from their homes.

“It takes a nurse with Christy’s heart to say, ‘This is health care, and these patients are still important even though I’m not touching them,’” said Kathy Deanda, MSN, RN, UCHealth senior director of virtual health, who nominated Denton for the award.

Denton was one of seven UCHealth nurses nominated for the award as Nightingale Luminaries, having received recognition at the regional level. The Nightingale awards include six categories, and Denton’s award is for innovation by nurses working as administrators, educators, researchers and in non-traditional practice roles.

UCHealth’s virtual health services expanded from 100 patient visits per day to more than 4,500 patient visits per day all within one week, connecting patients across the state—including from rural areas where access is limited—to health care professionals via digital audio and video. As an alternative to in-person visits, the service has been instrumental during the COVID-19 pandemic.

In the absence of this innovative means by which to provide care, many of these patients would have foregone their health care needs, exacerbating their chronic conditions and/or complicating acute situations.

Jennifer Rodgers, DNP, ACNP-BC, FAANP vice president of advanced practice and associate chief nursing officer with UCHealth University of Colorado Hospital, said the service was “stood up, literally, overnight. It was nothing short of a miracle. It was the difference between patients receiving care or not receiving care. She made it look so easy. I have goosebumps right now talking about it. It is so well-deserved.”

Denton also expanded the UCHealth telestroke program to provide emergent stroke treatments to patients from Wyoming to Trinidad, Colorado, as well as supporting the infrastructure to provide specialty and behavioral health outreach in rural communities across Colorado. The Nightingale Awards were founded in 1985 to honor nurses who exemplify Florence Nightingale, a 19th century nursing pioneer. Registered nurses are nominated annually from seven regions throughout the state. Each region recognizes six nurse luminaries who compete for 12 Colorado Nightingale awards.
Excellence

MEMORIAL HOSPITAL CENTRAL MED-SURG UNIT RECEIVES PRISM AWARD.

Nurses on the 5N medical unit at UCHealth Memorial Hospital Central celebrated the announcement in spring 2022 that it would receive UCHealth's first AMSN PRISM award, a national honor.

The unit’s leadership and staff collaboration, focus on safety, recruitment efforts and support for nursing excellence were among the strengths cited in a phone call announcing the award. The Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) have given only three Premier Recognition in the Specialty of Med-Surg (PRISM) awards to Colorado hospitals, including Memorial Hospital Central.

“I’m extremely proud of this team for all of the work that they did to achieve this recognition,” said Tamera Dunseth Rosenbaum, DNP, RN, NE-BC, Memorial Hospital’s chief nursing officer. “It’s no small feat, especially in the middle of COVID-19 over the last two years. They really saw the value of this award, and they worked very hard to get it. This is a tremendous accomplishment, and I’m excited for them.”

Officials who called the unit to announce the award said it was a unanimous decision among the scoring team, and it is a clear indication of the exemplary work the nurses are doing for patients. The staff was cited as being a “role model of excellence for other nursing units to emulate.”

The application process involved a 57-page award submission including documentation and supporting evidence across six categories: leadership, recruitment and retention, evidence-based practice, patient outcomes, healthy practice environment and lifelong learning.
FY 2022
NURSING YEAR IN REVIEW

From left, UCHealth nurses Jill Rozynski, BSN, RN, CMSRN; Hope von Gunten, BA, RN; Randi Koch, MSN, BA, RN, CHSE; Jessica Valladares, BSN, RN; Adriana Soltero, BSN, RN; and Gladia Martinez, MS, APRN, AGCNS-BC, CMSRN