NHA | NEBRASKA HOSPITALS

NEBRASKA CRITICAL ACCESS HOSPITALS &
RURAL HEALTH CLINICS CONFERENCE ON QUALITY



2026

QUALITY CONFERENCE

2026 Nebraska CAHs & RHCs Conference on Quality

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CONFERENCE PRESENTERS

BARB PIRNIE-PETERSON, MSN, APRN-BC, CPHQ, CPPS
Chief Quality Officer, Executive Director
Great Plains Health

CARLA SNYDER, MHA, MT(ASCP)SBB, CPHQ
Interim Executive Director, Nebraska Coalition for Patient Safety (NCPS)
University of Nebraska Medical Center

CAROL GEARY, PHD, MBA, RN
READi Core Deputy Director, Research Networks
UNMC PCORnet Site PI
University of Nebraska Medical Center

CORI PIERCE, CRCR, CSBI
Senior Health Care Advisor
Nebraska Hospital Association

CYRUS DESOUZA, MBBS, FACP, FACE
Professor, Attending Physician
University of Nebraska Medical Center / Nebraska Medicine)

GAIL BRONDUM, LPN, BSN
NCPS Patient Safety Project Coordinator
Nebraska Coalition for Patient Safety

HEATHER BRAHMSTEADT, MSN, RN
Director, Med Surg & Hospital Education Departments
York General Hospital

JEANNIE RUCH, RHIA, CPMA, CPC
Vice President, Professional Services
Nebraska Hospital Association

JED HANSEN
Executive Director
Nebraska Rural Health Association

JESSICA ZAN, RN, BSN, MAMFC
Vice President, Clinical Implementations & Success
MyDirectives

JOHN COOK
Special Asst. to the AD, former Head Volleyball Coach
University of Nebraska

KATHLEEN BARTHOLOMEW
Executive Director
Self Employed - "Kathleen Bartholomew, LLC"

KATIE WYSKOCZKA, LICSW
Senior Health Care Advisor
Nebraska Hospital Association

LINDSAY CORCORAN, MHA
Principal
Stroudwater Associates

MARILEE MALCOM, RN
Executive Director
Nebraska Hospice & Palliative Care Association

MELANIE TUAMOHELOA, BSN, RN
Chief Nursing Officer
Twelve Clans Unity Hospital

MOLLY JOHNSON, RN, MSN
Director, Quality
Winnebago Comprehensive Health System

SAROSH RANA, MD, MPH, FACOG
Professor & Chairman, Department of Obstetrics & Gynecology
University of Nebraska Medical Center

THERESA JIZBA, DNP, AGACNP-BC, ACHPN
Palliative Care Nurse Practitioner
Methodist Hospital / NHPCA Initiative

VERONICA CEASER, MSN, MBA, RN, LNHA, GERO-BC, QCP, RAC-CT
President & Principal Consultant
GEM Consulting

Accredited Continuing Education

LOCATION

Younes Conference Center South | 416 Talmadge St, Kearney, NE 68845

OVERVIEW

This program has been designed to meet the education needs of health care professionals, including hospital and clinic quality and nursing leaders, pharmacists, CEO's, governing board members, and providers. This program will focus on national and state best practices and create intentional thought around the role of CAH Quality in the future of Nebraska health care.

ACCREDITATION STATEMENT

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and Coral Health Advisors. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.

CREDIT DESIGNATION | PHYSICIANS, NURSES & PHARMACISTS

AXIS Medical Education designates this continuing nursing education activity for a maximum of 9.75 contact hours. *Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.*

QUALITY PROFESSIONALS

This program is pending approval by the National Association for Healthcare Quality (NAHQ) to provide CPHQ CE credit.

AXIS CONTACT INFORMATION

For information about the accreditation of this program please contact AXIS info@axismeded.org.

DISCLAIMER

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

REQUIREMENTS FOR CREDITS

- Attend/participate in the educational activity and review all course materials.
- Complete the CE Declaration form online by December 11, 2026. Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

AXIS Medical Education requires faculty, instructors, authors, planners, directors, managers, peer reviewers, and other individuals who are in a position to control the content of this activity to disclose all personal financial relationships they may have in the past 24 months with ineligible companies. An ineligible entity is any organization whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. All relevant financial relationships are identified and mitigated prior to initiation of the planning phase for an activity.

