

MAY 2026 | EDITION 02



NATIONAL APP WEEK

UVA HEALTH | MONTHLY NEWSLETTER

BEYOND THE BADGE

HOW APPS LEAD WITH CHARACTER
WHEN NO ONE IS WATCHING, AND
WHEN EVERYONE IS.

THE PULSE OF PROGRESS

WHEN IT MATTERS MOST, APPS SHOW UP

FROM A ROADSIDE RESCUE TO A DIGITAL CARE MODEL, THIS ISSUE
CAPTURES THE FULL RANGE OF WHAT APPS ARE.

www.nationalappweek.com

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Nomination window opens July 1. Four award categories recognizing APPs at every career stage. Additional award category to be revealed end of May.

From The Desk

A MESSAGE FROM APP LEADERSHIP

Advanced Practice Providers bring an extraordinary range of expertise to patient care, each role shaped by its own history, training, and clinical strengths. In last month's newsletter, Bill reminded us that while APPs touch more than a billion patient visits each year, much of our work remains unseen or unrecognized.



That invisibility has consequences, not just for individuals, but for the profession as a whole. As we continue this national conversation, it's worth naming that the diversity of our roles is real, but so are the shared challenges we navigate: scope of practice variation, billing and workflow complexities, and the ongoing work of making our advanced practice roles visible and understood.

What I see across the country echoes the spirit of his reflections: a profession defined not only by clinical excellence, but by resilience, adaptability, and a deep commitment to solving the problems that matter most in healthcare. Whether we are advancing evidence based practice, leading teams, innovating care models, or advocating for the policies that shape our work, APPs are driving progress in ways that extend far beyond any single role. Our shared challenges remind us why collaboration matters. Our shared strengths illustrate what becomes possible when we move forward together. This is how we continue the story Bill began, by recognizing that the pulse of progress is strongest when it beats collectively.

"Individually, we are one drop. Together, we are an ocean." — Ryunosuke Satoro

Kimberly Elgin

APP SPOTLIGHT 01

JENNIFER RUNYON

MSN, APRN, ACNS, FNP-C
at OSF St. Francis Medical Center

On her way to work, Jenny Runyon came upon a pedestrian struck by a vehicle. She stopped, got out, and started CPR. At the same time, she noticed the driver in distress and at risk of stepping into oncoming traffic, she managed both simultaneously, without backup, without hesitation.

That composure is not coincidence. Jenny came to Trauma Services after years as a LifeFlight RN, working in some of the highest-acuity environments in emergency care. Her ability to assess mechanism of injury, prioritize interventions, and act under pressure was already tested long before that morning.

After ensuring the patient was in emergency hands, Jenny continued to work and completed her full 12-hour shift. No drama, no exception. Just the standard she holds herself to every day.

Jenny's trajectory from LifeFlight RN to Trauma APP is not a career pivot, it is a continuum. The same instincts that guided her in the air guided her on that roadside: assess fast, act faster, and do not leave until the job is done. That morning, there was no team behind her, no protocol to follow, no supervisor to call. There was only her training, her judgment, and someone who needed help.

None of this was exceptional to Jenny. She did not go home. She did not take the day. She walked into her shift and worked 12 hours caring for other patients in crisis, because that is what she does, and that is who she is. For Jenny Runyon, showing up is not a decision. It is a default.



APP SPOTLIGHT 02



DEA MAHANES

**DNP, RN, CCNS, CCRN, CNRN, HEC-C, FNCSS
at UVA Health**

For 11 months, a patient with a rare neurological disorder remained hospitalized at UVA Health. The case involved contested decisional capacity, no clear surrogate, and an end-of-life trajectory with no clean answers. Dea Mahanes led the response, coordinating across legal, ethics, and clinical teams, ensuring the patient's dignity was protected at every stage, and making certain the family was present when life-sustaining treatment was withdrawn.

That case is one example. The systemic work is what defines her career. Dea revised UVA Health's brain death and circulatory death protocols, reducing variability and improving compliance with national standards. She co-chairs the Organ Donation Committee and collaborates with LifeNet Health to advance ethical donation practices while keeping patient dignity at the center.

As a CNS and clinical ethicist, Dea serves on the Ethics and Moral Distress Consult Service and the Medical Center Ethics Committee. Her scholarship includes contributions to national and international neurocritical care guidelines and multiple publications on moral distress, work that shapes ethical standards beyond UVA Health.

