Every patient, every time.

PATIENT-CENTERED CARE | NO HARM INITIATIVE
Dear Colleagues,

UK HealthCare and the UK College of Nursing are proud to introduce you to our ninth edition of InStep! With every passing year, we discover new reasons to highlight the important work and experiences of our nurses—each unique, each invaluable, each giving meaning to our true mission to serve “every patient, every time.”

In the following pages, you will read about our teams using cutting-edge technology to serve our ever-growing patient populations through ECMO transport. You will hear from an individual who endured extreme circumstances and translated his experience to be a voice for other patients. You will learn about the ways in which our nurses made decisions on the physical spaces of our newest parts of Albert B. Chandler Hospital that positively affect patient outcomes. These are just a few of our many stories that demonstrate our commitment to those we serve—inside these walls and beyond. The practice of nursing has certainly evolved over the past decade, and as you read, you will experience the contemporary profession’s successes and challenges.

As we continue to lead the way as the No. 1 hospital in the state of Kentucky, we understand the impact our nurses have on our patients—and we are proud to continue our legacy of excellence as a Magnet-designated health care system. The current workforce shortages we experience fuel our innovation and our desire to ensure our standard of care is upheld in every practice location. We are keen to ensure our nurses are prepared for the clinical transition, as well as ensuring our academic programs are pointed, relevant and progressive to match the clinical needs of our complex patient populations.

We hope these pages serve as a source of encouragement and inspiration that provide momentum to improve the value of nursing practice along each and every episode during the care continuum. On behalf of both UK HealthCare and the UK College of Nursing, we thank you for recognizing our nursing excellence as a long-standing academic-clinical partnership that is transforming patient care every day. Our committed partnership continues to grow and thrive—we hope you enjoy reading about our journey.

Colleen Swartz, DNP, MBA, RN, NEA-BC
Chief Nurse Executive, Chief Operating Officer
Table of Contents

Eastern State Hospital Work Learning Program
Strengthens Nursing Workforce

Nurses or Architects?
Nurses designing clinical care environments

No Harm Initiative at UK HealthCare®
Energizes Nursing Staff and Improves Patient Care

SPOTLIGHT STORY
University of Kentucky’s ECMO Transport Team
Giving ❤️ to the most critical of heart patients across the region

UK HealthCare Nurses’ Scholarly Activities
UK HealthCare Promotions and Transitions
In Memoriam
Black Nurses Association
27th Annual Nursing Research Papers Day
PROFILES: Nurses at the Frontline
UK College of Nursing Upcoming Events
PhD Program Celebrates 30 Years
College of Nursing Alumni Association

FEATURE STORY
Turning Feedback into Value:
Patients are Stakeholders with a Voice
Through UK HealthCare Patient Advisory Councils
The continuing partnership between the College of Nursing and UK HealthCare has fostered an environment of clinical inquiry and innovation. Numerous practicing nurses, alone or as members of interprofessional teams, are very active in scholarship—asking relevant and contemporary clinical questions and disseminating that knowledge. We would like to recognize their contributions to the continuing evolution of evidence-based practice and our dynamic leadership model. This is a sampling of their work, which took place in 2017:

**Posters**

Rachel Ballard, BSN, RN | Heather Courtney, BSN, RN, CCRN-K “Implementing Evidence-Based Strategies to Empower Nurses Towards Nursing Professional Certification in a Magnet®-Designated Health Care Facility.” Kentucky Organization of Nurse Leaders (KONL)

Karen Bowman, RN | Amy Means, RN “Trauma Assessment With a Trauma Informed Approach.” American Psychiatric Nurses Association, 31st Annual Conference

Sherri Dotson, BSN, RN | Kim Manning, PharmD “Interprofessionally Rounding the Way to Patient-Centered Care.” American Organization of Nurse Executives (AONE)

Sheri Dotson, BSN, RN | Kim Manning, PharmD | Lisa Thornsberry, MSN, RN, CNML | Preetham Talari, MD, FHM | Mark Williams, MD, MHM | Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, FNAP | Janie Heath, PhD, APRN-BC, FAAN | Lee Anne Walmsley, PhD, MSN, RN “Interprofessional Teamwork Innovation Model (ITIM).” Kentucky Organization of Nurse Leaders (KONL)

Amanda Green, DNP, RN | Eleftherios Xenos, MD “It Takes a Village: Using a Multidisciplinary Approach to Reduce Mortality.” Vizient Clinical Connections Summit

Ryan Hopson, BSc, BSN | Chizimuzu Okoli, PhD, MPH, MSN, RN, CTTS “Examining the Effect of Smoking Cessation Interventions on Smoking Cessation Outcomes Among Pregnant Women With Mental Illnesses.” American Psychiatric Nurses Association KY Chapter Conference

Patty Hughes, DNP, RN, NE-BC “SWARMin to Safety: A Unique Approach to Improve Patient Safety.” American Academy of Ambulatory Care Nursing (AAACN)

Sooksai Kaewbua, DNP, BA, APRN, PMHNP-BC “Healthy Heart, Healthy Brain (H3B): An Innovative Game to Improve Mental Health by Preventing Cardiovascular Disease.” American Psychiatric Nurses Association KY Chapter Conference

Tricia Kellenbarger, MSN, APRN, ACCNS-AG “Improving Patient Outcomes by Decreasing Nursing Sensitive Indicators in an Adult Transitional Unit.” 24th Annual Evidence-Based Practice Conference

Tricia Kellenbarger, MSN, APRN, ACCNS-AG “Decreasing Patient Falls in a Transitional Unit.” National Association for Clinical Nurse Specialist

Dustin Khoshreza, DNPc, BSN, RN “Creation of a Behavioral Health Strategy….. Finally!” KONL 13th Annual Leadership Development Conference

Brandy Mathews, DNP | Marc Woods, MSN, RN “Partnering for Mental Health Needs on Medical/Surgical Units.” American Organization of Nurse Executives (AONE)

Brandy Mathews, DNP, MHA, RN, NE-BC | Marc Woods, MSN, RN “Partnering for Mental Health Needs on Medical/Surgical Units.” America’s Essential Hospitals VITAL 2017

Lisa McGee, DNP | Alice Carpenter, BSN | Shannon Haynes, MSN | Peter Giannone, MD | Prasad Bhandary, MD | Aparna Patra, MD “Quality Improvement Measures Improve the Utilization of Kangaroo Care for Premature Infants.” Vermont Oxford Network Annual Quality Conference

Tanna McKinney, MSN, RN “Implementation of Hourly Rounding Using the EARN Initiative.” 2017 Vizient Clinical Connections Summit

Tanna McKinney, MSN, RN “Implementation of Hourly Rounding Using the EARN Initiative.” American Psychiatric Nurses Association 31st Annual Conference

Yazan Al-Mrayat, MSN, RN | Chizimuzu Okoli, PhD, MPH, MSN, RN, CTTS “Changes in Tobacco Treatment After Introducing a Service in a State Psychiatric Facility.” American Psychiatric Nurses Association KY Chapter Conference

Chizimuzu Okoli, PhD, MPH, MSN, RN, CTTS | Marc Woods, MSN, RN “Intentions to Engage in Tobacco Treatment Among Individuals in a Psychiatric Hospital: An Application of the Theory of Planned Behavior.” American Psychiatric Nurses Association, 31st Annual Conference

Chizimuzu Okoli, PhD, MPH, MSN, RN, CTTS “Tobacco Use Among Persons with Psychiatric Illnesses: Successful Interventions to Address a Hidden Epidemic.” American Psychiatric Nurses Association, 31st Annual Conference

Margaret Plymale, DNP, RN | Daniel Davenport, PhD | John Roth, MD, FACS “Outcomes Experienced by Patients Presenting With Ventral Hernias and Morbid Obesity in a Surgical Clinic.” Annual Meeting of the Southeastern Surgical Congress

Lindsey Proud, BSN, RN | Cheri Landers, MD “Catering to Your Frequent Flyers: Meeting Sedation Needs on an Individual Basis.” Society for Pediatric Sedation

**Presentations**

Rebecca Beech, BSN, RN, CCRN | Donna Ricketts, DNP, MSN “The Effect of Cultural Competency Seminar for Nurse Educators.” Kentucky League of Nursing Conference

Kimberley Blanton, MSN, MHA, RN, NE-BC | Derek Forster, MD | Philip Eaton, DHSc, MSN, RN, NE-BC, RRT “MRSA Be Gone.” Vizient Clinical Connections Summit

Lacey Buckler, DNP, RN, ACNP-BC, NE-BC | Melanie Hardin Pierce, DNP, RN, APRN, ACNP-BC | Sheila Melander, PhD, APRN, ACNP-BC, FCCM, FAANP, FAAN | Carol Thompson, PhD, DNP, RN, CCRN, ACNP-BC, FNP-BC, FCCM, FAANP, FAAN | Julianne Ossege, PhD, FNP-BC, FNP | Leslie Scott, PhD, APRN, PCCNP-BC, CDE, MLDE “Lesson’s Learned: Academic Practice Partnerships
in Nurse Practitioner Education.” National Organization of Nurse Practitioner Faculties (NONPF)

Korinne Callihan, MSN, RN, CHPN “Give me a Pedi Boost—Better Outcomes in Optimizing Safe Transitions in Ped Acute Care.” National Health Care Educator Association

Jamie Cross, BSN, RN, CNML | Preetham Talarid, MD, FACP, FHM | Lisa Thornsberry, MSN, RN, CNML
“Optimizing Complex Patient Transitions Through Collaborative Care.” Vizient Clinical Connections Summit

Jill Dobias, MSN, APRN, ACNNS-AG, OCN “Standardizing Nursing Practice for Hematologic Malignancy Patients.” 2017 ANCC Pathway to Excellence Conference

Judith Dunn, DNP, RN "Impact of a Multi-Media Based Patient Education Program with Use of Teach-Back Technique on Rate of 30-Day Readmissions After Percutaneous Coronary Intervention.” National Health Care Educator Association

Sarah Gabbard, DNP, RN "Impact on Patient Safety and Fiscal Resources.” American Nurses Association Annual Conference

Penny Gilbert, MSN, MBA, BSN, RN, NE-BC, CPHQ | Colleen Swartz, DNP, MSN, MBA, BSN, NEA-BC, FNAS "Partnerships & Care Transitions.” America’s Essential Hospitals VITAL2017

Patricia K. Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN “Sub-Dissociative Ketamine is it Effective for Pain Management in the ED?” Rhode Island Emergency Nurses Association State Conference

Patricia K. Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN “Pediatric Sedation Best Practices.” ASCEND

Patricia K. Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN | Daniel Moore, MD “Improving ED Safety and Throughput: PIVOT and PIT.”