AXIS has mitigated and disclosed to learners all relevant financial relationships disclosed by staff, planners, faculty/authors, peer reviewers, or others in control of content for this activity. Disclosure of a relationship is not intended to suggest or condone bias in any presentation but is made to provide participants with information that might be of potential importance to their evaluation of a presentation or activity. Disclosure information for faculty, authors, course directors, planners, peer reviewers, and/or relevant staff is provided with this activity.

NAME OF FACULTY OR PRESENTER

The faculty reported the following relevant financial relationships or relationships they have with ineligible companies of any amount during the past 24 months:

Carla Snyder	Nothing to disclose
Cori Pierce	Nothing to disclose
Cyrus DeSouza	Disclosure Below*
Jeannie Ruch	Nothing to disclose
John Cook	Nothing to disclose
Heather Brahmsteadt	Nothing to disclose
Molly Johnson	Nothing to disclose
Melanie Tuamoheloa	Nothing to disclose
Barb Pirnie-Peterson	Nothing to disclose
Veronica Ceaser	Nothing to disclose
Lindsay Corcoran	Nothing to disclose
Sarosh Rana	Disclosure Below**
Marilee Malcom	Nothing to disclose
Theresa Jizba	Nothing to disclose
Jessica Zan	Nothing to disclose
Jed Hansen	Disclosure Below***
Carol Geary	Nothing to disclose
Kathleen Bartholomew	Disclosure Below****
Gail Brondum	Nothing to disclose
Katie Wyskoczka	Nothing to disclose

*Cyrus DeSouza *reported the following relevant financial relationships or relationships they have had with ineligible companies of any amount during the past 24 months:*

- *Consultant: Eli Lilly and Novo Nordisk (ongoing) Received consulting income from: Eli Lilly , Novo-Nordisk*
- *Contracted Research: Roche, Amgen, Novo Nordisk, Pfizer*
- *Other: NIH , VA CSP PCORI grants*

**Sarosh Rana *reported the following relevant financial relationships or relationships they have had with ineligible companies of any amount during the past 24 months:*

- *Received grant: Roche Diagnostics, Siemens and ThermoFisher for work related to angiogenic biomarkers*
- *Served as a consultant for Roche Diagnostics, Thermo Fisher, Beckman Coulter, Siemens for work related to angiogenic biomarkers*

***Jed Hansen *reported the following relevant financial relationships or relationships they have had with ineligible companies of any amount during the past 24 months:*

- *Ownership Interest: Hansen Health Consultants, Owner Skin Philosophy, Owner and Medical Director*

****Kathleen Bartholomew *reported the following relevant financial relationships or relationships they have had with ineligible companies of any amount during the past 24 months:*

- *Speaker Bureau: Executive Speakers Bureau*
- *Ownership Interest: All proceeds from "The Dauntless Nurse" are donated back to Nursing*

NAME OF PLANNER/MANAGER

The directors, planners, managers and reviewers reported the following financial relationships they have with any ineligible company of any amount during the past 24 months:

Adrienne Crawford	Nothing to disclose
Mia Hartley	Nothing to disclose
Natalie McMeen	Nothing to disclose
Nikkola Bales	Nothing to disclose
Willa Prescott	Nothing to disclose
Brian Noonan	Nothing to disclose
Heather Bullock	Nothing to disclose
Andy Hale	Nothing to disclose

Pre-Conference | November 11 — Sponsored by NAHQRS + NHA

OPTIONAL ADD-ON

1:00 P.M. - 4:30 P.M. | DIAMOND 1-2

LEVERAGING CHANGE STYLES TO BETTER MANAGE ORGANIZATIONAL IMPROVEMENT

Carla Snyder MHA, MT(ASCP)SBB, CPHQ
Interim Executive Director, Nebraska Coalition for Patient Safety (NCPS), University of Nebraska Medical Center

Gail Brondum LPN, BSN
NCPS Patient Safety Project Coordinator, Nebraska Coalition for Patient Safety

Have you ever wondered why some people seem reluctant to change while others are ready to challenge the status quo and take on risks in unexplored territory? Why do others seem able to balance all perspectives and see both sides of an issue, yet others can't? Understanding the differences in how people approach change is key to effective leadership and collaboration in navigating change. This training will help you learn how to understand your own change preferences and those of others, so you and your organization effectively manage change, whether it is planned or reactive.

