The extraordinary work of nurses, staff and providers at UCHealth improves lives each and every day. Their skills, compassion and enthusiasm drive care innovations and raise standards while putting patients first.

In our 2023 nursing year in review, you’ll read about Sonya Hirsch at UCHealth University of Colorado Hospital (UCH), who developed a process to recognize organ donor patients, in their last moments of life, with solemn dignity.

For the honor walk, hospital staff line a designated hallway as the patient is being transported. Hirsch focused on ensuring an appropriate number of staff participate, while the donor and their family’s privacy is respected. Through her leadership, the process ensures honor walks are a solemn and meaningful event.

In this report, you’ll see innovations at the UCHealth Virtual Health Center that deliver strong results for patient safety. Artificial intelligence tracks data, and when it detects a patient’s condition is declining, the unit’s care teams are alerted. Through interdisciplinary collaboration among nurses and colleagues, we are seeing dramatic improvements, with earlier detection of deterioration to ensure the best care.

To support care for patients who have experienced sexual assault, physical assault or other types of abuse, this spring we opened the Forensic Center of Excellence at UCHealth Memorial Hospital Central (MHC). It is the first hospital-based center of its kind in the United States. Funded through a grant from the Colorado Division of Criminal Justice, it includes a care-team station and five exam rooms. The center also supports a forensic telehealth program supporting over a dozen rural hospitals across Colorado, saving patients hours of travel to receive care.

The year also brought the designation of northern Colorado’s first Level I Trauma Center for UCHealth Medical Center of the Rockies (MCR). The highest classification for adult trauma care, it recognizes that the hospital can treat severe and complex injuries. The designation followed two decades of building services to support an advanced trauma program. Now, half of the state’s six Level I trauma centers are UCHealth facilities, also including MHC and UCH.

The breadth of achievements and recognition featured in this publication celebrate nurses’ dedication, kindness and expertise. Thank you to all of them for their service to people across the Rocky Mountain Region. I’d also like to extend a special thanks to Kathy Howell, UCHealth’s chief nursing executive, who will be retiring at the end of 2023. During her career, Kathy has developed and supported countless nurses and clinical staff, improving the lives of millions of patients.

Sincerely,

Elizabeth B. Concordia

President and Chief Executive Officer, UCHealth
Reflecting on a year of prestigious recognitions, care innovations and excellent clinical outcomes, I am honored to share the achievements of UCHealth nurses. This publication is a testament to the dedication and expertise of more than 9,300 nurses collaborating to improve lives.

This spring, UCHealth Memorial Hospital received its first Magnet designation from the American Nurses Credentialing Center. The same day, UCHealth Poudre Valley Hospital received its sixth Magnet designation. The highest credential an organization can achieve for nursing excellence and quality patient care, this recognition exemplifies the high standards, integrity and commitment of nurses across UCHealth.

That commitment extends to our colleagues. A national increase in incidents of workplace violence against health care workers has not spared Colorado. We’ve intensified focus on verbal violence, which until recently had widely been considered part of the job. Charge nurse Rachel Musenero, research nurse scientist Cara Spencer and ambulatory clinical nurse educator June Fouse developed a scripting algorithm to support and empower nurses in de-escalating these situations. Musenero, featured on this publication’s cover, was recognized as a 2023 Magnet Nurse of the Year at UCHealth University of Colorado Hospital.

We’ve prioritized efforts to mitigate workplace violence through innovative roles and processes. For example, behavioral health specialists working in a “roamer” role are trained in de-escalation techniques and therapeutic interventions supporting our bedside teams. Our simulation program, which prepares staff for all kinds of challenging scenarios, received a distinguished endorsement this year from the International Nursing Association of Clinical and Simulation Learning.

Further support for nurses to work top of scope have been developed through staffing innovations such as the acute care Partners in Care model. By partnering nurses with colleagues in support roles, we’ve improved the ability to address needs unique to specific units and enhance teamwork which has led to additional hours of care for patients, greater satisfaction for staff and patients and improved quality outcomes. I am excited to continue expanding this model, which also creates opportunities for entry-level employees to pursue careers in nursing.

Serving our communities through evidence-based practice and compassionate person-centered care, UCHealth nurses continue to raise the bar and shape the course of health care. I am grateful for all of their contributions.

Sincerely,

Katherine Howell
Chief Nursing Executive, UCHealth

A Letter from Katherine Howell
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Howell</td>
<td>MBA, BSN, RN, NEA-BC</td>
<td>Chief Nursing Executive, UCHealth</td>
</tr>
<tr>
<td>Jennifer Rodgers</td>
<td>DNP, ACNP-BC, FAANP</td>
<td>Vice President Advanced Practice and Chief Nursing Officer, University of Colorado Hospital</td>
</tr>
<tr>
<td>Norreen Bernard</td>
<td>EdD, RN, NEA-BC, FAAN</td>
<td>Chief Nursing Officer, Longs Peak Hospital and Broomfield Hospital</td>
</tr>
<tr>
<td>Cathleen Ehrenfeucht</td>
<td>MS, RN</td>
<td>Chief Nursing Officer, Highlands Ranch Hospital</td>
</tr>
<tr>
<td>Tamera Dunseth Rosenbaum</td>
<td>DNP, RN, NE-BC</td>
<td>Chief Nursing Officer, Memorial Hospital</td>
</tr>
<tr>
<td>Courtney S. Hoffbauer</td>
<td>DNP, RN, NE-BC</td>
<td>Vice President of Nursing and Associate Chief Nursing Officer, Memorial Hospital</td>
</tr>
<tr>
<td>Jessie Willard</td>
<td>MSN, RN, CENP</td>
<td>Chief Nursing Officer, Medical Center of the Rockies</td>
</tr>
<tr>
<td>Tammy Piccone</td>
<td>MSN, RN, NE-BC</td>
<td>Chief Nursing Officer, Greeley Hospital</td>
</tr>
<tr>
<td>Ashley Bruning</td>
<td>MHA, BSN, RN, CNOR</td>
<td>Chief Nursing Officer, Poudre Valley Hospital</td>
</tr>
<tr>
<td>Brian West</td>
<td>MBA, BSN, CMSRN</td>
<td>Chief Nursing Officer, Pikes Peak Regional Hospital</td>
</tr>
<tr>
<td>Kelly Gallegos</td>
<td>MBA, BSN, RN</td>
<td>Chief Nursing Officer, Yampa Valley Medical Center</td>
</tr>
<tr>
<td>Kimberly Deline</td>
<td>JD, BSN, RN</td>
<td>Chief Nursing Officer, UCHealth Medical Group System Patient Access, UCHealth</td>
</tr>
<tr>
<td>Joann Delmonte</td>
<td>RN, MSN, NPD-BC, NEA-BC</td>
<td>Vice President of Professional Development and Practice, UCHealth</td>
</tr>
<tr>
<td>Karen Lovett</td>
<td>MS, RN, ACNS-BC, CCNS, NEA-BC</td>
<td>Vice President of Operations, University of Colorado Hospital</td>
</tr>
<tr>
<td>Lisa Camplese</td>
<td>MBA, BSN, RN</td>
<td>Senior Director, Regulatory Affairs and Infection Prevention, UCHealth</td>
</tr>
<tr>
<td>Michelle Feller</td>
<td>MS, BSN, RN, NEA-BC</td>
<td>Senior Director of Resource Management Center, UCHealth Nursing Administration</td>
</tr>
<tr>
<td>Amy Hassell</td>
<td>MSN, BSN, RN</td>
<td>Chief Nursing Officer, UCHealth Virtual Health Center</td>
</tr>
<tr>
<td>Alice Pekarek</td>
<td>BSN, RN</td>
<td>Senior Director of Information Technology, Director of UCHealth Clinical Informatics</td>
</tr>
<tr>
<td>Ellen Seymour</td>
<td>MBA</td>
<td>Director, Clinical Strategy, UCHealth</td>
</tr>
<tr>
<td>Caryl Staib</td>
<td>MBA, MHSA, RN</td>
<td>Director of Value Analysis, UCHealth Supply Chain Management</td>
</tr>
<tr>
<td>Ella Echavez</td>
<td>MBA, RN, CNOR</td>
<td>Vice President, Perioperative Services and Mechanical Circulatory Support Services</td>
</tr>
</tbody>
</table>
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