Julie Hudson, RN, MS, CNOR, NE-BC | Jon Shouldis, MBA | Phillip Chang, MD “Protecting Your Blindside with Predictive Analytics.” OR Manager Conference

Patty Hughes, DNP, RN, NE-BC “The Registered Nurse in the Ambulatory Practice Settings: Work Standardization and Compensation.” American Academy of Ambulatory Care Nursing (AAACN)

Anna Kalema, MD | Andrew Kelly, MAS, MS | Ashley Montgomery-Yates, MD | Phillip Eaton, DHSc, MSN, RN, NE-BC, RRT | Sanjay Dhar, MD | Evan Cassity | Peter Morris, MD “Heterogeneity of MICU Early Death Causality to Guide Resuscitation and Staffing Strategies.” American Journal of Respiratory and Critical Care Medicine (AJRCCM)

Ashley Montgomery-Yates, MD | Andrew Kelly, MAS, MS | Anna Kalema, MD | Dustin Gould, RN | Evan Cassity | Aleksandra Wieliczko, RN | Phillip Eaton | Peter Morris, MD “Anticipating Need for a Survivors’ Clinic Appointment by Examining ICU Survivors’ Trajectories of Healthcare Utilization in the Year Proceeding Critical Illness.” American Journal of Respiratory and Critical Care Medicine (AJRCCM)

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS “The Impact of Substance Use on Social Cognition and Recovery From Mental Illness.” American Psychiatric Nurses Association KY Chapter Conference

Margaret Plymale, DNP, RN | Daniel Davenport, PhD | Adam Dungan, PhDc | Amanda Zachem, BSN, RN | John Roth, MD, FACS “A Comparison of Ventral Hernia Repair Outcomes Between Poly-4-Hydroxybutyrate, Synthetic, and Biologic Mesh.” Society of American Gastrointestinal and Endoscopic Surgeons

Matt Proud, BSN, RN, CEN | Daniel Moore, MD | Whitney Smith-Berry, MBA | Patricia K. Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN “Improving ED Safety and Throughput: PIVOT and PIT.” Vizient Clinical Connections Summit

Navin Rajagopalan, MD | Donna Dennis, BSN, RN, CCTC | Tanya Mooney, BSN, RN, CCTC | Thomas Tribble, AS, CST | Paul Tessmann, MD | Alexis Shafii, MD | Michael Sekela, MD “Successful One-Year Survival in Heart Transplant Recipients Requiring Extracorporeal Membrane Oxygenation for Primary Graft Dysfunction.” The International Society for Heart & Lung Transplantation

Navin Rajagopalan, MD | Donna Dennis, BSN, RN, CCTC | Heathter Ross, RN | Paul Tessmann, MD | Alexis Shafii, MD | Michael Sekela, MD “Utilizing Expanded Donor Selection Criteria for Heart Transplantation: A Single Center Experience.” The International Society for Heart & Lung Transplantation

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Janet Otachi, MA, BASW | Sooksai Kaewbua, BSN, BA, RN | Marc Woods, MSN, RN | Heather Robertson, MA “Factors Associated With Staff Engagement in Patients’ Tobacco Treatment in a State Psychiatric Facility.” Journal of the American Psychiatric Nurses Association. 23(4):268-278

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Janet Otachi, MA, BASW | Alex Manuel, BSc | Marc Woods, MSN, RN “A Cross-Sectional Analysis of Factors Associated With the Intention to Engage in Tobacco Treatment Among Inpatients in a State Psychiatric Hospital.” Journal of Psychiatric and Mental Health Nursing. 25(1):14-25

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Dia Mason, MSc | Angela Brumley-Shelton, MPH | Heathter Robertson, MA "Providing Tobacco Treatment in a Community Mental Health Setting: A Pilot Study.” Journal of Addictions Nursing. 28(1):34-41

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Vivek Anand, MD | Milan Khara, MBChB “A Retrospective Analysis of the Outcomes of Smoking Cessation Pharmacotherapy Among Persons With Mental Health and Substance Use Disorders.” Journal of Dual Diagnosis. 13(1):21-28

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Amanda Wiggins, PhD | Amanda Fallin-Bennett, PhD, RN | Mary Kay Rayens, PhD “A Retrospective Analysis of the Comparative Effectiveness of Smoking Cessation Medication Among Individuals With Mental Illness in Community-Based Mental Health and Addictions Treatment Settings.” Journal of Psychiatric and Mental Health Nursing.

Autumn Roque, DNP | Peggy El-Mallakh, PhD, PMHNP-BC, RN | Lillian Findlay, PhD, MSN, APRN | Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS “Patient Characteristics Associated With Inpatient Psychiatric Readmissions and the Utility of the READMIT Clinical Risk Index.” Issues in Mental Health Nursing. 38(5):411-419


Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS | Janet Otachi, MA, BASW | Sooksai Kaewbua, BSN, BA, RN | Marc Woods, MSN, RN | Heather Robertson, MA “Factors Associated With Staff Engagement in Patients’ Tobacco Treatment in a State Psychiatric Facility.” Journal of the American Psychiatric Nurses Association. 23(4):268-278

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UK HealthCare Nurse Promotions & Transitions to Leadership Positions

June 2016 – June 2017

Elizabeth Bonnet, MSN, RN, CCRN-K, RN-BC
Clinical Nurse Specialist, Nursing Administration

Karen Branham, BSN, RN
Senior Utilization Management Reviewer

Savanna Carroll, BSN, RN-BC
Patient Care Manager Assistant, Good Samaritan Acute Care

Ashley Cross, BSN, RN
Patient Care Manager Assistant, Medicine Services

Patricia Darnell, BSN, RN
Patient Care Manager Assistant, Good Samaritan Acute Care

Debra Gleason, MSW, MSN, RN, CHPN
Transitional Care Leader, Palliative Care

Rachel Howard, MSN, RN
Infection Prevention Enterprise Manager, Infection Prevention and Control

Sarah Lester, DNP, APRN, FNP-C, CCRN-K, CNRN, SCRN
Director of Professional Practice & Innovation

Erin Morris, BSN, RN, CEN
Patient Care Manager, Emergency Services

Karolyn Roberts, MSN, RN, CPN
Staff Development Specialist, Nursing Practice Improvement

Sarah (Alex) Smith, BSN, RN
Patient Care Manager Assistant, Trauma Services

Tammy Swartz, MSN/ED, RN, CLNC
Quality & Safety Services Director

Those unavailable for a photograph include:

Rachelle Brown, MSN, RN
CSPD Enterprise Manager, Perioperative Services

Rebecca Charles, BSN, RN
Patient Care Manager, Trauma Services

Janet Davis, BSN, RN
Hospital Operations Administrator

Kerrin Fair, BSN, RN, CCRN
JPHCP Enterprise Clinical Coordinator, Kentucky Children’s Hospital

Shana Hensley, BSN, RN
Cardiovascular Patient Care Manager Assistant

Ashley Oney, MSN, RN, CEN
Hospital Operations Administrator

Maureen Piening, MSN, RN-BC
Staff Development Specialist, Nursing Practice Improvement

Sydney Sims, BSN, RN, PCCN
Staff Development Specialist, Nursing Practice Improvement

In Memoriam

Mahogany Richardson
We lost a dear friend and colleague in October 2017. Mahogany, 37, touched the lives and careers of many health care providers and patients. As a nurse on the Medicine service line, Mahogany was always cheerful and helpful to her colleagues and patients. Mahogany had many admirable qualities and will be deeply missed. Her dedication to the nursing profession was evident in her advocacy for patients.

Laura Bruin
Laura passed away unexpectedly in August 2017. Laura served as the dialysis manager at UK HealthCare, where she helped shape the lives and careers of countless nurses. She had a perpetual thirst for knowledge and thrived to support evidence-based practice. Her beautiful smile and love for life is missed by all who knew her.
As the outgoing president and a founding member of the Lexington Chapter of the National Black Nurses Association (LCNBNA), it is my pleasure to welcome incoming member Dr. Lovoria B. Williams.