OBJECTIVES:

- Define the three change styles found along the change style continuum and how each reflects a preference for a certain approach to change.
- Discover the attributes, strengths, and challenges of the various change styles.
- Discuss leadership traits, preferred work environments, and potential pitfalls of different approaches to change.
- Recognize how to leverage change preferences to effectively manage organizational change and support individuals and teams through transitions.
- Discuss practical steps to build a proactive reporting culture in a CAH/rural setting.

NAHQRS
Nebraska Association for Healthcare Quality, Risk and Safety

Agenda | November 12

8:00 A.M. - 8:30 A.M. | CRYSTAL 1-2

OPENING UPDATES & DIGITAL RESOURCE ONBOARDING

8:30 A.M. - 10:00 A.M. | CRYSTAL 1-2

DREAM LIKE A CHAMPION

John Cook
Special Asst. to the AD, former Head Volleyball Coach, University of Nebraska

John Cook, former Nebraska Volleyball head coach, shares a practical look at what it takes to build and sustain success in his keynote, "Dream Like a Champion." Drawing on his experience leading one of the nation's top programs, Cook discusses leadership in real terms, what works, what doesn't, and what he learned along the way. He also explores the importance of staying adaptable, being open to change, and having a clear sense of purpose.

OBJECTIVES:

- Understand practical leadership principles that drive consistent team success.
- Recognize the value of adaptability and openness to change in high-performance environments.
- Identify and articulate a clear personal or organizational "why" to guide decisions and actions.

10:00 A.M. - 10:15 A.M. | CRYSTAL 1-2

NETWORKING BREAK

10:15 A.M. - 11:30 A.M. | CRYSTAL 1-2

BREAKOUT SESSION | EVERY MINUTE MATTERS: IMPROVING SEPSIS RECOGNITION AND RESPONSE IN RURAL HEALTH CARE

Heather Brahmsteadt MSN, RN
Director of Med Surg & Hospital Education Departments, York General Hospital

Sepsis remains a significant patient safety challenge, particularly in rural hospitals where limited resources, variable presentation, and competing clinical priorities can create barriers to timely recognition and treatment. This presentation shares the development and implementation of an evidence-based sepsis improvement initiative within a Critical Access Hospital, originating from a graduate nursing project and evolving into a broader organizational approach to sepsis care. Attendees will explore how data were used to identify gaps in sepsis performance, translate evidence into practical workflows, and engage frontline clinicians in improving early recognition and treatment reliability. The presentation will also highlight lessons learned, outcomes, and strategies that other rural health care organizations can adapt to strengthen sepsis care within their own settings.

OBJECTIVES:

- Identify common barriers to timely sepsis recognition and evidence-based treatment in rural and Critical Access Hospital settings.
- Describe how performance data and evidence-based practice can be used to identify gaps and guide the development of a standardized sepsis improvement program.
- Examine practical strategies for improving frontline clinician engagement, early recognition, workflow reliability, and adherence to sepsis care expectations.
- Apply lessons from a rural hospital sepsis improvement initiative to identify opportunities for improvement initiatives to identify opportunities for sustainable sepsis improvement within their own organization.

10:15 A.M. - 11:30 A.M. | DIAMOND 1

BREAKOUT SESSION | THE BUSINESS CASE FOR SWING BED: PRACTICAL STRATEGIES TO GROW, STRENGTHEN, AND OPTIMIZE YOUR PROGRAM

Lindsay Corcoran MHA
Principal, Stroudwater Associates

This session equips CAH leaders with a practical framework to grow and optimize their swing bed program - identifying untapped volume opportunities, strengthening interdisciplinary readiness, and streamlining the referral and admission process to run more efficiently. Drawing on real CAH case studies, attendees leave with tools they can apply to expand census, close operational gaps, and get more value from the program they already have.

OBJECTIVES:

- Identify untapped swing bed volume opportunities and quantify their financial impact using incremental census and contribution margin analysis.
- Assess interdisciplinary readiness across nursing, provider, rehab, pharmacy, and business office functions to pinpoint gaps limiting program growth.
- Apply a streamlined referral and admission decision process to reduce inefficiencies and optimize an existing swing bed program.

