In Celebration of Nurses Week
May 9-13, 2016

The Ambulatory Nursing Council would like to take this time to thank and recognize all UW Health nurses for the expert care and compassion they provide to patients and families.

In celebration, this issue will put special focus toward UW Health’s ambulatory staff. Please enjoy this brief historical outline & photos courtesy of uwhealth.org, U-Connect and UW Health’s In Brief.

- **1920**: In connection with the UW Medical School, Dr. Harold Cornelius Bradley and his wife, Mary Josephine Crane Bradley, raised nearly $100,000 to open the first children’s hospital in Madison. The building, now named the Bradley Memorial Building, remains on campus at 1225 Linden Drive.

- **1924**: The first patients began receiving care at Wisconsin General Hospital, later known as University Hospital, in April. Further expansion occurred in 1949.

- **1930**: The Wisconsin Orthopedic Hospital was erected one block west of Bradley Hospital to combat the growing polio epidemic, and to provide medical, surgical and therapeutic treatment for children with special needs whose parents could not afford treatment on their own. This building still stands today as the Nutritional Sciences building at 1415 Linden Drive.

- **1973**: The UW Clinical Cancer Center (renamed UW Carbone Cancer Center in 2006) was established.

- **1979**: The Clinical Sciences Center opened on 3/31. There were 549 beds, spread among 70 clinics. The School of Nursing, Medical School and WI Clinical Cancer Center were also housed there.

- **1985**: Med Flight is launched.

- **1995**: Research Park Clinic opens.

- **1996**: UWHC began operating under a public authority on July 1st, allowing the freedom to purchase equipment and property.

- **2007**: AFCH opened on 8/29.

- **2013**: Digestive Health Center opened 4/8 at 750 University Row. In February 2016, the Women’s Pelvic Wellness Clinic moved to this location as well.

- **2014**: Our midwifery team celebrated their 25th anniversary with UW Health. Today, certified Nurse Midwives are located at 20 S. Park, East & West Clinics.

- **2015**: Ambulatory care began focus on complete & optimal health of populations using population health management programs, including a Pediatric Complex Care Program, Complex Case Management & RN Care Coordination.

- **6/5**: The UW Board of Regents approved the proposal to integrate UWHC Authority & UWMF.

- **7/1**: UWMF & UWHC Ingegration

- **8/17**: The American Center opens.

- **2016**: With more than 125 primary and specialty care clinics throughout Wisconsin & northern Illinois, the variety of UW Health practice environments & career possibilities for outpatient nurses are endless.

Recognition should also be paid to the following ambulatory nurses, who were nominated for these high honors:

- Susan Benck (Urology)
- Kelly Berg (Home Health Agency)
- Mary Blum (Breast Center)
- Erica Bouska (Organ Transplant)
- Cheryl DeVault (Clinic Op Mgr)
- Kelly Dunphy (Clinics-PED Specialties-AFCH)
- Cinder Mucci (Medicine – Cardiology)
- Jaime Myers (Manager, Liver Transplant)
- Jill Triphan (Cardiology Coordinator – Electrophysiology Lab)

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**Ambulatory Nursing Excellence**

**2016 Ambulatory Nursing Excellence Award Recipients:**

**Clinical Nurse:**
- **Clinics**: Teresa Wagner, BS, RN, Pediatric Specialties Clinic
- **Nursing - Coordinated Care**: Leigh Anne Lottridge, BSN, RN, ONC
- **Support Staff**: Kalsang Youdon, NA, Pediatric Specialties Clinic

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Below: Health Education Clinical staff refining their motivational interviewing skills during a hands-on learning session to help engage patients in diabetes self-management.

Below: Show Us Who You Are!

Join in Celebration of All UW Health Ambulatory Nurses & Staff

We want to see ALL of our UW Health ambulatory staff. Please email your group photo(s) to epitssley@uwhealth.org and be featured in an upcoming issue of Ambulatory Action!

Below: Clinical Staff Education

Below: Healthline RN

Below: Access Center Staff, 2012

Below: Ophthalmology Surg. Sched. RNs

Below: Ophthalmology Triage RNs

Below: OB/GYN Nurse Council © 2015 Nursing Practice and Progress Annual Report

Nursing Informatics

The Nursing Informatics Team participated in Nurse’s Week activities by hosting a booth at the Nursing Skills Fair. Nursing Informatics provided Health Link Tips and the opportunity for staff to get hands on practice with these tips. The “Quick Health Link Tips” handout contains tips that are useful for both Ambulatory and Inpatient staff. A copy of the handout is available under the “Resources” tab in the Nursing Informatics page on U-Connect.