Prior to joining the University of Kentucky, Dr. Williams was a tenured associate professor and director of Diversity in the College of Nursing Augusta University (formerly Georgia Regents University and the Medical College of Georgia), in Augusta, Georgia. She received a PhD in nursing from Georgia Regents University in 2011. Dr. Williams’ dissertation examined diabetes predictors among African-Americans in a faith-based setting. Her research focuses on delivering interventions to reduce health disparities among minority and medically underserved populations. She utilizes community-based participatory research methods to deliver behavioral interventions aimed to increase tobacco cessation and cancer screening behaviors and to reduce obesity and diabetes. Dr. Williams is nationally recognized for developing culturally adapted interventions for implementation by community health workers. Her work has been funded by the Georgia Department of Public Health, National Institutes of Health, Robert Wood Johnson Foundation and the Bristol-Myers Squibb Foundation, and she has published in peer-reviewed journals and presented nationally and internationally.

As an active clinician serving veteran, homeless and nicotine-dependent patients, Dr. Williams adeptly integrates student teaching and research into her family nurse practitioner role. She is the recipient of numerous awards and honors such as Fellow of the American Academy of Nurse Practitioners, Phi Kappa Phi, Excellence in Research and Outstanding Published Writing. She is a member of multiple professional organizations such as the National Black Nurses Association, the Obesity Society and the Southern Nursing Research Society, where she serves on the board of directors.

It is with deep gratitude for the opportunity to have served the LCNBNA chapter, the city of Lexington and the region that I leave my position as president of the chapter to continue my journey in Phoenix, Arizona. I will be joining the Black Nurses Association Greater Phoenix Area and look forward to continuing the important work of the National Black Nurses of improving the health needs of persons of color through community-based advocacy and service. It has been my pleasure to help start this chapter, and I am confident it will continue to serve as a model for the capacity of nurses to impact and improve the health of communities.

Thank you for the opportunity to serve.

TOP: Lovoria Williams, PhD, FNP-BC, FAANP
New member of LCNBNA

RIGHT: Jennifer Hatcher, PhD, MPH, RN
Lexington Chapter President
Dorothy Y. Brockopp Nursing Research Award

The recipient of this year’s Dorothy Y. Brockopp Nursing Research Award is Antoinette Yongbang, MSN, RN, a clinical quality specialist in the Quality Monitoring and Reporting Department at UK HealthCare® (UKHC). Yongbang’s research, “Development, Implementation, and Evaluation of an Admission-Discharge-Transfer Nurse Pilot for Trauma/Surgical Services,” focused on developing and piloting an ADT nurse role to decrease the workload burden of the direct care nurse. Efficient patient data transfer is a challenge for many hospitals in today’s complex health care systems and is essential for quality and safe patient care. This is especially challenging for the Trauma/Surgical Services at UK HealthCare, which admits the most critically ill and injured patients in central and southeastern Kentucky.

Yongbang aimed to highlight the impact the utilization of an ADT nurse role has on enhancing efficiency in the admission and discharge process, patient throughput and nurse satisfaction. Project outcomes and support received from key stakeholders proved the project’s potential to be sustainable. Her goal is to help establish a fixed ADT nurse role for Trauma/Surgery Services and potentially contribute to the discussion of the role in other areas of the hospital.

Yongbang has worked in her role as clinical quality specialist since 2013. Prior to this, she worked in the Birthing Center as a staff nurse. She recently completed degree requirements for her Master’s of Science in Nursing (Nurse Executive Leadership). She was the recipient of the M.J. Dickson Quality Nursing Care Award in 2005 and serves as a member of the Sigma Theta Tau International Honor Society of Nursing.
Pam Branson BSN Resident Award

Emily Phillips, RN, BSN and Natalie Ledford, RN, BSN, are the recipients of the 2017 Pam Branson BSN Resident Award, named in honor of Pam Branson, MSN, RN, a clinical nurse specialist who served as an employee of UKHC for more than 36 years, from 1978 to 2015. The award was designed to reflect Branson’s commitment to quality nursing practice by recognizing BSN residents who have demonstrated exemplary use of evidence-based decision making to provide optimal patient outcomes.

Phillips and Ledford researched ways to address the barriers in delivering timely antibiotics for neonatal sepsis. Together, they performed an audit in Albert B. Chandler Hospital’s Neonatal Intensive Care Unit (NICU) on more than 60 infants who received septic work-ups exceeding the suggested one-hour window. After completing a survey, Phillips and Ledford were able to determine the barrier was gathering the large amount of supplies from multiple locations to perform a work-up. To address the issue, they created septic work-up packs, including all supplies, allowing for a one-step method for supply gathering and, therefore, antibiotics to be administered quicker.

Podium Presentations

Ana Maria Linares, DNS, RN, IBCLC “Infant Growth and Health Condition Associated with Type of Feeding.”

Chizimuzo Okoli, PhD, MPH, MSN, RN, CTTS “The Effect of a Nursing-Led Tobacco Treatment Service on Nicotine Withdrawal Management at Eastern State Hospital.”

Student Podium Presentations

Paige Young “Examining the Relationship Between Fear of Hypoglycemia and Degree of Control in Children with Diabetes on Insulin Therapy.”

Lisa McGee, DNP, APRN, CCNS, CKC “Evaluation of Kentucky’s Nurses’ Knowledge and Self-Efficacy Related to Safe Sleep and Sudden Unexpected Infant Death Risk Reduction Strategies.”

Lauren Gentry “Mothers With Opioid Dependence and Their Perception of Positive Nursing Care During Labor and Delivery.”

Charlotte Stewart, BSN, RN “Perinatal Electronic Cigarette Use and Physical Activity Behaviors.”

Student Poster Presentations

Joy Coles, MBA, BS, BSN, RN “E ‘scent’ ual Aromatherapy Use in the CVICU.”

Kylie Dougherty “Get Fit and Quit.”

Amelia Metz “Acute Care Nurses’ Perceptions of E-cigarettes and Marijuana.”

Madison Parker, BSN, RN “Maternal Perceptions of the Zika Virus in Ecuador.”

Megan Stoeckinger, BSN, RN “Determining the Impact of Psychosocial Factors Among Planned and Unplanned Pregnancies.”

Carson Swartz, BSN, RN “Alcohol and Tobacco Use Among Women Experiencing Intended and Unintended Pregnancies.”

Amanda Phillips, BSN, RN “Emergency Department Post-Code Debriefing.”

Edward Matthews, BSN, RN, NREMT “Use of Non-Pharmacologic Pain Management in the Emergency Department.”

Sarret Seng, BA “Secondhand Smoke Exposure and Its Impact on Nicotine Dependence and Smoking Cessation Among Patients with Psychiatric and Substance Use Disorders.”

From left to right: Natalie Ledford, BSN, RN, and Emily Phillips, BSN, RN
Eastern State Hospital
Work Learning Program Strengthens Nursing Workforce

WRITTEN BY
Rena Baer
PHOTOGRAPHS BY
Shaun Ring Photography

When Heather Robertson, MPA, saw how her daughter was flourishing at the University of Kentucky (UK), she recognized that a big part of the reason was the university’s Living Learning Program (LLP). The program, which enables students with similar interests or backgrounds to live in a residence hall together, offered her daughter support and a sense of belonging as she juggled a challenging schedule and adjusted to college life.

Robertson serves as assistant director of operations for Bridging Research Efforts and Advocacy Toward Healthy Environments (BREATHE) at the UK College of Nursing (UKCON) and assistant director of operations for Evidence-Based Practice and Tobacco Dependence Treatment for UK HealthCare (UKHC) Management of Eastern State Hospital (ESH). She began mulling what made the UK LLP program work so well and researched its evidence-based components. She noted students benefitted by sharing a common experience that drew them together and how additional organized social activities helped them further feel part of a community. And, for students in LLPs based on academic interest, the setup also presented the opportunity for group study and mentoring.

“It created bonds between my daughter and the other students almost immediately,” she says. “Her transition was so smooth because UK provided these experiences and opportunities.”

Robertson, whose work hours are split between the College and UKHC, began pondering how some of the LLP’s elements could be applied to entice associate degree (ADN)-prepared RNs at ESH to seek a baccalaureate degree through a similarly structured program.

“From my own experience with my daughter, I started researching and thought: What if I could tweak this and use some of the same
components but apply them to working and learning together rather than living and learning together?” Robertson says.

She took her thoughts to Associate Professor Chizimuzo “Zim” Okoli, PhD, MPH, MSN, RN, CTTS. The pair talked through the idea of creating a structured program that establishes cohorts of RNs who can support each other while they work at Eastern State and further their education at UKCON, using its online RN-BSN Option.

The American Nurses Credentialing Center (AANC) has strongly encouraged these type of partnerships to “create systems for nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for lifelong learning, and provide a structure for nurse residency programs.”

The result? Since fall, the psychiatric hospital’s first cohort of RNs have been piloting the newly created Work Learning Program on their way to earning their BSNs through a partnership among ESH, UKCON and UKHC. The goals set forth include advancing education, enhancing staff development, supporting research and improving patient outcomes at ESH.

Upping the Ante at Eastern State Hospital

ESH has been managed by UKHC since the fall of 2013 when the psychiatric hospital moved from its original location on Newtown Pike, just north of downtown Lexington, to a new, state-of-the-art facility off of Citation Boulevard on Bull Lea Road.