Agenda | November 12

10:15 A.M. - 11:30 A.M. | DIAMOND 2

BREAKOUT SESSION | EVERY LIFE MATTERS: TRANSFORMING MORTALITY INTO MEANINGFUL OUTCOMES

Barb Pirnie-Peterson MSN, APRN-BC, CPHQ, CPPS
Chief Quality Officer, Executive Director, Great Plains Health

Great Plains Health launched a systemwide Mortality Reduction Initiative to address rising inpatient mortality through disciplined leadership, robust analytics, and multidisciplinary engagement. Guided by PDSA and Lean methodologies and powered by Vizient Clinical Database insights, the initiative targeted key drivers of observed-to-expected mortality, including underrecognized malnutrition and high-risk comorbidities. Within months, the mortality index dropped from a peak of 1.91 to below benchmark of 1.0, with significant specialty-level gains and improvements in cost and length of stay. This session highlights a replicable, data-driven framework demonstrating how rural hospitals can achieve rapid, sustainable improvement in mortality outcomes.

OBJECTIVES:

- Describe how mortality review can be transformed from retrospective reporting into meaningful learning and improvement.
- Analyze mortality data to identify patterns, preventable contributors, and opportunities to strengthen systems of care.
- Apply a compassionate, multidisciplinary approach to translate mortality findings into prioritized quality actions.

11:30 A.M. - 11:45 A.M. | CRYSTAL 1-2

NETWORKING BREAK

11:45 A.M. - 12:45 P.M. | CRYSTAL 3-4

AWARDS LUNCHEON:

- Quest for Excellence
- QI Residency Graduates
- Chartis Awards

12:45 P.M. - 1:45 P.M. | CRYSTAL 1-2

ROUNDING IN RURAL

Jed Hansen PHD, APRN, FNP-C
Executive Director, Nebraska Rural Health Association

Rounding in Rural provides a comprehensive overview of Nebraska's rural health care landscape, examining the challenges, opportunities, and evolving infrastructure that shape care delivery across the state. The presentation explores the influence of historical and recent federal legislation on rural health care access, quality, and sustainability. Attendees will gain insight into current statewide initiatives, including rural veteran health programs, research collaborations, regional training opportunities, and the Small Rural Hospital Improvement Program (SHIP). Through these examples, the session will highlight the importance of collaboration, innovation, and strategic investment in strengthening Nebraska's rural health care system.

OBJECTIVES:

- Participants will gain a comprehensive understanding of Nebraska's rural health landscape.
- Participants will understand how historical and current federal policy shapes Rural Health.
- Participants will identify current programming to improve access and quality care in Nebraska.

1:45 P.M. - 2:00 P.M. | CRYSTAL 1-2

NETWORKING BREAK

Agenda | November 12

2:00 P.M. - 3:15 P.M. | CRYSTAL 1-2

BREAKOUT SESSION | IMPLEMENTATION AND LEGAL REFORM OF A TRIBAL SANE PROGRAM IN RURAL NEBRASKA

Molly Johnson MSN, RN
Director of Quality, Winnebago Comprehensive Health System

Melanie Tuamoheloa BSN, RN
Chief Nursing Officer, Twelve Clans Unity Hospital

The implementation of the Sexual Assault Nurse Examiner (SANE) program at Winnebago Comprehensive Health System (WCHS) addresses a critical gap in trauma-informed forensic care for sexual assault survivors in rural and Tribal communities. Through strong leadership, interdisciplinary collaboration, and advocacy, WCHS established local access to SANE services, eliminated the need for most survivors to travel long distances for care, and successfully supported Tribal legal reform that allows adult survivors the choice of anonymous or voluntary reporting. Grounded in WCHS's mission, vision, and values, the program integrates culturally centered care, behavioral health, domestic violence advocacy, and forensic services into a comprehensive model that promotes healing, survivor autonomy, trust, and justice. This innovative initiative serves as a replicable model for other Tribal and rural health care systems seeking to improve access to survivor-centered care while honoring cultural identity and Tribal sovereignty.

OBJECTIVES:

- Describe essential components for implementing a trauma-informed SANE program in a rural or tribal community context.
- Identify legal, operational, and partnership considerations that support sustainable access to forensic nursing services.
- Discuss strategies to improve equitable, respectful care for patients seeking sexual assault medical forensic services.