2,130 available beds

7,467,788 clinic visits

155,886 admissions and observation visits, combined

15,003 babies delivered

657,008 emergency department visits
UCHealth Nursing Quick Facts

9,325 total RNs (all areas)

BSN rate 78%

MSN/DNP/PhD rate 8%

Board certification rate 36%

UEXCEL Level III: 323
Level IV: 20

DAISY Awards 46

Colorado Nightingale Awards 2

research studies 43

ANCC Magnet® recognized facilities.

Poudre Valley Hospital

University of Colorado Hospital

Medical Center of the Rockies
2010, 2016, 2021

Memorial Hospital
2023
**Person-centered care**

**Mobility, goal-setting propel UCH to age-friendly recognition.**

The acute care of the elderly (ACE) unit at UCHHealth University of Colorado Hospital (UCH) offers exceptional care to patients 72 and older, such as daily mobility support and personalized goals for their recovery.

In November, the hospital received a prestigious designation: The Institute for Healthcare Improvement (IHI) identified UCH as an Age-Friendly Health System—Committed to Care Excellence.

“I’m so proud of my team up here on the ACE unit,” said Becky Fehlig, RN, BSN, nurse manager with the ACE unit. “We work very well together, as well as in collaboration with multi-disciplinary teams. It’s very palpable, the passion that the ACE unit has for caring for our geriatric population.”

Nurses staffing the ACE unit focus care on the individual, helping patients set daily goals recorded on whiteboards. Dedicated mobility technicians are available seven days per week, ensuring patients are mobilized more frequently, reducing falls. A pharmacist specializing in geriatric medicine has served on the unit for 12 years, and twice each month, music therapy sessions are offered.

These are among the components that went into the recognition, which is guided by age-friendly, evidence-based practices in the IHI’s “4Ms: What matters, medication, mentation and mobility.” UCHHealth Poudre Valley Hospital, UCHHealth Medical Center of the Rockies and UCHHealth Greeley Hospital have received the Age-Friendly Health Systems Participants designation, indicating they have formally committed to putting the IHI’s 4Ms into practice.
Compassionate care
Honoring the gift of life.

To honor organ donor patients in their final moments of life, Sonya Hirsch, BSN, RN, CCRN, championed a special process at UCHealth University of Colorado Hospital (UCH).

During an honor walk, hospital staff line both sides of a hallway and pay respect as the patient who is becoming an organ donor is transported from the intensive care unit (ICU) to the operating room (OR) or Donor Alliance facility. Many times, family members will choose to walk alongside the patient.

“Honor walks remind us of the special person that patient was during their life,” Hirsch said. “Everyone present has an opportunity to pause and acknowledge their feelings in an atmosphere of support.”

Hirsch joined the UCH burn ICU as a new graduate RN in 2014 and, shortly thereafter, became active in the UCH Organ and Tissue Donation Committee. By 2018, Hirsch had advanced to a Level III RN through UEXCEL (see info box, pg. 23). Over the next year, honor walks for organ donors became more frequent as they increasingly appeared on social media and families requested them. While she felt the process could be improved, there was not much best-practice literature available.

With the support of UEXCEL advisors, Hirsch created a proposal to improve honor walks at UCHealth, focusing on ensuring enough staff could be gathered while keeping the walk private and serene, with only the donor’s family and hospital staff.

A detailed guide was created to activate the honor walk process at the appropriate time. It includes role clarity and notifications for staff, a designated hallway to ensure privacy, access to flags—such as an American flag to honor military veterans—and reminders to ensure the solemnity of the moment.

“In 2022, UCH had 34 organ donors, which was more than double the previous year,” Hirsch said.

Hirsch was honored with a Nightingale Award in 2022 and received a standing ovation for her presentation at the 2022 American Nurses Credentialing Center Magnet Conference.

“I feel so fortunate to have been part of this. It really keeps giving back, not only to me, but to families, staff and the recipients who have hope thanks to the generosity of organ donors.”

“Honor walks remind us of the special person that patient was during their life.”

—Sonya Hirsch, BSN, RN, CCRN
Interdisciplinary collaboration
PCA role offers hands-on experience, tuition for aspiring nurses.

Christine Potter works two, 12-hour shifts per week as a patient care assistant (PCA) in the bone marrow transplant (BMT) unit at UCHealth University of Colorado Hospital (UCH). She is pursuing a Bachelor of Science in Nursing (BSN) degree from Regis University, and UCHealth is covering 100% of her tuition.

“It’s an amazing opportunity,” she said. “I don’t understand why anybody would pass it up.”

Potter had been accepted to a different nursing school and was preparing to go deep into debt when she learned about the UCHealth Ascend Career Program. She applied immediately and was accepted. She’s finishing prerequisites and plans to begin nursing courses in fall 2023.

“The camaraderie is so good up on the floor that everybody’s willing to help you. They know you’re in school and want us to learn,” Potter said. “Even the doctors, you don’t have to be afraid to talk to them, either.”

Since February 2022 when Ascend launched, 109 UCHealth employees enrolled in a pre-licensure nursing program, 51 nurses enrolled in an RN to BSN program and 29 employees enrolled in a Master of Science in Nursing (MSN) program. All programs offer either capped or full, direct payment on behalf of UCHealth toward the learner’s education.

The entry-level PCA position, introduced in December 2021, is available to people with little or no prior health care experience. UCHealth employees in good standing, who work at least a 0.5 full-time equivalent, are eligible for the Ascend tuition benefits.