The new facility is licensed for 239 beds but currently operates 140 acute beds. Stays vary from as short as three days to as long as many years. Patients with acquired brain injuries and geriatrics are usually placed in the 15-bed long-term care side, a new addition since moving. The campus also includes four personal care homes (only two of which are operating) that each house 16 patients.

Opened in 1824, ESH is the second-oldest psychiatric hospital in the nation. It was owned and run by the state for years, and though its census varied through the decades, patient numbers reached an all-time high of 2,000 in 1945. Those numbers declined drastically in the mid-1960s through the mid-1970s with legislation that appropriated money for more community-based outpatient care in place of institutionalized care.

Concerned that ESH might close and vital inpatient mental health services would be lost, the community-based Bluegrass Regional Mental Health-Mental Retardation Board, Inc. (now Bluegrass.org), took over its management in the mid-1990s.

When UKHC assumed management four years ago, says Eastern State Hospital Assistant Chief Nurse Executive Marc Woods, MSN, RN, who has worked at the hospital for 24 years, they changed the culture. One example he cites is that nursing staff at the former hospital site were using restraints and seclusion on patients at a rate four times that of other state psychiatric hospitals. “It represented a failure of treatment,” he says. “It doesn’t mean it wasn’t necessary, but, rather, that something should have occurred to prevent it from getting to that point.”

With more education and greater understanding of patient needs, Woods says UKHC reduced the use of restraints and seclusion by 85 percent within a year. “This was empowering to us as nurse leaders and showed us we could move big things and change how care is delivered,” he says. “It inspires us to do bigger things.”
Better Education, Better Outcomes

One of those “bigger things” is working toward ANCC Magnet Recognition—the gold standard of nursing care. Woods says Magnet status had been on his agenda even before other nursing leaders advised that with ESH now managed by UKHC, there was no other option.

“I had thought, of course, we should make the journey and apply for Magnet status,” he says. “It shows a dedication to quality and represents a standard of care that no other state [psychiatric] hospital has been able to achieve.”

One large aspect of gaining Magnet status includes a defined commitment to having a better educated nursing staff, with the aim of having a workforce comprising 80 percent BSN-degree, or higher, nurses to 20 percent RNs by 2020.

“There’s quite a body of research that shows higher-level education preparation among nurses leads to better outcomes among patients,” says Jessica Wilson, PhD, APRN, who coordinates the RN-BSN Option for UKCON and helps Dr. Okoli and Robertson to oversee the Work Learning Program. “[The nurses at Eastern State] are already accomplished nurses who are established and experienced. We want to support them in furthering their education while working.”

Dr. Okoli says the RN-BSN Option provides additional classes, including ones that focus on leadership and evidence-based practice, that help round out a nurse’s education. The result is better quality of care and better outcomes for patients. “It’s one of the main reasons that UKHC achieved Magnet status, and it’s a requirement as we go up for our next assessment that we continue to increase the number of nurses with bachelor’s degrees.”

THE FIRST COHORT
WORK LEARNING PROGRAM

Johna Arnett, RN
Alexandre Lusembe, RN
Jeri Garrison, RN, ADN
Sarah Mattingly, RN
Getting Started on the Work Learning Program

The first cohort in the Work Learning Program last fall contained four nurses, and Dr. Wilson says they are hoping for more this year.

“Like anything else that’s new, people want to watch others try it first to see what it’s like,” she says.

To be eligible, nurses must meet UKCON’s admission requirements for its RN-BSN Option.

As UKHC employees, tuition for their six credit hours per semester is covered as an employment benefit. Additional benefits include two paid hours per week, beyond regular work hours, that are spent on education. Once a month, those two hours include a required group meeting with faculty. In return, participants sign a two-year commitment to remain at Eastern State after completing their coursework, with the hospital intending to provide a secure job commensurate with their academic achievement.

“I am excited about what they’ll bring to our program,” says Dr. Wilson. “We haven’t had many psychiatric nurses. I am excited about increasing the other nurses’ awareness about mental health.”

Meanwhile, the cohort also provides its own room at ESH with a computer, a comfortable study nook and refreshments, which is used for the dedicated study times, meetings, mentoring, cohort social events and other program needs. The group is mentored by a faculty member once a month, and quarterly workshops are held on educational and professional topics.

“UKCON faculty will come and cover topics like writing CVs and resumes and doing research and evidence-based practice,” says Dr. Okoli.

The cohort will receive a list of Eastern State Hospital priorities from which they can choose evidence-based projects focused on the patient population for whom they provide care.

“One of the six evidence-based practice projects underway at ESH is seeing whether using nurses instead of only mental health associates to do rounds leads to better outcomes for the patients and lowers aggressive behaviors. Others are related to smoking, including surveying staff and managers on how they would feel about engaging patients in tobacco treatment.

“When we get the results, we can change the practice,” says Dr. Okoli, who also directs the Tobacco Treatment and Prevention Division of the Tobacco Policy Research Program for BREATHE. Currently, he is researching the use of tobacco in individuals with mental illness and using their stays at ESH as a window of opportunity to engage them in tobacco treatment.

The idea of the Work Learning Program, in addition to the cohort support, is to create academic-clinical partnerships and evidence-based practices that enhance patient outcomes while providing staff with more clinical expertise and education. “It makes sense to work together more closely to provide what the industry needs,” he says.

Robertson, the catalyst behind the program and now its coordinator, says she is also appreciative of the support of everyone involved and the opportunity to implement the program.

“From a nursing perspective, we’d like to understand and enhance the evidence for psychiatric nursing practice,” he says.

Woods gives a lot of credit to the administrators at ESH, UKCON, UKHC for supporting the endeavor. In particular, he commends ESH Chief Administrative Officer Carrie Rudzik; UKCON Dean and Warwick Professor of Nursing Janie Heath, PhD, APRN-BC, FAAN; and UKHC Chief Administrative Officer and Chief Nurse Executive Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC.

“‘It’s amazing’ he says. ‘Once they heard the idea, they were pushing us to get the Work Learning Program out. The great news is, it’s just beginning. And the true fruits will be the high-quality care from those individuals who go through this program and the patients who benefit from this.’

Robertson, the catalyst behind the program and now its coordinator, says she is also appreciative of the support of everyone involved and the opportunity to implement the program.

“‘It really was figuring out all the details to determine how each partner could best contribute to this academic-clinical partnership,’” says Robertson. “‘We came up with a win-win for everybody.’

“When we get the results, we can change the practice.”

—Chizimuzo “Zim” Okoli, PhD, MPH, MSN, RN, CTTS
Nurses or Architects?
Nurses Designing Clinical Care Environments

WRITTEN BY
Christina Noll

PHOTOGRAPHS BY
Shaun Ring Photography

Key components of new facilities positively affect quality patient care.

During her 30 years at UK HealthCare® (UKHC), Kathy Isaacs, PhD, RN, NEA-BC, director of nursing professional development, has witnessed far-reaching development of services and facilities. “I have watched us grow and expand over time,” she says. One big change is the recently completed Pavilion A, the additional tower constructed to accommodate the ever-growing patient volume at the University of Kentucky (UK).

This spring, UKHC also opened a new Neonatal Intensive Care Unit (NICU), a new outpatient sedation space for pediatrics and a new children’s hospital lobby. Throughout all of the building endeavors, UKHC has relied on staff input to help guide architectural and design decisions, which ultimately positively affect both the staff and the quality of patient care they deliver.

NURSES: Lisa McGee, Alice Carpenter, Trudi Tolle, Amy Snell, Shelly Marino, Michelle McClure, Angela Powell, Janell Hacker, Mina Hanna, Shannon Haynes, Whitney Duddey, Mark Athey

CONSTRUCTION SUBCONTRACTORS: Chad Denny, Stephanie Gray, Tom Gormley, Ben Barlage, Joe Thomas, Glenn Spurlock, Rich Seither, Justin Kersey, Ray Wilshire
Pavilion A: A Place for Families to Feel at Home

Pavilion A, opened in 2011, was originally conceived as a replacement for UK Albert B. Chandler Hospital. The L-shaped Pavilion A, or “Pav A” as it is fondly referred to by staff, is an example of what can be achieved when careful planning and collaboration are applied to building design.

For patients, the building offers large rooms with floor-to-ceiling windows with views of Lexington. “We know that when we connect with nature, we feel better and it helps our physiologic stability,” says Dr. Isaacs. For this reason, the color scheme and artwork were also chosen to reflect an outdoor natural environment.

Another component is an emphasis on Kentucky heritage. Visitors to Pavilion A are greeted by a dynamic, digitally changing display of Kentucky scenery, along with quotations about the state. The space also features woodwork and quilts made by Kentucky artists. “There is pride that comes from knowing that these are Kentucky artists and these works are also from Kentucky,” says Dr. Isaacs.

Patient rooms were designed to accommodate not only patients and staff, but also families. The family space sits farthest from the patient to allow providers room to provide exceptional care. “We know how important family is, especially in the state of Kentucky. When a family member is sick, the Kentucky family comes with them to stay,” explains Isaacs. “There is a zone within the patient room for the family, there’s a zone for the patient, and there’s a zone for the clinical staff—where they need to function and operate with their clinical equipment. We wanted it to be a restful place they can come and be well-cared for and in a beautiful environment for recovery.”

Notably, many of UKHC’s patients travel from a distance to receive care, and for some it is their first time traveling to Lexington. To prevent families from being overwhelmed in a large hospital setting, architectural features were thoughtfully designed to help visitors navigate the space.