She mentors CNSs and interprofessional colleagues locally, nationally, and internationally. Through leadership roles in the Neurocritical Care Society and the American Society for Bioethics and Humanities, her influence on policy and practice extends across disciplines and borders.

Dea Mahanes is nominated for the DAISY Award for Nursing Ethics in Leadership, and the nomination makes the case plainly: ethical leadership is not abstract. She lives it.

CARE REIMAGINED



SUSAN WOLF

**DNP, MBA, APRN, FNP-C | Clinical Director
at OSF OnCall Digital Care**

WHEN THE CLINIC COMES TO YOU: BUILDING DIGITAL CARE MODELS THAT REACH FURTHER

Most urgent care innovation focuses on what happens inside the building. Susan Wolf focused on what happens when the building is not enough. As Clinical Director of OSF OnCall Digital Care, she embedded virtual clinicians inside brick-and-mortar urgent care sites using wearable technology, creating a real-time layer of clinical support that improved patient flow, reduced wait times, and allowed on-site providers to take uninterrupted breaks without patients waiting.

That model is one of three she oversees. Susan also directs virtual pregnancy and postpartum support, and most recently led the launch of a mobile OB unit designed to reach underserved populations with limited access to consistent prenatal care. The unit is not a stopgap. It is a deliberate infrastructure decision to close a gap that the traditional care system was not closing.

The third workstream is post-hospital discharge. Susan expanded a program that deploys virtual nurses and providers to follow patients through the critical transition period after leaving the hospital, reducing readmissions by ensuring timely assessment, education, and intervention before small problems become returns to the ED.

Three models. Three populations that were underserved by existing infrastructure. Susan Wolf did not wait for the system to redesign itself. She built the pieces the system was missing and put APPs at the center of each one.

What connects all three is a single premise: geography and physical presence should not determine the quality or continuity of care a patient receives. For the urgent care patient waiting too long, the pregnant woman in an underserved zip code, and the post-discharge patient navigating recovery alone, Susan Wolf's answer was the same. Build the model, put the clinician where the patient is, and make it work.



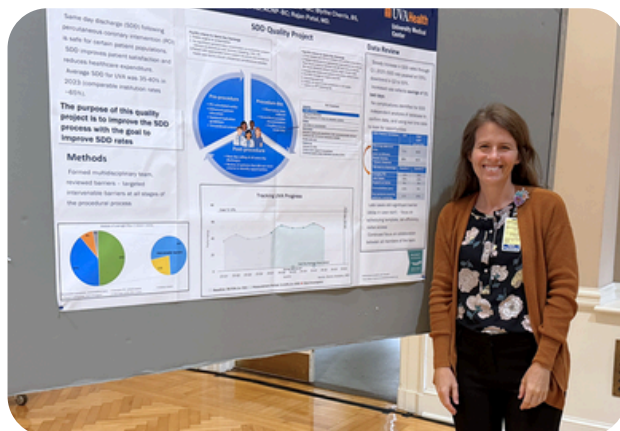
FROM THE FIELD

CLOSING THE GAP: APP-LED TEAM DRIVES SAME DAY DISCHARGE AFTER PCI TO RECORD HIGH

In 2023, UVA Health's same day discharge rate after outpatient percutaneous coronary intervention (PCI) was at 35-40%, well below the 60% average at peer teaching hospitals. Allison Patrizio led a multidisciplinary team that systematically reviewed every barrier in the pathway and built targeted interventions to address them.

By Q4 2025, the rate reached 75.3%, a performance best, and above the peer hospital average of 67.3%. Since implementation, the program's average of 62% has saved 90 hospital bed days. One discharge complication was identified in a patient who did not follow discharge instructions. No additional safety concerns were found.

The team included nurses, APPs, cath lab schedulers, a project manager, and an interventional cardiologist. The redesigned pathway was aligned with published SDD criteria from the Journal of the American College of Cardiology. The result is a safer, faster, more efficient process, built from the data up.



ALLISON PATRIZIO
AGACNP at UVA Health

APP-LED CARDIOVERSION UVA HEALTH

At UVA Health, cardioversions were historically performed by electrophysiologists already managing consults and inpatient procedures, creating delays as volume grew. A structured training program was built from the ground up: literature review, stakeholder alignment, competency checklist, and supervised practice. Each APP observed and performed a minimum of 5 procedures under supervision before practicing independently.