Sarah Windley was the first PCA to be promoted to a lead patient care assistant role. She works in medical specialties at UCH and is about halfway through nursing school. She plans to take advantage of Ascend to complete her degree.

“I thought, ‘This is a way to get me into the hospital—and to experience that nursing vibe—before I finish nursing school.’ It’s allowed me to work directly with patients without requiring me to obtain a CNA license,” she said, adding that, like Potter, she aspires to serve as a nurse on her current unit.

Judy Davidson, MSN, BSN, RN, UCHealth nursing support program coordinator, said more than 60% of PCAs are pursuing higher education through the Ascend program.

“It’s just given so many of them a foothold into health care and a view across a variety of areas where they can grow and develop,” Davidson said. “I am very proud of them.”
Excellence

Inspired by colleagues’ passion, UCHealth nurse launches podcast.

The first guest, an intensive care nurse, shared his experiences volunteering to care for patients in Ukraine during war. The next, a forensic nurse examiner, shared her career path and explained how to integrate self-care within nursing practice.

In each episode of “The Nurses’ Station by UCHealth” podcast, host Amanda Cobb, MSN, RN, NEA-BC, shares UCHealth nurses’ stories and perspectives with listeners across major platforms such as Spotify and Apple. As a director at UCHealth Memorial Hospital, Cobb came up with the podcast idea while preparing the hospital’s Magnet recognition document for the American Nurses Credentialing Center. The passion she observed in nurses’ projects was an inspiration.

“I wanted to be able to share some of the examples of amazing work from nurses and staff, as well as the intimate and personal details around the examples,” she said.

An avid podcast listener, Cobb had no previous experience in audio production. She studied the way hosts approach topics, as well as tutorials on YouTube, and collaborated with colleagues across UCHealth to secure financial and production support. The podcast launched in December 2022 and has amassed listeners from 17 different countries.

“Every nurse has a story of how and why they got here, and it’s fascinating and important,” Cobb said. “It’s also been impactful to me how natural these conversations have been, and how eager nurses are to share their stories.”

The podcast name is inspired by the physical space where nurses and other health care professionals congregate to laugh, cry, celebrate, problem-solve and share stories.

“I hope that this podcast can inspire our next generation of nurses and reignite the passion that some experienced nurses may have lost along the way,” Cobb said. “By sharing the humanity of nursing and exposing various specialties or practice areas of nursing, this podcast could help someone find their niche or calling as a nurse.”
**Interdisciplinary collaboration**

**Increased opportunities for LPNs in acute care.**

UCHealth is creating staffing solutions to help meet the ever-increasing demand for nurses while also providing career growth opportunities.

One such example is UCHealth’s LPN to Acute Care Program. Much like our RN new grad program, LPNs can participate in additional classroom training, hands-on orientation and work with RNs who provide guidance and mentorship so they may work at top of scope in the inpatient setting.

Genevieve Decker, MBA, BSN, RN, NEA-BC, CMSRN, manager of special projects, championed UCHealth’s LPN to Acute Care program. Citing pandemic burnout, a reduction in faculty and many nurses nearing retirement age, Decker was exploring ideas to add staff at a critical time when national nursing data is forecasting a significant deficit.

After much discussion, the Colorado State Board of Nursing eventually adopted the verbatim language Decker developed to articulate what an expanded scope for LPNs should look like.

“It’s one of the most rewarding projects I have worked on,” said Decker. “To partner with the State Board and experience their open-mindedness to evaluate LPN practice scope has been a career highlight for me.

She added, “The LPNs we’ve hired are strong critical thinkers and have a passion for nursing. They are excited to be in a hospital and practice in an acute care setting.”

Jasmine Ruedas-Chaparro began working at UCHealth Highlands Ranch Hospital (HRH) through the LPN to Acute Care Program. A 2022 Front Range Community College (FRCC) graduate, she completed her LPN clinicals and capstone at HRH.

Ruedas-Chaparro always felt a calling toward health care, as her mother is a career CNA still practicing after more than 20 years. Ruedas-Chaparro got her start as a volunteer with the same senior care facility where her mom worked while obtaining her CNA license. She will return to school this year to pursue a nursing degree while continuing part-time at HRH.

“I feel fortunate to have this opportunity. The nurses I work with are friendly, inclusive and I am not just the LPN on the unit, I am truly part of the team,” Ruedas-Chaparro said.

“This experience helps me to confidently pursue my RN license,” she added.

While the LPN to Acute Care Program began in the UCHealth Metro Denver Region hospitals, it is expanding across UCHealth and continues to accept applications from interested LPNs.
Excellence

Celebrating our 3rd annual National Nurses Week conference.

Nurses across UCH joined our third annual Nurses Leading the Way conference, held in-person for the first time, during National Nurses Week 2023.

We welcomed keynote speaker Cynda Hylton Rushton, PhD, MSN, RN, FAAN, who focused on how to transform moral suffering in health care. She explained how to shift our mindset to restore trust and improve relationships with ourselves and others, as well as how to be the nurses we are meant to be.

The conference is hosted jointly by UCH, Children’s Hospital Colorado and the University of Colorado College of Nursing. It is an opportunity for nurses to learn from renowned nursing thought leaders as well as to socialize with colleagues.

Compassionate care

Good Grief Rounds improve sense of purpose, decrease burnout.

Good Grief Rounds is a tool to support health care professionals in coping with distress and burnout. By engaging in storytelling sessions with trained facilitators, caregivers’ emotions are validated while working through difficult experiences.

Jasmine Liddington, BSN, RN, OCN with the post-anesthesia care unit at UCH, created and implemented training, a manual and content development for Good Grief Rounds facilitators as part of her Level IV UEXCEL project. She also acts as a facilitator and provides ongoing support to other facilitators.

UCH has 14 trained Good Grief Rounds facilitators at UCH, Greeley Hospital, Highlands Ranch Hospital and Memorial Hospital. In a recent survey, 82% of facilitators expressed that the role has significantly enhanced their sense of purpose and reduced burnout.

Participants of the Good Grief Rounds indicate the sessions have potential to improve resilience and create a space where caregivers feel cared for themselves. By engaging in storytelling and sharing experiences, health care professionals can find solace, strengthen their emotional well-being and enhance their ability to provide compassionate care to their patients.
Evidence-based practice
Support for nurses who experience verbal violence.

As many as 94% of nurses experience verbal violence, and until recently, it was widely considered part of the job.

“They don’t mean it; they’re sick,” said Rachel Musenero, BSN, RN, charge nurse with outpatient neurology at the Anschutz Outpatient Pavilion at UCHealth University of Colorado Hospital (UCH).

She spends up to 90% of her day on the phone with patients, conducting assessments, triaging and helping them with their symptoms. She has experienced verbal abuse ranging from snide comments to condescension to discriminatory remarks and aggression.