Dr. Isaacs was part of the team involved in the research process for Pavilion A, which included meetings with the builders to plan the space itself. “Floor by floor, the staff got to determine certain aspects of the physical space and where things were located within the rooms,” she explains. There was also a team of direct care staff that offered input on the built environment.

“We tried very hard up front to ensure that staff had input into the things they could change that affected their day-to-day work,” says Lacey Buckler, DNP, RN, ACNP-BC, NE-BC, assistant chief nurse executive at UKHC. “All of our staff was involved from the beginning, when we were planning the floor build-out. They spent a lot of time with the architects and facility planners, sharing what it looks like to take care of their patients.”

A key aspect of staff input involved collaborating with the UK College of Nursing. Using the Clinical Simulation and Learning Center, mock-up rooms for both Pavilion A and the new NICU were created. The trim, walls, furniture and more were included to to allow students to practice patient simulations in a realistic environment and current hospital staff to experience the new space prior to construction.

“It’s incredible, all the thought and planning and evidence that was used to put the structure in place,” says Dr. Isaacs. “We built with the patients and family in mind, but also to support the work of the team.”

One question that arose from the staff was whether the new building space would increase the footprint they would walk during any given work shift. Dr. Isaacs collaborated with the UK College of Communication and Information and the College of Design to do a research study following the cardiovascular service line pre-move and comparing the same measures post-move to Pavilion A. Pedometers were given to staff so they could clock the number of steps they took during a shift. “We also had College of Design students sit in the physical space and draw out walking lines of where the staff were going so we could see patterns,” explains Dr. Isaacs. The team also mapped communication patterns to determine where it was taking place and between which individuals.

Focus groups and surveys with the staff—including nurses, nurse technicians, residents and advanced practice providers—were conducted to determine perceptions pre- and post-move. “It was really interesting to watch the differences in the care environment,” says Dr. Isaacs. “In the old units in Chandler, the staff were really close to each other. They knew everything that was going on with each other’s patients.”

The frustrations the staff had were with the actual physical space, which included cramped rooms and hallways. “We have a lot of patients in the CVICU who have a fair number of devices,” says Dr. Buckler.

The new Pavilion A offers ample space. “It’s such a beautiful environment for the patients and families and the staff loved that,” says Dr. Isaacs. Surprisingly, the results of the pedometers showed that there weren’t major differences in the amount of walking the staff did in the new building, despite the increased space.

One feature that came out of the staff focus groups and research is the use of physical features to track how far patients have walked. This is especially helpful in the cardiovascular service line. In Pavilion A, different-colored artworks were placed on the lights down the hallway so staff can direct patients to walk to a particular color, based on their recovery stage and goals. “It’s a nice way to incorporate art into recovery,” says Dr. Isaacs.

The CVICU staff also provided input on patient oversight. “Historically, we haven’t had a backup system for watching our ICU patients because it was such a small space. Everyone could see everybody,” explains Dr. Buckler. “This is triple the size, so we lobbied to have a decentralized monitor to serve as an extra set of eyes.”

All of the hours of research put in to planning Pavilion A paid off, according to Dr. Isaacs. “It’s more than just a building—it’s a building that enhances all of the work that we do and supports the relationships between patients and caregivers.”
A group of staff, including attending physicians, nurse managers, staff nurses, a social worker, a dietician, case manager and more were part of the multidisciplinary team that gave input during the planning stages.

On the Forefront: A New NICU

Much like Pavilion A, the new NICU, which opened at the end of April, is the product of extensive staff input during the planning stages. “The process we put together really mirrored the process that they used for the floors of Pav A,” says Gwen Moreland, DNP, MSN, RN, NE-BC, assistant chief nurse executive at Kentucky Children’s Hospital. “We’ve been hands on from the get-go,” says Alice Carpenter, RN, clinical leader and neonatal nurse at Kentucky Children’s Hospital.

A group of staff, including attending physicians, nurse managers, staff nurses, a social worker, a dietician, case manager and more were part of the multidisciplinary team that gave input during the planning stages. “Of course, the perspective of the neonatologist is going to be different than the perspective of the staff nurse or the dietician,” explains Dr. Moreland.

The group traveled to Tampa, Florida, where they were able to visit three hospitals with private room NICUs. “They were all very different,” says Dr. Moreland. “We were able to look at them, and at the end of each tour we would talk about the things we liked or disliked.”

Although the new NICU won’t be in a new building, staff were involved in every aspect, down to the actual design of the rooms. The team mocked up rooms with cardboard walls to see the actual size of the proposed rooms, complete with furniture. “We took some of our equipment to this model, and then we put our team in there and practiced scenarios,” says Dr. Moreland.

One enhancement at the new NICU are private rooms with space for families to stay with their babies. The new rooms include a couch near the wall and a recliner chair, providing comfort if both parents stay the night. The middle of the nursery has family space, including a kitchen area, showers, laundry facilities and a lounge. “We want the family there taking part in caring for their baby,” says Dr. Moreland. “We know that babies do better if moms are there. There’s evidence that supports kangaroo care [skin to skin] with moms and dads. We’ve tried to think of everything we can to make the rooms comfortable for the parents but also workable for the staff.”

Once the actual building started, transition teams were created, made up of staff of all disciplines. Moreland stresses that the staff input was vital to creating space that is both patient- and family-centered. “That’s the core of our professional nursing practice model,” she says.

Carpenter agrees. “It’s going to be good for the staff and good for the families,” she says.
Carlottie Smith, BSN, RN

When Carlottie Smith, BSN, was assigned to UK Albert B. Chandler Hospital’s emergency department as a housekeeper in 1990, the then 19-year-old figured it would be a stepping-stone to a clerical job. But while working in the Emergency Room (ER), Smith grew intrigued with how the ER staff operated as a team, providing care for some of the sickest patients across the Commonwealth of Kentucky and beyond.

“Trauma patients would come in, and you’d think they might not make it. But then, you’d see everyone come together to save lives,” she says.

The nurses, seeing Smith’s interest, encouraged her to get her Certified Nursing Assistant (CNA) from Kentucky Vocational School. After earning her CNA, Smith was hired on the medical-surgical floor as a tech, a job she especially liked because she enjoyed hands-on care with the patients.

“I liked seeing to people’s basic needs, and whenever I had a little extra time, I attended to the patients who were there from nursing homes, like helping feed them and brushing their hair,” she says.

Smith later became a tech in the Neurosurgery Intensive Care Unit (ICU), working nights, until childcare became an issue. She took a day job in registration at the Comprehensive Breast Care Center at the Kentucky Clinic.

She loved her patients and co-workers, but eventually, she went back to school while working full-time as a tech in the hospital’s recovery room and earned her ADN in 2004.

“It was very exciting,” she says. “My three kids weren’t small any more, and it was such a positive thing for them to see.”

Smith remained there for 12 years, toward the end of which she earned her BSN before taking her current position as a case manager.

“I knew once I got in the door at UK, I would have many opportunities for other jobs and to further my education,” she says. “I just didn’t know it would be nursing. There are a lot of opportunities here; you just have to take advantage of them. Being around wonderful, supportive nurses has helped me be successful. I’m also grateful to my husband, Tony, for his support.”

Jeremy Brown, BSN, RN

After 18 years as a psychiatric nurse, Jeremy Brown, BSN, wanted to be in a place career-wise where he thought he could make the biggest difference in people’s lives.

In August 2017, he says he found that job in a newly created position as one of two behavior specialists at UK HealthCare®’s (UKHC) Good Samaritan Hospital.

“The role is to assist not only with behavioral health in patients but also to support nursing services and staff and make sure they are getting what they need,” he says.

Brown began his career as an inpatient staff nurse, going on to become a nurse manager and then a nurse leader at Eastern State Hospital (ESH). He later became a clinical coordinator for Bluegrass.org, overseeing six outpatient sites in Fayette County. A few years ago, he found himself back at ESH, now being managed by UKHC. While there, he oversaw long-term care and contemplated the direction of his future.

“I wanted to take my skills in a different direction,” says Brown.

He decided to go back to school to earn a higher degree as a psychiatric mental health nurse practitioner, which he thought would give him broader and more autonomous opportunities to provide care to patients. His new position at UKHC dovetails perfectly with that plan, he says.

As a behavioral specialist at Good Samaritan, Brown fills both clinical and administrative roles.

“At times I jump right in and work directly with the patients as needed. Other times I answer questions and help the nurses hone behavioral health skills in their practice. I also help them with any educational needs they may have regarding behavioral health.”

Being able to reach patients both in person and by growing the skills of his fellow nurses and staff enables Brown to have the more far-reaching impact he desired, he says. Also, with the position being new, he says he can shape the job to maximize its effectiveness.

“Coming in at the ground floor, I can take this and form it into what it needs to be,” says Brown.

The response has been very positive.

“Everyone at Good Samaritan has been extremely welcoming, and they are clearly glad to see that UK HealthCare has responded to the need for this supportive role in nursing,” says Brown.

“UKHC has shown forward thinking with a more holistic approach to patient care by incorporating behavioral health. We are ahead of the curve by using this evidence-based practice,” he says. “The need for behavioral health specialists in nursing isn’t going to go away; it’s only going to get bigger.”
Keegan Chase, RN, BSN

Keegan Chase, RN, BSN, nurse at Kentucky Neuroscience Institute (KNI) Clinic at UK HealthCare® (UKHC), did not always want to be a nurse. When she graduated with a degree in biology from the University of Kentucky (UK), her goal was to become a physician’s assistant. But after working as a clinical service technician at KNI, she realized that making a connection with patients was her top priority.

