



Congratulations Mary Berg!

Congratulations to Mary Berg, BSN, RN, CPN, CRRN, on receiving the Emerging Leader Nurses Award. Mary is a pediatric nurse in the Rehabilitation Clinic at Children's Wisconsin.

We are so proud of Mary and all our Children's nurses for their hard work and dedication to ensure kids and families receive the very best and safest care!

With all that has changed in our daily lives due to COVID-19, there is one thing you can always count on: Children's Wisconsin is here for you and your child.



Mary Berg, BSN, RN, CPN, CRRN



Kids deserve the best.

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CHAMPIONS OF CARE

Milwaukee Magazine's first **EXCELLENCE IN NURSING AWARDS** highlight eight women who have distinguished themselves in this essential field.

By ARCHER PARQUETTE



WHEN CORONAVIRUS HIT THE U.S. in March, CaryAnne Adriano shrugged off the danger, packed a bag and went to New Jersey to help in a swamped COVID ward. Colleen Koderca pulled on a mask and gloves, checked her temperature every day, and continued traveling around Milwaukee to care for her patients who didn't have anyone else. Janet Ste. Marie began developing management protocols and procedures to keep her radiology team and their patients safe.

Inspired by the work of nurses like these, *Milwaukee Magazine*, in partnership with the Wisconsin Nurses Association, is proud to present our first Excellence in Nursing Awards. These eight women, each representing a different role in the field, were nominated by their colleagues and chosen by a panel of judges as exceptional examples of dedication, skill and a willingness to go beyond the call of duty. Here are their stories, in their own words.

PHOTO: GETTY IMAGES

“Cary will travel anywhere that needs help. She is one of those people that puts the needs of others above everything. If she is called to the front line, she will be there.”

— JUDY LEE BLEECKER, ADRIANO'S MOTHER



COVID-19 HERO:

CaryAnne Adriano

ORGANIZATION:
New Perspective Senior Living

YEARS IN NURSING:
9

IN MARCH, I got a call to go to New Jersey to help with COVID, and I decided to do it. I just wanted to help. Nobody knew what to expect. It was unreal, something I never experienced in my life and hope I never have to again. We did not have enough PPE. It was the only COVID ICU unit in the state of New Jersey, so the whole hospital was COVID-positive patients. Even the cafeteria was turned into an ICU. We were running low on ventilators and running out of medications. Patients were dying at an alarming rate. The refrigerator trucks [for bodies] that you saw on TV – those were real. It was pretty scary.

Then I got sick. It started with a sore throat and a headache. I had a low-grade fever. I had nausea, loss of smell and taste, and then I had some wicked hallucinations. I quarantined for seven weeks. When I came back to Wisconsin, I was picking up at a lot of long-term care facilities that needed help because a lot of the staff walked out on the job or they had COVID themselves. Now I'm in charge of all of the COVID policies and procedures for New Perspective. We haven't had any cases, thank God. I hope everything that I am doing and that I have implemented here works to keep it out.



RESEARCHER:

Michele Polfuss

ORGANIZATIONS:

UW-Milwaukee College of Nursing, Children's Wisconsin

YEARS IN NURSING:
24

WORKING IN pediatrics, it became very apparent to me that children were having serious problems with obesity. I wanted to know why and I wanted to try to develop interventions. And to do that optimally, I'd need a PhD, so I went back to school and I transitioned from clinical work to working as a nurse scientist. I found that children with special needs or developmental disabilities often have a much higher prevalence of obesity. They already have other health challenges, which the obesity just complicates further, and the ramifications continue into adulthood.

So far, our work has found that we have less ability to adequately categorize the weight status of children with certain disabilities. They often have challenges obtaining an accurate height – maybe [the child] is not able to stand on their own – so that complicates the use of a body mass index and often leads to misclassification of their weight status. That creates an inequity in how we prevent, monitor and treat obesity in children with disabilities. And we also have found that they can have decreased energy expenditure compared to typically developing peers. They can't consume as many calories before gaining weight. It's an uphill battle. Based on our pilot studies, we're now conducting a multi-site study on the use of alternative measurements of body composition. We're working with one the largest groups of children with spina bifida that has ever been done to help clinicians provide guidance on weight management to these children who are at high-risk of obesity.

With this research, you're never done learning. And if you can be successful, you're going to make a difference – that's the ultimate reward.