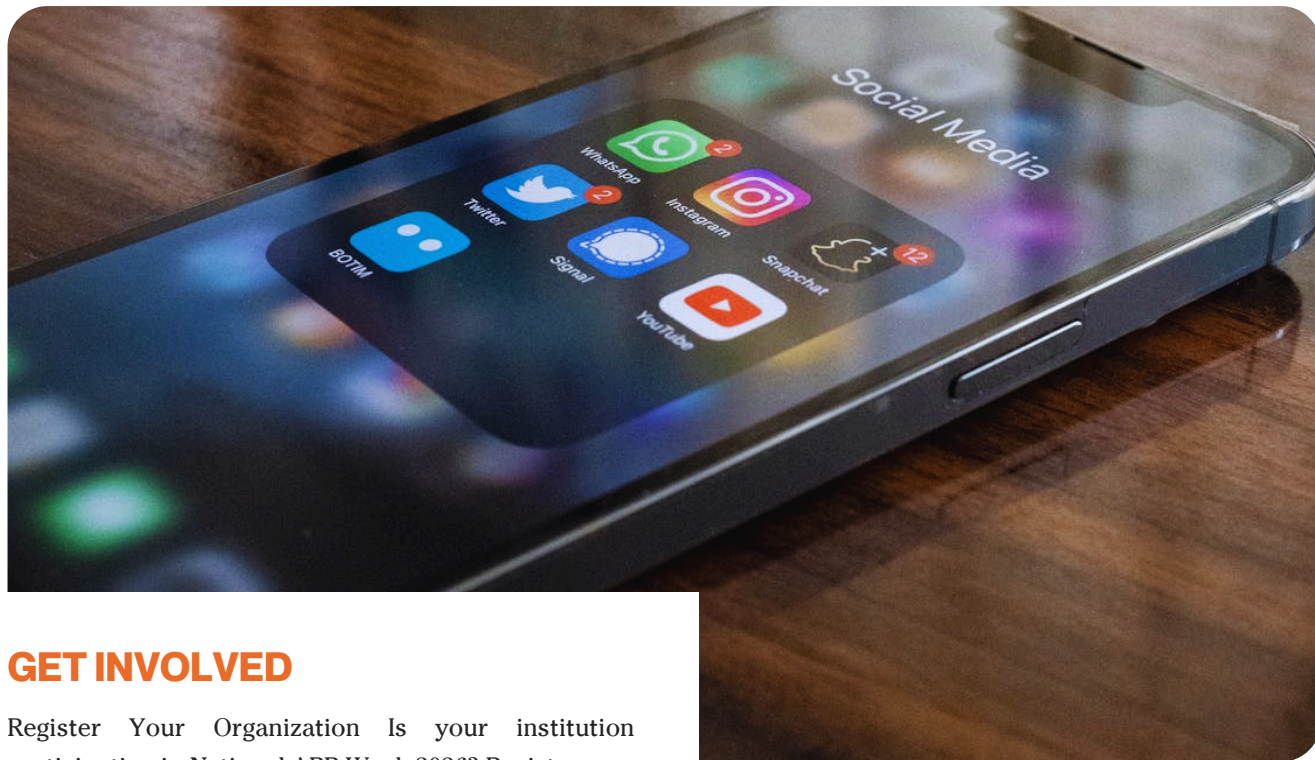


By September 2024, all cardioversions at UVA were APP-led. A second cohort was trained two months later. In 2026, the competency became standard orientation for all incoming inpatient and procedural APPs. Volume went from 454 to 639, a 40% increase, with reduced wait times, improved throughput, and higher staff and patient satisfaction.



Cardioversion APP Team at UVA Health

ANNOUNCEMENTS AND COMMUNITY



GET INVOLVED

Register Your Organization Is your institution participating in National APP Week 2026? Register now to be listed as an official participating organization and have your logo featured on the National APP Week website.

[REGISTER HERE](#)

SHARE YOUR STORY

Every edition of this newsletter features APPs driving measurable impact. If you have a story - a quality improvement initiative, a program you built, an outcome worth documenting - submit it for consideration.

[SUBMIT HERE](#)

SUBMIT YOUR CONTENT

Photos and videos from your institution celebrating National APP Week are welcome. Share what your team is doing.