“Working in the clinic gave me insight into what I really wanted to do with my life. I enjoyed talking with our patients and getting to know them and their families,” she says.

Chase went back to school and graduated from the UK College of Nursing Second Degree BSN Program in 2015. Now, as a nurse at KNI, her job is different every single day.

“I am responsible for 14-15 providers daily, and I help support them in whatever they need to give the best care to their patients,” she explains. That means handling phone triage, rooming patients when needed and handling any scheduling issues that arise at the clinic. She works closely with the patient assistants program to make sure all the clinic’s patients get their medications, as well as transition from inpatient to outpatient, or vice versa.

“I like making a scary transition in a traumatic situation easier for patients,” she says.

The clinic also has a call center, where patients can call for medication or with new or urgent symptoms including chest pain, trouble breathing or concerns of suicide. “It is my job, as well as the other two nurses, to filter through all the messages and call back patients,” she says.

In one of her most memorable moments, Chase helped a woman who called the clinic because she was about to start using drugs again and needed help. Chase had a long conversation with her and helped find counseling services outside of Lexington for the patient. “Her story was heartbreaking,” she says. “I felt like I really made a difference in her life that day.”

“Keegan comes to work each day with an ‘on-stage’ attitude at all times and lives by the values of UK Healthcare,” says Justina Powell, RN, BSN, nurse clinical manager Sr. at Kentucky Neuroscience Institute, and Keegan’s direct manager. “She is always looking for a person to help, whether that be the patient, the family, a provider or a co-worker.”

Monica Adair, BSN, RN

Monica Adair started her career in sales, and she loved building personal relationships with customers. In fact, that’s what inspired her to make an unconventional career shift. After more than a decade in business, she decided to leave her comfortable sales position and pursue a nursing degree.

It’s all part of the journey that led her to the position as chair of the Enterprise Nursing Practice Council, which is responsible for reviewing changes in nursing practice policies within UK HealthCare® (UKHC).

“When I was in sales, I noticed that my favorite part of the job involved making personal connections,” says Adair, who graduated in 1999 from the University of Kentucky (UK) with a degree in business management. “I realized I had a drive to help people and started looking for a way that I could make an impact.”

After experiencing some health issues of her own and watching her daughter cope with a diagnosis of Type 1 diabetes, the medical field seemed like a place where she could offer a helping hand to those who needed support. Since then, Adair received her ADN from Bluegrass Community and Technical College in 2014 and completed her BSN at UK College of Nursing in 2016. She is currently pursing her DNP in the Executive Leadership Track at UK and will graduate in 2021.

During her first week of on-the-job training at UKHC, Adair had the chance to make a difference right away with a double-lung transplant patient and his new wife. Because the patient could do little on his own after surgery, Adair took care of him and helped him recuperate. They walked together five times a day, which helped him regain his strength. Although it took some time for him to recover, Adair will never forget the day he walked out of the hospital all on his own.

“I will always remember that image of him walking out the front door. He called me just the other day and told me that he and his wife are expecting a baby,” she says. “I’m so glad to have been able to help them through that time in their lives. Their journey was so inspirational to me.”

Today, in addition to being a critical care nurse, Adair draws on her business background in her role with the Enterprise Nursing Practice Council, as she reviews policies and coordinates policy changes. These responsibilities not only give her an opportunity to enter a leadership role, but they also offer her more ways to make a difference within the hospital.

“Monica has an innate ability to lead,” says Sarah Lester, DNP, APRN, FNP-C, CCRN-K, CNRN, SCRN, director of nursing professional practice and excellence, UKHC. “She exudes an absolute passion for the profession of nursing, and she consistently seeks ways to elevate her own practice, as well as the practice of those around her. Her energy is magnetic.”
No Harm Initiative at UK HealthCare Energizes Nursing Staff and Improves Patient Care

WRITTEN BY
Ken Hardin

PHOTOGRAPHS BY
Shaun Ring Photography

It’s not unusual for nursing team leaders to periodically join their team members for patient rounds. But in early 2017, the nursing leadership at UK HealthCare (UKHC) committed to rounding with every nurse on their staffs, emphasizing a new focus on preventing injuries that patients sometimes experience during their hospital stays.

If a patient had a central line for fluids or medication, for example, the nursing team would review how sterile dressing changes were performed. They’d also carefully assess if the patient actually still needed the central line, and if there was a different mechanism for intravenous infusions that presented less risk of infection or other injury. They would check for other injury risk factors, such as improper functioning of nurse call devices, to help prevent patients from falling during attempts to use the restroom without assistance.

The intense rounding and training exercises were part of UKHC’s No Harm initiative, which nursing leadership rolled out in January 2017 to focus on care areas where nurses can have tremendous impact on preventing hospital acquired conditions (HACs) across the UKHC enterprise. Since the program’s launch, HAC incidents have decreased in all categories targeted by new care protocols. Nursing leaders also say No Harm has energized the nursing staff around their passion for preventing harm to patients.
“Instead of just talking about it, we wanted to apply some rigor to the work and create standard work around our expectations. It is about the way we prevent harm to patients by the way we execute our practice. It makes it much more personal, I think, than just talking about quality outcomes.”

—Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, Chief Nurse Executive, Chief Administrative Officer

Nurse-Driven Standards and Care

Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, chief nurse executive and chief administrative officer at UKHC, says that in designing and launching the No Harm strategy, UKHC nursing leadership wanted to take ownership of practice where they believed impact could best be defined and managed by nurses through their daily practice. The team also wanted to shift the focus from simply measuring outcomes of treatments to a more complete approach—one that connected protocols and best practices directly to the well-being of the patients while under the nurses’ care.

UKHC’s No Harm steering committee decided to focus on creating a documented, systematic and disciplined approach to preventing HACs, Dr. Swartz says, because these areas of care fall clearly in the nursing domain.

“Instead of just talking about it, we wanted to apply some rigor to the work and create standard work around our expectations,” she says. “It is about the way we prevent harm to patients by the way we execute our practice. It makes it much more personal, I think, than just talking about quality outcomes.”

Cross-disciplinary teams, under the guidance of the No Harm steering committee, have focused on identifying and implementing systematic “bundles” of best practices and benchmarks in specific areas of care.

Patient Injuries Reduced, Compliance on the Rise

Since the No Harm initiative was rolled out to the full UKHC nursing staff, all four priority areas have seen notable improvement in both reduced incidents of actual harm and compliance with protocols. For example, according to data presented at a No Harm summit last October, HAPIs at UKHC have been reduced by 25 percent. Compliance with bundle best practices in Q2 2017 was 90 percent for central line-associated bloodstream infection (CLABSI) and 96 percent for catheter-associated urinary tract infection (CAUTI).

In addition to improved system-wide indicators, steering committee members report anecdotal wins for the No Harm initiative. One Intensive Care Unit (ICU) with a history of high HAPI incident rates went an entire quarter without a single report of harm from pressure injury—a remarkable accomplishment for a care unit in which so many patients are immobilized. And, last spring, the steering committee reported that Foley catheters were being ordered less frequently and discontinued promptly to reduce the risk of CAUTIs.

THE GOAL OF THIS WORK IS TO PREVENT HARM IN FOUR KEY CATEGORIES OF HACs:

- Falls
- Hospital-Acquired Pressure Injuries (HAPIs)
- Central Line-Associated Bloodstream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)
Best Practices, Backed by Research

Work on the No Harm initiative kicked off in late 2016 with months of intensive research by teams that included clinical nurse specialists, staff members and nursing leadership. Teams not only conferred with experts within UKHC, but also researched international evidence and spoke to leaders at other academic health systems.

As they developed the HAC-prevention protocol bundles, the working teams’ research identified some new best practices, Dr. Swartz says, including a nurse-led catheter removal protocol that reduces injuries and decreases the risks of associated CAUTI incidents. However, they also found that many best practices had been in place at UKHC for years.

Codifying both new and established best practices has enabled nursing leaders to address HAC prevention systematically and drive home the message to front-line staff, says steering committee co-leader Kimberly Blanton, MSN, MHA, RN, NE-BC, CV, nursing operations administrator and enterprise director for Infection Prevention and Control.

“We really needed to get it all into the framework of ‘No Harm,’ so that we could all be speaking the same language,” Blanton says. “That has really had an impact with the team.”

Making the Message Personal

After completing their initial evidence-based research in late 2016, the No Harm team’s next step was to introduce the new approach to the full UKHC nursing staff. And they made the mission personal.

Nursing team leaders rounded with front-line staff within a couple of months of the program’s introduction to demonstrate and stress the new methodology. The goal was for each team leader to communicate directly with 30 team members; in some cases, leaders ended up extending their rounding to drive home the No Harm message.

Instead of emphasizing other patient experience indicators, such as call response time, Dr. Swartz says team leaders would identify HAC risks during rounds and then run through care protocols with team members.

In these rounds, nursing team leaders found that some pieces of the protocol bundles were being overlooked, despite being prescribed practice for years, says steering committee co-leader Nina Barnes, RN, MSN, CNML, nursing director for Oncology Services/Acute Pain Services. This presented the perfect teaching opportunity, Barnes adds.