“One asked me, with my accent, if I knew what I was talking about. They ask, ‘Did you get into school here?’” said Musenero, who moved from Uganda to the United States in 1999. “One time, I needed to tell my co-workers I needed a break. I went for a walk.”

She collaborated with research nurse scientist Cara Spencer, PhD, RN, FNP-BC; and ambulatory clinical nurse educator June Fouse, MSN/Ed, RN, NPD-BC developing tools and training to support nurses through a UEXCEL project. The verbal abuse de-escalation scripting algorithm provides scripted responses from the moment a call escalates.

If scripted phrases fail to de-escalate after a few tries, UCHealth nurses are not required to stay on the line and endure abuse.

“Nurses are empowered to manage these calls with professionalism as they provide care over the phone,” Fouse said, adding that they can hang up, but often, it’s the patients who hang up. “When they don’t have anybody to argue with, they’re disengaging.”

The trio has presented the algorithm at conferences across the United States. It is available as a training resource from the American Academy of Ambulatory Care Nursing, which honored all three team members with a ViewPoint Writers Award in spring 2023. Through the project, nurses across UCHealth and beyond are better prepared to handle verbal violence.

In May, Musenero was recognized as a 2023 Magnet Nurse of the Year for UCH.

VERBAL VIOLENCE SCENARIO

Nurse: “I’m sorry. We don’t have forms for this because everyone is different and has different needs before their appointment. I’m calling you personally to learn all I can. I only have a few questions and shouldn’t take long. Would it be easier if I call back later?”

Patient: “No. It would be easier if you just sent me some forms. I don’t want to answer questions right now.”

Nurse: “I understand. But we don’t have any forms for this.”

Patient: “You know, this is why patients kill doctors and nurses. You don’t pay attention to the patients. You don’t care about patients. You’re lazy, and you won’t do your job.”
Interdisciplinary collaboration
Surrounding our nurses with support.

A care model innovation introduced in August 2022 aims to improve nurse engagement and retention through adding support roles to their team, increasing the hours of care while supporting top-of-scope practice.

UCHealth Partners in Care pairs nurses on the unit with support roles such as a patient care assistant (PCA), mobility techs, behavioral health specialists and patient technology technicians during their shift. Each unit designs their care team based on the needs of their patient population.

“Partners in Care really helped our unit with teamwork and delegation,” said Saara Aura, BSN, RN, with the orthopedic unit at UCHealth University of Colorado Hospital (UCH). She added that one-on-one pairings between nurses and assistants “really helped take the stress off of both.”

Sarah Windley, lead nursing assistant with the UCH medical specialties unit, said Partners in Care “brings the joy back” into health care, as she’s working with one or two nurses on a shift rather than six or seven. “It takes the burden away from feeling overworked. Having that relationship with a nurse is making it happy to work again.”

Abigail Wist, BSN, RN, was part of the team that planned and implemented the program on the UCH orthopedics unit. She said it has freed nurses to better prioritize patient tasks such as managing pain medications, overall appearance and medical status.

“Looking at how far we’ve come, this is something we’re really proud of,” she said. “I’m happy with the way it’s gone.”

Partners in Care started in individual units at UCHealth Memorial Hospital and UCH. Positive results such as improved retention, patient experience and quality metrics led to expansion to other units and hospitals, such as the acute care unit at UCHealth Greeley Hospital (GH).

Since implementing this new care model innovation in March, the GH unit has received positive feedback from patients, including an increase in patient experience scores.

“The patients receive more hands-on care, and their activities of daily living (ADLs) and mobility needs are addressed in a more-timely manner,” said GH Chief Nursing Officer Tammy Piccone, MSN, RN, NE-BC. “The unit overall has a noticeable decrease in call lights.”

“Looking at how far we’ve come, this is something we’re really proud of.”

—Abigail Wist, BSN, RN
Interdisciplinary collaboration
Improving patient mobility and reducing falls with injury.

Immobility and falls are a significant risk for hospitalized patients and contribute to unfavorable patient experiences and outcomes, such as hospital-acquired harm or weakness, pressure injuries, and deep vein thrombosis.

A multidisciplinary approach to increase patient mobility and decrease falls led to sustained improvements at UCHealth Broomfield Hospital (BH) and UCHealth Longs Peak Hospital (LPH) through a fall mitigation and two activity and mobility promotion (AMP) process improvement (PI) projects.

“Our daily non-punitive post fall huddle facilitates persistent mindfulness to drive accountably, shared learnings, engagement and robust education,” said BH and LPH Clinical Quality Specialist, Linnea Gingerich, MSN, RN.

“We have been able to shift the fall mitigation culture from reactive to proactive as a result of the post-fall huddle shared learnings” said BH Medical-Surgical Progressive Care Unit (MSPCU) Nurse Manager Doug Byrd, BSN, RN.

Eight months after the fall intervention completion and AMP project launch, improvements have been substantial:
• LPH MSPCU falls with injury decreased 81%, unassisted fall decreased 44%.
• BH rehabilitation falls with injury decreased 68% with 288 days, and counting, without an injurious fall.
• BH rehabilitation and MSPCU increased near miss reporting by 169%, demonstrating high reliability attributed to a culture of safety.
• 64% of BH and LPH MSPCUs patients reached or exceeded their AMP mobility goal.

The hospitals are excited to be leading the charge as potential role models for quality and patient safety to be scaled across UCHealth. As a result of work and a formal study at UCHealth University of Colorado Hospital, UCHealth was invited as a recognized partner to give an Excellence in Practice presentation in April 2023 at Johns Hopkins Medicine’s 6th Annual Hospital AMP Conference.
Interdisciplinary collaboration

Supporting roll-out of new endoscopic procedures.

When UCHealth Poudre Valley Hospital (PVH) introduced two new endoscopic procedures to treat gastroesophageal diseases, a nurse’s project to support the procedures helped lead to decreased hospital stays.

Per oral endoscopic myotomy (POEM) and transoral incisionless fundoplication (TIF) procedures treat diseases such as achalasia and reflux while avoiding more-invasive surgeries. Gastrointestinal specialty coordinator Jennifer Golyer, BSN, RN-BC, CGRN, saw an opportunity for interdisciplinary collaboration to ensure the roll-out of these procedures led to the best outcomes for patients.

She worked with physicians, pharmacists, IT, clinical education professionals and more, researching evidence-based practice to build out the program. She quickly developed pre-op and post-op order sets, discharge instructions, procedure guidelines, anesthesia protocol, patient education and more. Key metrics continue to be monitored, allowing for continued improvements.

“I want everything that our GI lab at PVH provides to be a blessing—and the very best we have to offer—to patients and their families,” Golyer said. “And that makes me super driven.”