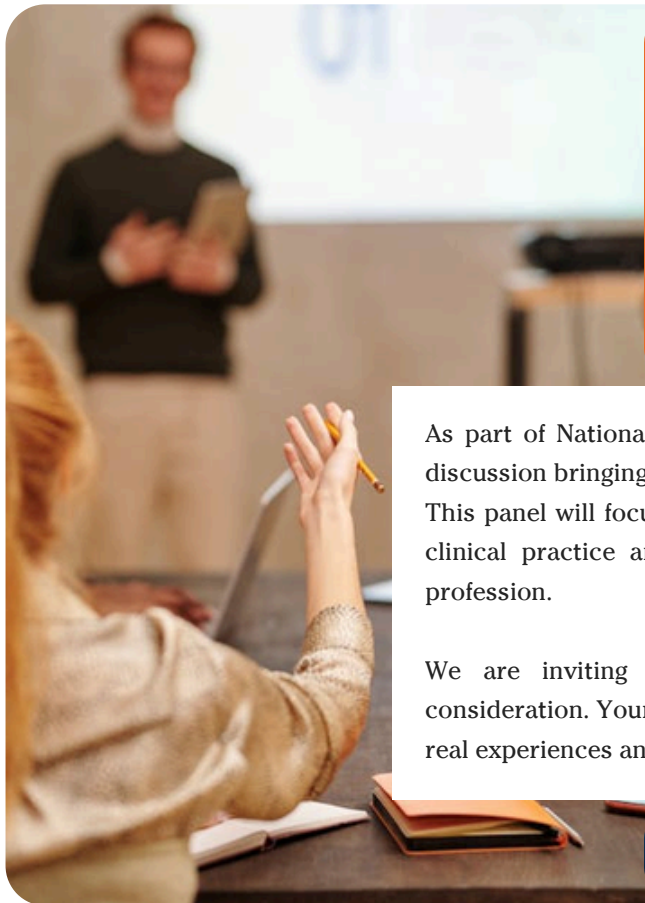
[SUBMIT HERE](#)

STAY CONNECTED

Stay Connected Follow National APP Week on social media and share your participation using the official hashtags. Tag your institution, your team, and your stories.



MEET THE PRESIDENT'S PANEL



*Submit your questions to help
shape the National APP Week
2026 President's Panel.*

As part of National APP Week 2026, we will be hosting a President's Panel discussion bringing together national leaders across Advanced Practice. This panel will focus on the questions that matter most to APPs today, from clinical practice and workforce challenges to the future direction of the profession.

We are inviting APPs across organizations to submit questions for consideration. Your input will help shape the discussion and ensure it reflects real experiences and priorities from across the field.

SUBMIT YOUR QUESTION

Bringing together leaders from across national Advanced Practice organizations, the President's Panel reflects a collective voice shaping the direction of the profession. Each panelist represents a distinct perspective within the APP landscape, contributing insight, experience, and leadership at both the clinical and system level.

PANEL

VALERIE FULLER

American Association of Nurse Practitioners

JACKELINE ISELER

National Association of Clinical Nurse Specialists

DAVID BUNNELL

American Academy of Physician Associates

TRACY YOUNG

American Association of Nurse Anesthesiology

EMILY MYCYK

American Academy of Anesthesiologist Assistants

PETER JOHNSON

American College of Nurse Midwives

AWARDS & NOMINATIONS

NOMINATION WINDOW: JULY 1 - JULY 31, 2026

National APP Week 2026 recognizes Advanced Practice Providers whose work has made a measurable difference in their teams, their institutions, and the profession. Nominations open July 1. Four categories, one window, one month to submit.



COMING SOON

An additional award category will be revealed at the end of May. Award name and eligibility criteria to be announced at that time.

AWARD CATEGORIES

RISING STAR AWARD



0-5 years in advanced practice

EMERGING LEADER AWARD



6-12 years in advanced practice

APP OF THE YEAR AWARD



13+ years in advanced practice

APP TEAM OF THE YEAR AWARD



Minimum of two APPs on the team with organizational executive endorsement confirmed by email.

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Contact Questions, story submissions, or newsletter feedback: CUK7UB@uvahealth.org

For any sponsorship-related inquiries, please contact: BTT6JH@uvahealth.org

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