“I think it really took the management team to be out and showing that this is their priority and focus, too,” she says.

“Everybody who has been involved in it has said that it has been the most productive, most positive work group that they’ve been on, and they are very proud of the work we’ve done and continue to do.”

— Nina Barnes, MSN, RN, CNML, Nursing Director, Oncology Services/Acute Pain Services
Patients also got the message. Some were rounded on so many times during this intense roll-out period that they told nurses, “Oh, I know what you are going to ask me,” Blanton jokes.

“So many people were out there rounding and speaking the same language that it was very powerful,” she adds. “It was a lot of work, but very powerful.”

Both Barnes and Blanton note that the extensive evidence presented by the No Harm working teams in support of the bundles, and the fact that the incorporated expertise and knowledge are largely nurse-driven, also helped encourage adoption by the nursing staff.

**Accountability and Transparency**

As with any care protocol, No Harm standards also include accountability measures for nurses on duty when HACs do occur.

Accountability and transparency are key goals of No Harm, and Dr. Swartz says that those cultural values apply to all levels of the nursing care organization. In fact, the steering committee has created a chart detailing how managers are responsible for training and re-enforcing best practices.

“We wanted to make sure we were really clear on who owned what pieces, so we developed an accountability chart, not only for the staff members who are touching patients every day, but also the front-line manager, the service-level folks and the executive nursing leadership—what are our responsibilities in this?” Dr. Swartz says.

Weekly team huddles include rigorous reviews of every HAC incident, and in some cases specific huddles are called to address incidences shortly after they occur, says steering committee member Amanda Green, DNP, RN, director of Quality Monitoring and Reporting for UKHC. Quality Monitoring team members participate in these huddles, where they get qualitative feedback from both on-duty staff and team leadership about ways to improve processes and avoid future incidents.

“This approach is working because it helps all of the team members see the impact they can have in preventing harm to our patients. It makes it very personalized,” Dr. Green says. “We’ve really been able to work hand in hand, from the quality side, with the nurses at the bedside to improve the quality of care.”

Quality Monitoring also tracks progress on No Harm indicators in scorecards, which it circulates to nursing teams and posts to the enterprise intranet, where they are available across the UKHC enterprise to the extended care team, including physical therapy, rehab therapy and physician partners. These scorecards not only focus on outcomes of care, which had previously been the reporting focus, but also on nursing teams’ compliance with the protocols designed to prevent HACs.

“We have a ton of engagement now,” Dr. Green says. “All of the team members are very engaged and wanting to improve compliance and outcomes. The No Harm work has really brought to life opportunities to improve the care provided to our patients.”

**The Work Ahead**

As the No Harm initiative enters into its second year, nursing leadership is now focused on re-enforcing the program’s message to ensure that progress seen during the program’s initial rollout is sustained and continues to grow.

Moving forward, Dr. Swartz adds, the main work of the No Harm initiative is to optimize processes and maintain momentum.

“It will be very difficult for us to reach the zero harm goal that is so often set forth,” she says. “That is always the goal, but we have some patients who are very de-conditioned, malnourished and incredibly sick when they arrive to our health system for care. I hope that we can push to a highly reliable level of performance where we minimize harm as much as we possibly can through extraordinary nursing practice.”

Team members say they look forward to the work that lies ahead.

“Everybody who has been involved in it has said that it has been the most productive, most positive work group that they’ve been on,” Barnes says, “and they are very proud of the work we’ve done and continue to do.”
HEART TRANSPLANT RECIPIENT
BILL FOLEY CONSIDERS HIMSELF A CONNOISSEUR OF THE INPATIENT HOSPITAL EXPERIENCE.

Years ago, he narrowly survived sudden cardiac arrest on the 18th hole of a golf course. Surgeons implanted a defibrillator in his heart to prevent another catastrophic cardiac event. Foley has since received six operations to replace the arrhythmia-regulating device, spending countless hours in hospital rooms, on operating tables and in clinics.

“You are speaking with someone who has spent maybe a year of his adult life in a hospital,” Foley says. “It is interesting to see different hospitals and the way they operate.”

In 2016, Foley’s cardiologist recommended a heart transplant at the UK HealthCare® (UKHC) Gill Heart Institute. Foley waited 87 days before receiving a call that a heart transplant was ready. Through the entire 16-day transplant process—from reviewing informational pamphlets at surgery admission to signing papers at discharge—Foley evaluated his experience in the Cardiovascular and Thoracic Intensive Care Unit (CVT-CU).
PATIENTS ARE STAKEHOLDERS WITH A VOICE THROUGH UK HEALTHCARE PATIENT ADVISORY COUNCILS

OUR JOB IS TO GIVE OUR INPUT AS A PATIENT. OBVIOUSLY, THE DOCTORS AND THE NURSES HAVE THEIR RESPONSIBILITIES, BUT THEY ARE ALWAYS TRYING TO IMPROVE. THIS PROGRAM IS BRAND NEW, AND IT IS FANTASTIC.”
Bachman invited him to join the hospital’s Cardiovascular Patient Advisory Council. One of six councils dedicated to specific service lines at UKHC, the Cardiovascular Patient Advisory Council comprises former patients who contribute perspectives and share experiences to improve service quality and safety in the cardiovascular unit. The program relies on patients like Foley to speak up about positive and negative aspects of their experience at UKHC, ensuring that patients have voices in the planning and implementation of initiatives designed to improve the patient experience.

“All of us have either had a heart transplant or something serious along the heart line,” Foley says of his advisory council. “Our job is to give our input as a patient. Obviously, the doctors and the nurses have their responsibilities, but they are always trying to improve. This program is brand new, and it is fantastic.”

In addition to the Cardiovascular Patient Advisory Council, four other active councils guide recommendations for patient experience, quality and safety at UKHC. In September 2015, Bachman coordinated the first Kentucky Children’s Hospital (KCH) Advisory Council, a pilot council to guide the development of future councils. Subsequently, Bachman formalized two pre-existing patient advisory groups, one consisting of Medicare patients and the other of UKHC Markey Cancer Center patients, as two additional patient advisory councils. In May 2016, Bachman and her team established the cardiovascular council and a University of Kentucky employee advisory council, which has guided the implementation of the new UK-HMO program. Bachman is now working to form the Obstetrics, Maternal-Fetal-Medicine, Neonatology, and Infant (OMNI) Advisory Council, which will focus on the mother-baby experience offered through the UKHC Birthing Center and the KCH neonatal care unit.

Limited to about 10 members, the patient advisory councils convene once a month for a meal and a presentation delivered by a UKHC representative. Bachman receives recommendations for new council members at UKHC’s quarterly Advisory Steering Council Interdisciplinary Team meetings. She conducts screening interviews with prospective advisors and explains the purpose of the council and the time commitment required to participate. New advisors then complete an application and receive training through the UKHC Volunteer Service.

Bachman also schedules UKHC representatives to speak on a service, theme or topic, and every meeting agenda is driven by the advisors. Presenter slots are in high demand as Bachman books presenters for the councils four months in advance. Past presenters have included food service coordinators, representatives from the Office of Patient Experience, the Nursing Strategic Team, marketing officials, hospital administrators and representatives from the health care quality department and infection control. Everyone wears a nametag and refers to one another on a casual, first-name basis. Each presenter prepares three wrap-up questions for the advisors, who respond and share feedback related to presentation in the final 15 minutes of the meeting.

Harkening to their first-hand experiences as patients, advisors offer invaluable perspective in helping UKHC officials improve services, identify barriers to quality care and seeing the health care experience from the vantage point of the patient.
The advisors are volunteering their time to improve quality, safety and service, so everyone’s time must be used wisely. We don’t want advisors and presenters to leave meetings thinking their input and time wasn’t value added.”

Kathy Bachman

Patient Experience Coordinator

“We need a variety of patients,” Bachman says. “We don’t need the perfect patient that loves UK HealthCare because that’s not going to help us improve.”

As one example, a representative from UKHC Chandler Dining presented to the KCH Patient Advisory Council about nutrition services and meal delivery. Members of the council pointed out that lunchtime tray deliveries were not always convenient for parents staying with their children in the hospital. The council members proposed food services offer a meal voucher option that allowed parents to go to the cafeteria to get a meal at a convenient time. The representative listened to the input, took the feedback back to UKHC Chandler Dining leadership, assessed the viability of a meal voucher program and worked on developing a meal voucher system. The change to the food services system was implemented in February 2017. Now parents have the option of receiving two meal vouchers or two guest trays delivered at lunchtime. Bachman says food services isn’t the only area where patient counselors have contributed.

“Parents have been involved in revisions of educational material and care plan worksheets. They have offered solutions to improve care in nutrition support, pharmacy services, and more,” Bachman says. “The parents continue to be an inspiration to everyone they meet, and their dedication and commitment to improve quality, safety and service is a partnership that continues to strengthen.”
As Bachman learns about patient and family experiences through her interviews, she places those topics on the upcoming agenda.

During meetings, Bachman records recommendations and feedback, paying close attention to details emerging about the patient-family experience, the staff and organizational experience, the quality of health care delivery, and safety and risk management. She also reports back to the councils regarding changes implemented because of their input.

“The advisors are volunteering their time to improve quality, safety and service, so everyone’s time must be used wisely,” Bachman says. “We don’t want advisors and presenters to leave meetings thinking their input and time wasn’t value added.”