Below: Nursing Informatics

Quick Health Link Tips

Quick Tips On:

• Removing LDAs
• Building SmartPhrases
• How to pin your note to the sidebar
• How to write Flowsheet notes
• Using Filters to find information fast
• Sign In/Sign Out Tap In/Tap Out

Single Sign-On (SSO)直通到工作区附近的工作站！

Not a new dance routine but a technology solution that allows you to quickly and securely access clinical applications while saving time.

Opening Health Link and other applications is done by tapping your employee badge on the badge reader located on the computer. Reducing the number of times each day you need to enter your username and password.

*If your workstation has a low screen resolution, this feature may not work.

Coming This Summer!
Below: Immunology (HIV) Clinic RNs

Below: AFCH Pediatric Specialties Clinics RNs

Below: Internal Medicine Staff - 2016 Quality Excellence Award winners

Below: Ambulatory Float Staff
Blood pressure (B/P) measurements can provide essential information about a person's health. The findings can determine what treatment and health care interventions will be required to adequately manage the patient and control B/P. This information will only be useful if it is accurate. Incorrectly taking B/P tracking is a major process and actions taken to deal with a suspected incorrect reading is becoming crucial and, in more instances, life-saving (Peate & Wild, 2012).

Blood pressure measurement is one of the most important, commonly performed activities by nurses. However, there is a need for nurses to carefully follow the steps to ensure that the reading is accurate and that the patient’s care is safe and effective (Peate & Wild, 2012). The measurement should be taken accurately and safely to prevent errors in interpreting the results (Peate & Wild, 2012). An inaccurate reading can lead to errors in making clinical decisions (Peate & Wild, 2012; Wallymahmed, 2008).

When a single improper technique is performed, it can result in an inaccurate B/P of at least 5 mm Hg or more. When several steps are performed improperly, it considerably increases the variability of the reading from normal to inaccurate. The false readings frequently lead to inappropriate treatment for patients.
SPOTLIGHT ON: Gail Gaustad, NP
Interviewed by Jaeca Malacara, BSN, RN

Gail is part of a group that is valuable to the health care system – nurse practitioners. Originally from North Dakota, Gail completed her BSN from the University of Mary in 1981 with minors in theology, art, and philosophy. Subsequently, she completed her MSN at the University of Wisconsin – Madison in 1988 and post-graduate NP studies at the University of Wisconsin – Madison in 1995.

Outside of the walls of UW Health, she enjoys spending time with her family, including their dog. Many of her hobbies include leisure biking, swimming, and traveling. At the height of the NHL Stanley Cup Playoffs, she enjoys watching her nephew play for the Nashville Predators.

What is your role at UW Health?
I’ve been happily employed at UW since 1998 as a Geriatric Nurse Practitioner. My current role as Clinical Supervisor of our expanded model was recently created as our program broadens.

Describe the Nursing Home Program the NPs are involved in:
Our nursing model of care is based on collaboration with the PCP, patient, families, and SNF staff. Our program has evolved from one NP 30 years ago, Nancy Nelson, to our current model of 10 APPs. We work very closely with the PCP and patient to ensure that transition from hospital to SNF is seamless. We attempt to see the patient within 72 hours of admission to the SNF, reconcile records and medications, and ensure that appropriate follow-up is addressed based on clinical needs and assessment. Acute issues are also addressed for both the rehab patients and our long-term care elders within the SNF setting via onsite visits and/or phone management of assessment, plan, and follow-up. Discharge planning and coordination is also central to our role, ensuring that the patient is clinically ready for discharge from the SNF, securing appropriate DME and home services for the transition home, medication management, and follow-up. Finally, our long term care elders are those who permanently reside in the SNF, although this population is shrinking, we are often the point for them in the healthcare system, ensuring that their healthcare needs are addressed based on Medicare guidelines.

How has this program affected your view of nursing?
This model has definitely strengthened my view of nursing as an instrumental role in the long term care delivery system. I was told once by a patient’s daughter during her mother’s final journey, “It takes a village of caring, loving people to walk the final passage with an elder and their family.” It’s an honor to be part of this “Village.” In addition, it’s a professional distinction to be part of the UW Health “Village” where nurses continue to be recognized for their contributions/creativity to the “Healthcare Village” across all disciplines.

What are some of the challenges:
Primarily facilitating changes in a system of this size can be daunting. It’s important to remember patience and “eye on the goal” mentality. With amazing colleagues, administrative and physician support, we have moved forward and are looking to our goals for the near future of how we can expand into other long term care settings.

What advice for nurses interested in following this path:
The rewards are too many to mention. I often inquire new nursing grads who aspire for rich clinical hospital experience and/or who are landing their first job in the SNF, what attracted them to the nursing profession. The more common response is “I want to care for others and make a difference.” For me and my colleagues, it’s all about caring and making a difference for our elders, whether it’s the delicate discharge coordination or the intimate last voyage with an elder and family. Geriatric nursing care is an amazing journey that I would encourage all to experience.