ACADEMIC:

Cathy Colclasure

ORGANIZATION:

Children's Wisconsin

YEARS IN NURSING:
29

WHEN PEOPLE HEAR that I work with babies they say, “Oh, you hold babies and change diapers all day.” Nope. When a premature baby is born early, lots of things in the body aren't done developing. We have to use oxygen or they don't survive, or it impacts their brain development. That big change in oxygen can cause the blood vessels in the retina to grow fat and twisted and pull on the retina. In worst-case scenarios, it detaches the retina and leads to at least some level of blindness. I assist the ophthalmologists in treatment, which is sometimes a laser surgery.

When the baby first gets here, it is so traumatic. It is not what the

parents imagined with the delivery. When an infant is facing the likelihood of surgery, if you're thinking academically and mechanically, there's no choice – we're not going to let this child go blind. But to a parent who is signing the consent, who is saying “OK, do this,” it's gotta feel so awful. All of these emotional and mentally tough situations that we walk with them – and sometimes we don't have good outcomes, either. I cry with these families and I hold their hands and I'm with them. Until you have a baby in the ICU, it's really hard to understand how sick they can be and how much we bond with these families.

What I love the most is when we stay in touch. We get Christmas cards back from families years and years down the road. We don't even know which kid in the photo is the one we took care of because they're all grown up now.

“Dr. Polfuss has a passion for improving the lives of children with special needs and their families who face the daunting challenges of living with these chronic conditions.”

— RACHEL SCHIFFMAN, UW-MILWAUKEE COLLEGE OF NURSING



“Milwaukee could not ask for a more committed caregiver. She is a big reason that the infants at Children's Wisconsin have the best vision outcomes in the country.”

— DR. DEBORAH COSTAKOS, CHILDREN'S WISCONSIN



⊕
ADVANCED
PRACTITIONER:
**Lucy
Mkandawire-
Valhmu**
ORGANIZATION:
UW-Milwaukee
College of Nursing
YEARS IN NURSING:
25



“The heart of her work addresses the core of our most pressing health and social needs.”

— KAREN SOLHEIM, UW-MADISON



I BECAME A NURSE at the University of Malawi. At the time I was an undergrad, I always had broader questions about why, for example, we have high child malnutrition in Malawi, why more women die during childbirth. I was interested in addressing issues and policies that affect women in Malawi, and I felt like as a bedside nurse, I would not be able to do that on a broader scale. I wanted to get an education, so I came to the U.S. I got my PhD from UW-Madison. I'm interested in the intersecting factors that impact women's lives, especially women in low-income communities. Racial identity often intersects with gender and class status to impact women's experiences of health.

People don't like to think, “OK, who am I in terms of my race and my class?” But it helps when people know what

they don't know. A lot of times, nurses don't realize that who they are has a bearing on how they connect with patients and even how patients see them. If you think about the history of African Americans for example, or Native Americans, they haven't had a positive interaction with mainstream white health care providers. So when you approach your interactions with patients knowing that that's a concern, you're more sensitive and you are better able to help reassure the patient that you have their best interests at heart.

I think what is really important is that nursing students seek out opportunities to engage with people who are different from themselves. The day after graduation is not the time to first be learning about refugees, when you're actually encountering them in a clinical setting.

I WAS A FLIGHT ATTENDANT for Midwest Express. When they went out of business, I had to decide what to do with my future, and I knew I wanted to go to nursing school.

Now, in physical medicine and rehab at Children's, we see kids who have been in car accidents, who have brain injuries, who have had strokes or cerebral palsy – diagnoses that make it hard for them to function. The doctors have to do the botox injections [to treat muscle issues], and my job is to provide a safe hold, because it's not enjoyable to get those injections. Some of the kids get them in every extremity – both arms, both legs. We try to get to know them so that we can talk to them about different things. I have to provide some really good distractions – ask about their pets, their school or whatever else I've gotten to know about them. I even have bubble gum that I blow bubbles with while they're doing the injections, which has been a lifesaver sometimes.

I can't imagine working with any other population. I look forward to seeing the kids every day. No matter what's going on, they just light up. Some of them have come through very bad prognoses. They're so resilient.



EMERGING LEADER:

Mary Berg

ORGANIZATION:
Children's Wisconsin

YEARS IN NURSING:
5



Celebrating Our 2020 Milwaukee Magazine Excellence in Nursing Nominees

PENNY SIMS
SKILLED NURSING



KATE SCHMIDTKUNZ
REVITALIZE WELLNESS



LAURA HENDRICKSON
HOSPICE




CONGRATULATIONS TRACY!

Tracy Meddaugh, RN
2020 Excellence in Nursing Award Winner

As we proudly recognize Tracy for this tremendous achievement, we also extend our gratitude to all our care providers for their hard work and dedication to supporting our patients. Thank you for all you do.