2:00 P.M. - 3:15 P.M. | DIAMOND 1

BREAKOUT SESSION | EMBRACE NEBRASKA- EXCELLENCE IN MATERNAL BIRTH OUTCOMES THROUGH RIGOROUS ASSESSMENT & COMMUNITY ENGAGEMENT

Sarosh Rana MD, MPH, FACOG
Professor & Chairman, Department of Obstetrics & Gynecology, University of Nebraska Medical Center

EMBRACE is a comprehensive maternal health transformation program designed to reduce maternal mortality and morbidity in Nebraska. The program targets pregnant and postpartum women throughout Nebraska, with particular emphasis on rural communities and populations experiencing health disparities.

OBJECTIVES:

- Describe the maternal health gaps in Nebraska.
- Apply evidence-based strategies for managing hypertensive disorders of pregnancy.
- Identify the resources providers can use to improve care for high-risk pregnancies in their own hospitals.

2:00 P.M. - 3:15 P.M. | DIAMOND 2

BREAKOUT SESSION | ENSURING PATIENT WISHES MATTER: ADVANCE DIRECTIVES

Marilee Malcom RN
Executive Director, Nebraska Hospice & Palliative Care Association

Theresa Jizba DNP, AGACNP-BC, ACHPN
Palliative Care Nurse Practitioner, Methodist Hospital / NHPCA Initiative

Jessica Zan RN, BSN, MAMFC
Vice President, Clinical Implementations & Success, MyDirectives

How can health care organizations ensure that a patient's goals, values, and treatment preferences follow them across the continuum of care? Join a panel of Nebraska leaders who are advancing innovative approaches to advance care planning, advance directives, and interoperability through the Nebraska ACP Ecosystem. This interactive discussion will explore strategies for making patient wishes readily available and actionable across care settings, empowering clinicians to deliver care that aligns with what matters most to each individual. Panelists will share lessons learned from statewide implementation efforts, practical challenges encountered in clinical practice, and the role of technology in supporting secure, accessible, and patient-centered advance care planning. Attendees will gain insight into how health care organizations can strengthen communication, improve continuity of care, and ensure that patient goals and preferences are known and respected during critical health care decisions.

OBJECTIVES:

- Describe the role of advance directives in honoring patient goals, preferences, and "What Matters Most" during care planning.
- Identify communication practices that support respectful, timely conversations with patients, families, and care teams.
- Apply strategies to improve documentation, accessibility, and care-team use of advance directive information across settings.

Agenda | November 12

3:15 P.M. - 4:45 P.M. | CRYSTAL 1-2

DELEGATE WITHOUT LOSING CONTROL

Veronica Ceaser MSN, MBA, RN, LNHA, GERO-BC, QCP, RAC-CT
President & Principal Consultant, GEM Consulting

New nurse leaders are often promoted because they are excellent clinicians, but leadership quickly requires them to coordinate work they cannot - and should not - personally complete. Delegation becomes especially difficult when workloads are overwhelming, responsibilities are unfamiliar, and the leader remains accountable for the outcome. In this practical session, participants will learn how to distinguish delegation from task dumping, determine what must remain with the leader, evaluate task risk and delegate readiness, and communicate a handoff that includes clear outcomes, decision boundaries, resources, checkpoints, and escalation expectations. Hospital-based scenarios and practical tools will help participants delegate with greater confidence while protecting patient safety, strengthening accountability and developing team capability.

OBJECTIVES:

- Differentiate delegation, assignment, collaboration, and inappropriate task transfer in clinical and operational leadership situations.
- Apply a structured framework to determine what to delegate, what to retain, and who is best positioned to complete the work.
- Assess task risk and delegate readiness to select an appropriate level of authority, support, supervision, and follow-up.
- Use clear communication to establish the desired outcome, priority, decision boundaries, deadline, escalation triggers, and success criteria.
- Identify follow-up practices that maintain accountability without micromanaging or unnecessarily taking delegated work back.