When TIF was first introduced at PVH, all patients needed to be admitted for 24-hour observation. But because of Golyer’s thoroughness in teaching with order sets and guidelines, the majority of TIF patients have been able to go home the same day. Golyer also assembled an emergency cart for these procedures that is taken to the operating room each time the procedures are done.

For her work, Golyer received the 2022 PVH Magnet Nurse Award for New Knowledge, Innovation and Improvements.

“I want everything that our GI lab at PVH provides to be a blessing—and the very best we have to offer—to patients and their families, and that makes me super driven.”

—Jennifer Golyer, BSN, RN-BC, CGRN
Excellence

New way to band newborns improves safety, identification.

A new process to band newborns for identification at UCHealth Poudre Valley Hospital (PVH) reduces errors and keeps infants more comfortable.

In partnership with her nurse manager, Tara Weber, BSN, RNC, c-EFM, developed a process as part of a UEXCEL project to introduce ultrasoft, pliable plastic bands that include the baby’s name and a scannable barcode. The new bands are narrower and include the infant’s identification rather than the mother’s, which was used with previous bands. The matching guardian bands are green in color to stand out from other types of hospital bands.

“We’ve had a lot of nurse satisfaction, with good feedback that the process is much easier and streamlined,” said Weber, who has been with PVH for over 18 years.

The previous process included the mother’s name and a number on the band, but that occasionally led to transposed numbers and confusion around identifying other family members. Now, the family members receive bands with the baby’s name on them, and they are a different color.

The previous bands also were thicker, 1 inch as opposed to ¾ inch, and they were made of a stiffer plastic that was sometimes rough on the infants’ skin. There was previously a second band used for medications that has been eliminated thanks to the barcode on the new band.

Weber said the new process has been so successful that efforts are underway to make it the standard across other UCHealth hospitals.

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

Birth center and Safe Haven Law protects patients.

A teen in an extremely difficult situation was able to give birth and surrender the infant at UCHealth Poudre Valley Hospital (PVH) under Colorado’s Safe Haven Law in the fall of 2022.

Kelly Bernatow, WHNP-BC, RNC-MNN, C-PLC, CLC, women and children’s nurse navigator at PVH, said she was contacted by a cultural support person in the local community looking to help the teen. The teen did not speak English and had limited resources. She wanted to give birth and surrender her newborn but was concerned about confidentiality and didn’t want to identify the father.

The Safe Haven Law allows for parents in crisis to surrender their newborn anonymously to a fire station or hospital. But it is unusual for that to happen at a hospital where the birth occurs.

“The way the Safe Haven Law is written, there is minimal guidance for a mother presenting to a hospital or birth facility, wanting to deliver safely. There are many unknown variables regarding that,” Bernatow said.

Ahead of the delivery, Bernatow and two social workers helped connect the teen with support services, with the involvement of the Colorado Department of Human Services. The PVH team coordinated with legal and risk management to ensure compliance while maintaining the patient’s confidentiality.

The teen was able to give input in finding a foster family and, after the birth, Bernatow was able to connect her with counseling and further resources. Bernatow said she is working with team members from UCHealth, as well as state and federal Safe Haven agencies, to add further clarification to the law.

“The point of changing legislation is to provide guidance for hospitals and birthing facilities to know how to best support these moms,” Bernatow said, “and to change the existing stigma surrounding patients seeking medically assisted safe and confidential deliveries.”
Evidence-based practice

Decreasing barriers to prescription access, ensuring clear communication.

Anya Gunn recognized a gap in patient care and sought to close it.

“We know from research that if patients on a direct oral anticoagulant (DOAC) medication weren’t properly educated and transitioned at discharge, there was a strong possibility a complication could arise and they’d likely end up in the emergency department,” said Gunn, BSN, RN, a registered nurse of 16 years and nurse navigator at UCHealth Heart and Vascular Clinics in Steamboat Springs. “I knew we could do better for these patients.”

Gunn was already a member of UCHealth’s anticoagulation program, but she saw an opportunity for better interdepartmental collaboration in support of patients on DOAC medications.

“It was a team effort among key areas like nursing, pharmacy, pre- and post-op care, administration, quality and inpatient units,” said Gunn. “Together, we identified the critical elements of care that patients needed to know.”

She then put these care elements, such as simplified medication education, insurance coverage tips and financial assistance resources into a DOAC discharge packet. Some pieces were even created “to fit in the back pocket of Wrangler jeans,” a nod to not only the rural part of Colorado in which Gunn works but also to her understanding and appreciation of the patient population with whom she works.

The UEXCEL (see info box, pg. 23) project demonstrated significant progress in DOAC medication patient education prior to discharge. It provided further alignment with The Joint Commission’s (TJC) National Patient Safety Goals by decreasing barriers to prescription access and ensuring clear communication with the follow-up provider. Closing this gap has continued to enhance optimal patient care transitions.

“I wish more nurses knew they could do things like this,” said Gunn. “If you see something that could help patients, ask others to support or join you in the effort. Do the work, because you can make a positive change.”

“It was a team effort among key areas like nursing, pharmacy, pre- and post-op care, administration, quality and inpatient units.”

—Anya Gunn, BSN, RN
Integrity

Reduced cancellations for cardiac stress testing.

Appointments for cardiac stress testing in the UCHealth Cherry Creek Medical Center cardiac imaging department were being canceled on the same day due to patients not understanding medication holds, diet restrictions or clothing needs for the test.

Lauren Grasso, BSN, RN, CVRN-BC, charge nurse with the department, discovered the last-minute cancellations were causing significant patient inconvenience and costing the department about $2,313 per cancelled appointment. Through a UEXCEL project (see info box, pg. 23), she worked with stakeholders such as UCHealth’s patient literacy team to create patient education pamphlets, in English and Spanish, on various types of cardiac stress testing and used the tool with patients.

“When I saw the frustration patients were experiencing when their stress tests were cancelled, I knew this was a great opportunity to make a change,” Grasso said, adding that while reminders were sent via the digital patient portal and app, some weren’t comfortable with the technology. “This pamphlet gives them a tangible copy of instructions that some even said they ‘put on the refrigerator as a reminder.’”

The result decreased costs and increased patients’ satisfaction scores. The information provided in the pamphlets also led to increased patient comfort with the procedures and decreased anxiety. Grasso has since encouraged distribution of the resource across UCHealth.

Compassionate Care

Improved wound healing, cost savings for patients after surgery.

To support wound healing, Dylan Salrin, MSN, RN championed a UEXCEL project (see info box, pg. 23) targeting high quality and more cost-effective surgical dressings for total joint arthroplasty patients at UCHealth Broomfield Hospital.

As an alternative to standard compression dressings, Salrin’s introduction of a negative-pressure wound therapy dressing led to higher patient satisfaction. There was a 50% decrease in post-surgical complications, a half-day reduction in postoperative length of stay, and an average inpatient stay cost savings of close to $1,500.