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- NICOSIA KING, GOLDEN PATH HOME CARE



COMMUNITY LIAISON:
Colleen Koderca
ORGANIZATION:
Golden Path Home Care
YEARS IN NURSING:
28

I COME FROM A FAMILY of nurses. I have a brother with cerebral palsy. Back then, there weren't any programs for children with disabilities. To see what he went through made me want to be a nurse for a long time.

I go into my clients' homes and see how they function. I love that I can spend more time with my clients than in a nursing home. A lot of clients do not understand their medical diagnoses. Sometimes this visit is the only help they're going to get that day. After that, they're basically on their own. I tell the other nurses to treat them as if they were your family. Don't miss anything. Make sure you're paying attention to other things in the home, things like rugs that they could fall on. Be compassionate. To try to put yourself in your patient's shoes. If you don't understand what they're going through, you're not going to do a good job.

The most rewarding thing is when I come in, they smile. They're happy to see me. They know that I really care about what's going on in their life. I know that I'm making a difference in their life. They tell me all the time, "Colleen, we love you." I say, "I love you, too. I don't know what I'd do without you."

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Pictured: Marcia B., Sidra R. and Meighan B.

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SCAN ME

Dear Saint John's Leadership,

I am immensely grateful for the quality and quantity of care and attention Dad received at Canterbury Court. I was so impressed by Meighan's leadership, Marcia, an unfailingly sweet and devoted caregiver. Camara brought many smiles to my dad's face with her humor, virgin Tequila Sunrises and tender care. Sidra, too, was a standout in her kind, quiet way. Davina, Shirelle and, as far as I know, every staff member who interacted with Dad were respectful and caring.

It was and is an enormous comfort to me to know he was in such loving hands.

- Anne C.

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➤ NURSING AWARDS



LEADERSHIP/EXECUTIVE:

Janet Ste. Marie

ORGANIZATION:

Froedtert and Medical College of Wisconsin

YEARS IN NURSING:

35



“It is hard to put into words what Janet means to myself and the other physicians in our group, as well as to everyone that she works with. Her commitment is unmatched. She is the rock of our team.”

— DR. ERIC HOHENWALTER, FROEDTERT AND MEDICAL COLLEGE OF WISCONSIN



I WAS AT THE Jewish Community Center working out, and my dad was there at the same time. He was done working out and he came over to talk to me, and he just went into cardiac arrest. There was a defibrillator there and there happened to be another physician I knew there who came over to help me, and we did CPR and shocked him six times and got a pulse back before the paramedics got there.

I started out out my Froedtert career working in the emergency department as a staff nurse, where I learned all that. Now as a manager, I’m responsible for the day-to-day operations of the interventional radiology department, the IR clinic and the vascular surgery clinic. I was given a lot more responsibility in this leadership role than I had in the past, and I’ve learned a lot about how

challenging it is. Everybody has to be working together to provide great patient care. In today’s world, learning how to manage that is more challenging – there’s no class on how to manage a pandemic.

I really love the patient interaction and the family interaction. Just recently a patient was having trouble getting a test done. And he gave somebody my office number, and he told them, “If you just call her, she’ll take care of it. She always takes care of me.” And I find that rewarding. Everybody here works very hard, and when a patient recognizes how hard we work for them, that’s very gratifying. When we can get a patient to make it to the next wedding or the next graduation or the next family event because we took great care of them, that’s pretty special.

I THINK PEOPLE WHO aren’t in nursing might watch TV and see what goes on in some of those medical shows and see the urgent care but not the preventative or the comprehensive. Every patient that comes in is not coming in with a gaping wound or a heart attack. They’re coming in with just regular concerns. The patients I see typically have a lot of comorbidities with diabetes and asthma and high blood pressure, so these patients can at any given moment start to spiral down. Our work is to keep them healthy so they can stay at home and function at work and not end up in the ER.

When you see someone three times a week, you can talk about things and get to know them, and they get to know you. And when you build that trust, they’re more willing to follow through and do the things they need to do.

I smile when someone comes in and says, “Hey, do you remember three months ago when I told you that I was going to lose weight and that I was going to improve my blood pressure? Let me step on the scale. Let me show you!” You’d be surprised by how excited the patients are.

It’s rewarding to see their journey over time. Some might have setbacks, but that’s just, “OK, now that you had this setback, what can we do

to work through it to get you back on track?” ●



CLINICIAN:

Tracy Meddaugh

ORGANIZATION:

Quad Med

YEARS IN NURSING:

14



drip

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