4:45 P.M. - 5:00 P.M. | CRYSTAL 1-2

DAY 1 REFLECTION

5:15 P.M. - 7:30 P.M. | CUNNINGHAM'S ON THE LAKE

EXECUTIVE NETWORKING RECEPTION

Agenda | November 13

8:30 A.M. - 9:30 A.M. | CRYSTAL 1-2

DOCUMENTATION, DATA & PEOPLE: BUILDING QUALITY FROM EVERY ANGLE

Katie Wyskoczka LICSW
Senior Health Care Advisor, Nebraska Hospital Association

Cori Pierce CRCR, CSBI
Senior Health Care Advisor, Nebraska Hospital Association

Jeannie Ruch RHIA, CPMA, CPC
Vice President of Professional Services, Nebraska Hospital Association

Quality in rural health care depends on more than measures and scorecards. Behind every data point is a medical record that was documented, a system that captured the information, and a care team that delivered the care. In this panel discussion, members of the NHA Advisory Team share perspectives from health information management and medical auditing, data analytics and health care technology, and case management and care coordination. Panelists will explore how documentation integrity shapes the accuracy of quality data, how small hospitals can turn data and emerging tools such as artificial intelligence into meaningful improvement, and how case management, crisis intervention, and team development support safer care transitions and a stronger workforce. Through a patient-centered case scenario, panelists will show how these functions connect and how breaking down silos between quality, HIM, IT, and care coordination teams leads to better outcomes for patients and organizations. Attendees will leave with practical strategies they can put in place within 90 days.

OBJECTIVES:

- Describe how clinical documentation and coding accuracy affect the reliability of quality measures and performance data in Critical Access Hospitals and rural health clinics.
- Identify practical strategies for selecting, interpreting, and acting on quality data, including key considerations for evaluating artificial intelligence and other health care technologies.
- Explain how case management, care coordination, and staff training contribute to safer care transitions, reduced readmissions, and improved patient outcomes. Discuss strategies to improve equitable, respectful care for patients seeking sexual assault medical forensic services.

Agenda | November 13

9:30 A.M. - 9:45 A.M. | CRYSTAL 1-2

NETWORKING BREAK

9:45 A.M. - 10:15 A.M. | CRYSTAL 1-2

RESEARCH TO SUPPORT RURAL DECISION-MAKING: A TYPE 2 DIABETES CONTROL TRIAL

Carol Geary PHD, MBA, RN
READi Core Deputy Director for Research Networks, UNMC PCORnet Site PI, University of Nebraska Medical Center

Cyrus DeSouza MBBS, FACP, FACE
Professor, Attending Physician, University of Nebraska Medical Center/Nebraska Medicine

In this presentation, we will introduce the Greater Nebraska Rural Research Network (GNRRN), a permanent committee of the Nebraska Rural Health Association and Comparative Effectiveness research. In addition, we will demonstrate the value of each by introducing a trial that is actively working with GNRRN to identify rural sites. This project will compare three interventions for Type 2 Diabetes Control to provide information that supports rural decision making.

OBJECTIVES:

- Increase awareness of the Greater Nebraska Rural Research Network.
- Describe comparative effectiveness research and its value to rural Nebraska communities.
- Evaluate the importance using a Type 2 Diabetes Control project.

10:15 A.M. - 10:30 A.M. | CRYSTAL 1-2

NETWORKING BREAK

10:30 A.M. - 12:00 P.M. | CRYSTAL 1-2

WHY CIVILITY MATTERS: UNDERSTANDING THE IMPACT OF NURSE-TO-NURSE HOSTILITY

Kathleen Bartholomew RN
Executive Director, Self Employed - "Kathleen Bartholomew, LLC"

The expression "Nurses eat their young" is so far removed from our idea of the caring and nurturing nurse that we shudder to think it could possibly be true. But the truth is, nurses are hurting each other. Stories from the 'front line' cannot be ignored. These stories are the voices of nurses telling the world about their experiences. The first step to healing our relationships is the most difficult: to recognize that quality and safety are products of our relationships with one another. Only by understanding the origin and reasons for our behaviors can we even begin to create a healing environment that is needed in nursing- for ourselves, as well as our patients.

OBJECTIVES:

- Acknowledge that nurse-to-nurse hostility as an unconscious learned human behavioral response.
- Explain why nurses experience un-caring behaviors from their peers.
- List one action that you can take to build a culture of healthy relationships and/or decrease horizontal hostility in the workplace.
- Describe the impact of horizontal hostility on quality and safety.
- Complete "The Dauntless Nurse" self – assessment form.



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Critical Access Hospitals
Meeting the unique needs of rural Nebraska.