“The ingredients for cost optimization were already here; all I had to do was put it together,” he said. “This project just highlighted the importance of looking outside of the box and collaborating with your leadership and teammates, to whom I credit the success of this implementation.”

Salrin presented his findings virtually at the IRIS World Health Care and Nursing Conference and the Rocky Mountain Interprofessional Research and Evidence Based Practice Symposium, and has presented in person at the American Society of Perianesthesia Nurses National Conference in Denver, the Nursing World Conference in Orlando, FL, and the World Congress on Nursing Education & Practice in Rome, Italy.
Person-centered care

Care without leaving your car.

As a sporty, white car zipped into the parking lot at UCH Health Lone Tree Medical Center, staff grabbed supplies and ran outside to the driver’s side window.

“Welcome to curbside care,” said Kari Freed, BSN, RN, AMB-BC, care manager based at the UCH Health Outpatient Infusion Clinic at the Anschutz Medical Campus.

The idea of offering health care in a parking lot, an innovative and convenient practice, was over a year in the making. It started at a virtual conference where Freed heard about health care organizations providing patients with vaccines and flu shots, drive-thru style.

“If our ultimate goal is to remove barriers so our patients can get care, then I thought, ‘let’s do it,’” said Freed. “We’ve all been getting our groceries this way.”

During the COVID-19 public health emergency, about 80 patients receiving Prolia, a medication used to treat osteoporosis, would come to the infusion clinic each month for appointments of about 45 minutes.

“It’s a difficult, multiple-hour process for many of these patients and their caregivers or families to park and navigate the hospital, and I think sometimes we forget that,” Freed said. Prolia is tolerated well and doesn’t require observation—making it an ideal medication to trial.

Freed received approval to pilot the program at Lone Tree, a less-congested facility with ample space for vehicles, and she got to work. Freed spent countless hours meeting with representatives from finance, legal, regulatory, logistics, patient experience and others. Next, she called patients receiving Prolia and asked if they would prefer coming to Lone Tree instead and receiving their injection from the comfort of their vehicle.

“They were so grateful and excited,” said Freed.

Over 200 Prolia curbside care visits were performed curbside. The appointment length decreased from an average of 45 minutes in the infusion center to 6 minutes curbside while the program was active during the public health emergency. The goals of the program were to decrease visit time, remove barriers to care, increase access to care for other infusion center patients by freeing up much-needed chair space, and to improve the patient experience.

Freed was recognized as a 2023 Magnet Nurse of the Year for UCH.
Evidence-based practice

Virtual deterioration program increases rapid response as code blue events decrease.

From a bank of computers in Aurora, UCHealth uses artificial intelligence (AI) 24/7 to track data such as vital signs for patients across UCHealth hospitals. When AI detects a patient’s condition is declining, the unit’s care teams are alerted.

Since the UCHealth Virtual Health Center (VHC) launched the virtual deterioration program outcomes for each hospital have shown dramatic improvements: rapid responses have increased by 30-40%, code blue events have reduced by 30-40%, and transfers to a higher level of care have decreased by 20-30%.

“We’re detecting deterioration earlier, thus reducing negative outcomes and need for intensive care,” said Amy Hassell, MSN, BSN, RN, chief nursing officer of the VHC.

"Once the patient is stabilized, and it is determined that the patient does not need a higher level of care, the VHC nurses continue to monitor for six hours in partnership with the bedside nurse. This allows the bedside nurse to attend to their other patients,” Hassell said. “This ensures that we’re taking time to watch over the patient, in that somewhat fragile window of time, when they could continue to deteriorate and need a higher level of care.”

Virtual deterioration, along with virtual sepsis monitoring virtual wound care, and other virtual nursing strategies are part of a suite of innovations the VHC continues developing to ensure UCHealth patients receive the best care.
Excellence

Improving retention through job sharing.

UCHealth is actively pursuing new strategies to increase long-term job satisfaction for nurses. Through the UCHealth RN Job Share program, nurses can use part of their time to work in another department and gain the experience of exploring a new clinical area. The program was piloted during summer 2022 and scaled across the UCHealth Metro Denver Region in the fall. In 2023, it was expanded across all UCHealth regions, also including UCHealth Medical Group.

Danielle Schloffman, MSN, RN, NE-BC, director of nursing innovation and outcomes, serves as “chief matchmaker” with 25 RNs currently in the job share program.

“Just knowing that there are options to change up routine can be a real boost for morale,” Schloffman said.

RN Job Share participants must commit to a minimum of six months. When the commitment period is up, participants can explore options to continue job sharing or return working full-time in their regular department.

Schloffman says matchmaking is a nuanced process because it has to be mutually beneficial for all involved parties.

“Participants have expressed gratitude for learning in a new practice environment while keeping ties to their home department,” she said. “Having a flexible program like this gives our nurses more opportunities to grow and develop.”

Compassionate care

Peer support for colleagues facing adversity.

Nursing peers can be a lifeline when facing emotionally challenging circumstances—such as an unexpected clinical outcome, a difficult patient experience or a medical error.

This spring, UCHealth launched a peer support program to support nurses and providers in the Northern Colorado and Metro Denver regions, in addition to existing resources in the Southern Colorado region. During times of heightened stress and vulnerability, peer support provides meaningful validation and can help soothe negative emotions.

It is different from counseling or therapy, and it is not a replacement for working with a mental health professional. Rather, it is support from someone who has “been there” or is there themselves, working in a similar role and able to relate.

Peer support is a no-cost service, and interactions are typically one or two encounters in an informal setting. Peer supporters receive training, and they know when and how to connect to other UCHealth resources for continued healing, recovery and growth.
Person-centered care
The first hospital-based Forensic Center of Excellence in the United States.

In April 2023, UCHealth Memorial Hospital Central opened a first-of-its-kind medical unit dedicated solely to providing forensic nursing care to patients who have experienced sexual assault, physical assault or other types of abuse.

The 3,700-square-foot Forensic Center of Excellence, funded through a $3 million grant from the Colorado Division of Criminal Justice, includes a care-team station and five exam rooms. It also houses an expanding forensic telehealth program that supports more than a dozen rural hospitals and clinics across Colorado, ensuring patients who have experienced violence or abuse can receive care in or near their own communities.

In 2022, UCHealth’s team of forensic nurse examiners, including sexual assault nurse examiners (SANE) and sexual assault forensic examiners (SAFE), in Colorado Springs, provided services to 2,515 patients in need of specialized care, including sexual assault medical forensic exams.

“Although the new unit is adjacent to our emergency department, the environment will be quieter and calmer than the often-chaotic nature of a Level I Trauma Center,” said Sarah Hagedorn, MSN, RN, CCRN, SANE-A, SANE-P, clinical manager for the forensic nursing team at UCHealth Memorial Hospital. “We want it to feel like a protected space where patients feel safe.”

“We want it to feel like a protected space where patients feel safe.”
– Sarah Hagedorn
MSN, RN, CCRN, SANE-A, SANE-P

The telehealth programs are important because it means patients don’t have to travel for hours to receive care after experiencing trauma,” Hagedorn added. “They can get it in their own community—be it in Telluride, Cortez or Montrose or Burlington, Trinidad or Hugo.”

Not only does Memorial Hospital partner with 15 rural telehealth programs, it also is responsible for the Colorado SANE/SAFE Project, which trains medical professionals across Colorado to care for victims of sexual assault, intimate partner violence, child abuse and neglect, elder abuse, human trafficking and strangulation. The hospital has provided free, comprehensive sexual assault education and training to clinicians throughout Colorado since 2013.

Memorial is known both nationally and internationally for its Forensic Nurse Examiner program. The Forensic Center of Excellence is the first hospital-based center in the nation, facilitating collaboration between health care providers, law enforcement and community partners as they care for victims of violence.
Person-centered care

Behavioral health roamers ease tension for patients, staff.

It’s not unusual for a hospital visit to be uncomfortable or traumatic for a patient. They may feel powerless and have difficulty controlling emotions.

The COVID-19 pandemic—and the associated uncertainty, restrictions and misinformation—led to a dramatic shift in the prevalence of violent events in hospital care settings. Compared to other industries, health care workers including nurses are four times more likely to experience a violent incident resulting in injury from patients with behavioral health issues. About 75% of all workplace assaults occur in health care settings, according to the Occupational Safety and Health Administration (OSHA).

In spring 2022, UCH introduced behavioral health roamers, who are specially trained in de-escalation techniques and therapeutic interventions. The program began with a roamer serving three acute care units.

“The behavioral health team provides the essential role of both patient and staff advocate—able to take the extended time necessary to compassionately work through wounded emotions in an ethical way that does not compromise the care of other patients,” said Peter Brown, UCH behavioral health specialist. “It has been awesome to see the continued ways in which our roaming teams have sought to mitigate behavioral escalation risks before they emerge.”

An employee survey following the program’s introduction showed increased satisfaction, with a 94% decrease in the amount of time spent trying to find ways to manage patients and visitors with behavioral health issues. Feedback included comments such as “this pilot may be the best thing UCH has done to support patients and clinical staff,” “keep this position” and “this is the best program this unit has seen.”

“From a nurse leader perspective, we are often pulled into disruptive patient or visitor interactions within our departments,” said Laura Samuelson, MSN, RN, nurse manager with the UCH medicine health services unit. “Having these roamers has allowed us more time to round on other patients and support staff.”

The program expanded to two roamers serving 15 acute care units and one dedicated to the emergency department. It contributed to a 116% decrease in workplace violence employee injury rates and a 53% decrease in code gray events over the past year.

“Knowing that I can be there to help patients feel safe, heard and important is an honor,” said Sofia Valbuena, UCH behavioral health specialist. “Since joining the team, I have seen the relief in patients’ faces when they have someone to talk to and support them throughout their stay. It is a privilege to be part of this team.”
Person-centered care

Improving the time window for stroke treatment.

Fast, quality care for stroke patients is the goal for Kirstin Buchanan, BSN, RN, SCRN, a charge nurse at UCHealth Memorial Hospital Central who is part of a team that works on UCHealth’s Mobile Stroke Treatment Unit (MSTU).

Always striving to improve the time that it takes for a patient to receive life-changing medication and treatment, Buchanan embarked on a UEXCEL project (see info box, pg. 23) three years ago to consider using a new assessment tool to identify patients who have a large vessel occlusion stroke that affects a large portion of the brain.

The MSTU is an ambulance equipped to diagnose and treat strokes in a prehospital setting. Nurses, paramedics, EMTs and CT technologists aboard the MSTU conduct assessments, perform CT scans, and transmit the images to a neuro radiologist, who discusses the results with a neurologist at UCHealth who, in many cases, authorizes the delivery of a clot-busting drug, TNK, in the prehospital setting.

The New England Journal of Medicine published results of a study showing that patients treated aboard an MSTU are 2.5 times more likely to have a better outcome. For every second that treatment is delayed, an average of more than 30,000 neurons die.

“It’s saving a lot of time, and it’s really beneficial for the patients,” Buchanan said.

Upon completion of the project, Buchanan became the first nurse at Memorial Hospital to achieve Level IV with UEXCEL.

This fall, the unit will expand to a second full-time rig, allowing both Colorado Springs and Aurora to have a dedicated MSTU in their region.

“We’ve been working towards this since day one,” Buchanan said. “It’s so beneficial for the community to have a Mobile Stroke Treatment Unit.”
Evidence-based practice

Evaluating the accuracy of off-label pulse oximetry sensor placement.

Pulse oximetry is frequently used by health care professionals, especially in intensive care units, to monitor a patient’s oxygen status, guide interventions and assess changes, including potential deterioration in a patient’s condition.

Obtaining accurate oxygen saturation measurements can be a challenge in a critical care environment where patients often have conditions such as shock or vascular disease. Clinical staff may resort to using pulse oximeter probes in an off-label manner to obtain improved oxygen saturation readings when encountering poor pulse oximetry signals for these patients.

Danielle Hlavin, BSN, RN, CCRN-CMC, was concerned and curious about the practice of off-label use of pulse oximetry probes and the impact on patient care. As an ICU charge nurse at UCHealth Memorial Hospital Central (MHC), Hlavin completed a UEXCEL project (see info box, pg. 23) and subsequent nursing research fellowship on the topic.

Her UEXCEL project, a quality improvement initiative in the ICUs at MHC and Memorial North, showed a significant decrease (15% pre-intervention, 1% post-intervention) in off-label use of pulse oximetry probes. In an effort to gain more evidence, Hlavin applied for and was accepted into the nursing research fellowship, FY2021 cohort.

The purpose of her study was to compare the accuracy of off-label placement of pulse oximeters—finger and ear probes—to on-label placement in the cardiac intensive care unit patient population.

The study compared the SpO2 (oxygen saturation) measurements from the probes to the SaO2 (arterial oxygen saturation) from the blood. Ideally, the goal is for the external number, SpO2, to match the internal number, SaO2, for an accurate measurement.

The results of this study suggest the use of off-label placement of pulse oximeters is less accurate than the manufacturer’s recommended on-label placement.

“The overall conclusion is we need to continue to use (pulse oximetry) probes as they were designed by the manufacturer to ensure patient safety,” said Hlavin.
Evidence-based practice

Supporting nurse autonomy for trauma activation.

A study of connections between hypotension and trauma events reinforced the importance of clinical judgment in caring for older patients.

Shortly after the American College of Surgeons in 2021 changed full trauma team activation criteria to include systolic blood pressure below 110 for adults 65 and older, charge nurse Jacob Engel, BSN, RN, CEN noticed a substantial uptick in full trauma team activations in the emergency department at UCHealth Medical Center of the Rockies.

“We were looking for a predictive way to help us rule out making these full traumas, based on the patient’s history,” Engel said, adding that activations cost as much as $12,150 per visit.

After reviewing existing literature and pulling trauma registry data, he found that—when looking at 10 variables such as diabetes, cardiac risk factors and functional dependence—there were no statistically significant results.

“Clinical judgment can’t be replaced by statistics,” said Karen Hessler, PhD, FNP-C, UCHealth nurse research scientist and co-investigator on the project. “These patients are just a complex population. They don’t fit into any sort of typical algorithm.”

Since the project began, the UCHealth Northern Colorado Region started shifting autonomy for calling full traumas to the charge nurse on duty, which Engel said is supported by his findings. Engel has since been promoted to outpatient clinic manager with UCHealth Mountain Crest Outpatient Clinic.
Evidence-based practice

Comparing traditional and virtual pressure injury assessments, validation.

As technologies emerge to support traditional health care roles, UCHealth nurses are researching how to most effectively integrate them.

Wound, ostomy and continence (WOCN) nurses with the UCHealth Virtual Health Center 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.

Heather Lucas, BSN, RN, CWOCN, inpatient wound/ostomy nurse with UCHealth University of Colorado Hospital, conducted a nursing research fellowship project to determine how pressure injury validation and assessments between virtual and traditional compare.

“We did prove overall an increased efficiency, with regard to virtual triaging, to ensure that the wound care team was able to spend time at the bedside seeing patients who need us the most,” Lucas said, “while still allowing patients with more minor wound care needs to be ‘seen’ by highly skilled and trained eyes.”

She said that before virtual pressure injury staging was recommended, data indicated that still, two-dimensional photos would need to be supplemented with ability to dialogue, request multiple photos and delve into the patient’s chart.

“Additionally, the data showed that the adoption of advanced wound care-related technology, i.e., thermography and 3D wound apps, will be paramount to advancing not only the general practice of wound care, but the abilities within the virtual sphere as well,” Lucas said.

“The wound care team was able to spend time at the bedside seeing patients who need us the most while still allowing patients with more minor wound care needs to be ‘seen’ by highly skilled and trained eyes.”

—Heather Lucas, BSN, RN, CWOCN
UCHealth Memorial Hospital nursing teams celebrate the announcement of the hospital’s first American Nurses Credentialing Center Magnet designation on April 20, 2023.

UCHealth Poudre Valley Hospital nursing teams celebrate the announcement of the hospital’s sixth American Nurses Credentialing Center Magnet designation on April 20, 2023.
Excellence

Memorial Hospital, Poudre Valley Hospital receive ANCC Magnet recognition.

Two UCHealth hospitals were honored in spring 2023 by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program: UCHealth Memorial Hospital (MH) received its first Magnet designation, and UCHealth Poudre Valley Hospital (PVH) received its sixth.

This recognition is the highest and most prestigious credential an organization can achieve for nursing excellence and quality patient care. It is held by fewer than 10% of hospitals in the United States.

“Every day, our nurses build on their excellence to deliver the very best care possible to our patients,” said UCHealth Chief Nursing Executive Katherine Howell, MBA, BSN, RN, NEA-BC. “We are so proud of these nurses, who continue to grow professionally, raise the bar and improve the lives of our patients.”

Four UCHealth hospitals have achieved the designation. PVH first achieved Magnet designation in 2000, as the nation’s 18th and the Rocky Mountain region’s first. This was followed by redesignations in 2004, 2009, 2014, 2018 and this year.

UCHealth Medical Center of the Rockies was designated in 2010, 2016, 2021; and UCHealth University of Colorado Hospital received the recognition in 2002, 2005, 2010, 2014, 2020.

MH, in achieving its first Magnet designation, received three ANCC exemplars, outperforming national quality benchmarks for pressure injury prevention, low surgical errors and percentage of nurses who have achieved a bachelor’s degree or higher.

PVH received four exemplars. These included special recognition for 88% of nurses having earned a bachelor’s degree or higher, as well as recognition for avoiding falls with injury in ambulatory settings, reducing the number of emergency department patients who left without being seen and unit-level data on patient engagement and patient-centered care.
Excellence

MCR becomes Level I Trauma Center.

UCHealth Medical Center of the Rockies (MCR) is northern Colorado’s first Level I Trauma Center, the highest classification for adult trauma care.

Level I trauma designation recognizes that the hospital can treat severe and complex injuries, giving residents of northern Colorado rapid access to top-level emergency and trauma care.

The Colorado Department of Public Health and Environment finalized the designation in July 2022 after a trauma designation survey that followed two decades of building services to support an advanced trauma care program to serve the region.

“I’m deeply proud of our multidisciplinary teams who made this classification possible,” said MCR Chief Nursing Officer Jessie Willard, MSN, RN, CENP. “As a Level 1 Trauma Center, we’re able to take care of the most critically injured patients closer to their homes.”

Hospital trauma designations are determined according to a variety of criteria, including surgical resources and patient volumes. Key elements required to be a Level I Trauma Center include around-the-clock coverage by trauma surgeons and prompt availability of specialists in orthopedics, neurosurgery and anesthesiology, among others. Such facilities also must be leaders in trauma prevention and education, conduct research and meet volume requirements for treating severely injured patients.

MCR also serves as a regional referral destination for patients from dozens of hospitals in Colorado, Wyoming and Nebraska.

With this latest designation, half of the state’s six Level I trauma centers are UCHealth facilities: UCHealth Memorial Hospital Central and UCHealth University of Colorado Hospital are also Level I Trauma Centers.
Excellence

Simulation program receives international recognition.

From mannequins to live actors with moulage and cut suits, the UCHealth simulation program creates lifelike training experiences to prepare nurses, residents, pharmacists and more for any number of scenarios.

“We focus on anybody and everybody who needs simulation,” said Randi Koch MSN, BA, RN, CHSE, CNE, manager of simulation programs. “We’re able to align everything from scenario development to pre-brief, handling psychological safety and setting up the environment to best educate participants.”

In 2023, UCHealth received the International Nursing Association of Clinical and Simulation Learning (INACSL) Healthcare Simulation Standards Endorsement for four core standards: prebriefing, debriefing, facilitation and professional integrity. The endorsement lasts for three years and recognizes UCHealth’s program as one of the top in the world.

Improvements over the past several years have standardized simulation across all three UCHealth regions in support of professional development. Exemplars submitted to INACSL included the training for de-escalating incidents of workplace violence and mobile stroke response.

The team also created workshops for leaders to debrief with staff after critical incidents.

“We work through all elements of what can happen in a debrief,” Koch said. “Someone can have an emotional reaction that’s really upsetting, or someone can be aloof and not participate. We focus on how to communicate with those folks and make it a valuable learning experience.”