In May 2016, Bachman helped form the UKHC Employee, Patient and Family Advisory Committee to represent employees with health care experiences across the continuum at UKHC. Members are employees who have experienced clinic appointments, outpatient tests and treatments, as well as emergency room services. One of the first projects the council tackled was employee access to health care services. The advisors explained to executive leaders on the hospital’s strategic team that, at times, they were unable to access health care. For some, the barrier existed because they worked on a health care team.

As transitions continued to formalize advisory councils, Bachman started working with members of the Medicare Advisory Council, who were members of an advisory council formed 10 years ago. This council was initially developed as a marketing council to grow the Medicare patient population. The Medicare Advisory Council became a resource that many health care team members would bring projects or request feedback to gain insight from community users. The Medicare Advisory Council transitioned into the Patient and Family Advisory Council in January 2017.

Angie Lang, MBA, enterprise director for Patient Experience for UKHC, says the feedback provided through patient advisory councils is presented quarterly to executive leadership and with their support continues to influence important decisions about quality, safety and efficiency. The UKHC Strategic Plan emphasizes patient-centered care, and listening to patient stories allows leaders to identify opportunities to close service gaps in the patient experience.

“The foundation of the strategic plan is patient- and family-centered care—that’s definitely our common language,” Lang says. “Hearing it from the patients is really impactful for these divisions.”
A RETIRED BUSINESS OWNER, FOLEY BELEIVES EVERYONE PERFORMING A JOB HAS THE POTENTIAL FOR IMPROVEMENT.

“They are looking for ways to improve, and my hat is off to any organization that does that,” Foley says. “Patients are the customers, and that’s the way I look at myself.”

He also recognizes when employees are exceeding their job expectations and delivering high-quality care. “It was stunning,” he says of the nurses. “Whatever your need was they attended to it, and always with a smile. They were constantly kind and sincere in their comments, and that is a beautiful thing because–believe me–there are times when you are hurting pretty bad.”

As part of his role on the patient advisory council, he has recommended a referral service connecting patients awaiting heart transplants with recovered heart transplant recipients. He considers his advisory role an opportunity to advocate for future patients, lessen the uncertainty of a major procedure and prevent undesirable health care experiences.

Foley says he was “blown away” by the compassion, attention and positivity of the CVT-ICU nursing staff. At a council meeting he told the nursing staff: Don’t change a thing.

“They are looking for ways to improve, and my hat is off to any organization that does that. Patients are the customers, and that’s the way I look at myself.”
UNIVERSITY OF KENTUCKY’S
ECMO TRANSPORT TEAM

Giving ❤️ to the most critical of heart patients across the region

WRITTEN BY
Elizabeth Troutman Adams

PHOTOGRAPHS BY
Shaun Ring Photography
After performing CPR on a patient in the intensive care unit for an hour, Wayne Lipson, MD, made the call.

The cardiothoracic surgeon at Baptist Health-Madisonville dialed Michael Sekela’s, MD, FACS, ECMO transport team requesting an urgent transfer of a heart failure patient to the University of Kentucky (UK) Albert B. Chandler Hospital. In the meantime, Dr. Lipson’s medical team connected the patient to the hospital’s extracorporeal membrane oxygenation (ECMO) device, a technology that keeps critically ill patients alive in the interim of relocating to an advanced care facility. Dr. Lipson knew a swift transport to resources and expertise at Chandler Hospital gave his patient only a slim chance at survival.

“I made one phone call, and the next thing I knew, they were here,” Dr. Lipson, the hospital’s chief physician executive, says. “It was seamless and very professional, and they did not make it complicated at all. For us and the patient, it was absolutely the best-case scenario.”
In the past, health care providers weren’t able to control time—a critical element necessary for transitioning critically ill patients to recovery. But today, when a patient’s heart or lungs are on the cusp of collapse, medical teams at regional hospitals across Kentucky use a mechanical system to relieve the body of its circulatory duties, securing time for healing, rest and transport.

The life-sustaining EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) technique replaces the patient’s natural circulatory function with a mechanical device that performs the job of the heart and lungs. An interdisciplinary team of specialists diverts the patient’s blood flow outside the body and into a perfusion machine, which facilitates blood flow. The machine oxygenates and removes carbon dioxide from the blood stream, then pumps blood back into the patient’s body and maintains circulatory flow. The technique provides a window of time for vulnerable organs to rest and the body to conserve energy while a mechanical device, monitored around-the-clock by a team of specialists at the patient’s bedside, ensures normal circulatory functioning.
Since implemented at UK HealthCare® (UKHC) in the early 1990s, the technique has saved lives and improved outcomes for hundreds of patients in the Cardiovascular Intensive Care Unit (CVICU). When complex care providers were first adopting the technique in the 1990s, ECMO was considered a holding strategy to keep patients in dire conditions alive during the wait for a transplant or to accommodate extra time for a family to deliberate about end-of-life decisions. Pediatric providers started placing newborns and children on ECMO prior to organ failure to increase the chances of survival during acute respiratory illness.

The technique proliferated in adult populations during the outbreak of the H1N1 virus in 2010. Now critical care providers use ECMO to reduce the risk of organ failure in adult patients as well, and the purpose of using ECMO has evolved from delaying decision-making to bridging patients to advanced procedures or improved health outcomes.

“We always say, we can bridge you to recovery, we can bridge you to a transplant, or we can bridge you to a durable mechanical solution,” Julia Jones Akhtarekhavari, BSN, manager of mechanical circulatory support at UKHC, says. “Those are our three endpoints for ECMO. Rarely it is a bridge to decision. We want to avoid putting people on without some kind of destination, some kind of end game.”

The volume of adult ECMO patients has grown since 2010, with UKHC’s CVICU treating 86 ECMO patients in 2016. Akhtarekhavari, who has worked in intensive care nursing at UKHC since graduating from the College of Nursing in 2008, trains CVICU nurses on advanced skills to monitor ECMO in CVICU patients. She has recently turned attention to training these nurses to play a pivotal role in transporting ECMO patients from regional hospitals to Chandler, which was a long-time vision of Dr. Sekela.

While ECMO provides patients with a bridge to recovery and survival, many regional hospitals are not equipped with the resources, expertise or staffing to facilitate a patient’s next step toward recovery during or after ECMO. Doctors throughout the Ohio Valley Region transfer patients on ECMO or in need of ECMO to Chandler for advanced subspecialty cardiovascular care or respiratory intervention. Dr. Sekela, a cardiovascular surgeon and director of Mechanical Circulatory Support, assembled the UKHC ECMO transport team to fill this need for patients around the region. Transferring ECMO patients required a highly skilled interdisciplinary team trained in both mechanical circulatory systems and medical transport. Dr. Sekela says taking on the challenge of developing an ECMO Transport Team has the potential to set UKHC apart from other hospitals.

“Once the knowledge of this service is widespread, we may become one of the premier centers in the country,” Dr. Sekela says. “There is a large unserved need, and many large institutions do not want or have the infrastructure in place to embrace this service. We will likely evolve into a team that is asked to go to outside institutions and initiate the ECMO and then transport.”
On call 24 hours a day, the ECMO transport team consists of a lead nurse, a paramedic, a perfusionist who runs the machine, an emergency management technician to drive the truck and sometimes a surgeon. Matt Ward, MBA, BS, EMT-P, clinical manager of EMT operations, says the team must collaborate seamlessly to ensure the safe transport of ECMO patients, who are the most fragile patients to transport. There is no room for error when transporting an ECMO patient. Any unexpected jolt or inadvertent movement can dislodge the circulatory connection between machine and patient, resulting in death within a matter of seconds.

“It’s almost like driving down the road with a very delicate set of china in your truck. Any and every time you move the patient has to be a complete motion. It’s just a more delicate patient.”

A lead nurse with intensive ECMO training in the CVICU serves as the primary point of contact with the referring hospital and directs the team’s action. The paramedic is responsible for intubating the patient and monitoring the patient’s respiratory system and airway. The perfusionist on board operates the ECMO device and cannulates the patient, which involves inserting the tubing to enable blood circulation through the machine. The EMT assists with the loading and unloading of equipment and the patient. In some cases, the surgeon travels with the team to intervene if complications arise during the transport.

“Transporting a complex, critically ill ECMO patient requires a lot of attention to detail,” Akhtarekhavari says. “They travel with an array of equipment, multiple IV pumps, a ventilator, and cannulae, which are pulling blood out of the patient and pumping it back in. It’s basically a mobile ICU bed unit. They are providing care for that patient just as they would here in the CVICU, and it requires constant attention to detail beyond the ECMO system.”

Monthly simulation trainings keep team members’ skills fresh and prepare the unit to work together in a fluid, streamlined process that becomes second nature. Team members load up a life-size manikin connected to an ECMO simulator with
water running through the IVs to simulate the blood flow from machine to patient. They drive around town and practice loading and unloading equipment. The team aims to be on the road less than two hours after they receive a transport request, so they train for efficiency as well as safety.

“It’s truly a team effort,” Lacey Buckler, DNP, RN, ACNP-BC, NE-BC, assistant chief nursing executive and director of Cardiovascular Nursing at UKHC, says. “The team simulates together, they practice getting in the ambulance together, taking patients together—it’s very trans-disciplinary.”

Another advantage offered by the UK ECMO transport team is the ability for referring doctors to communicate information to the transport unit. Third-party transport units did not provide a direct line of communication between the referring hospital and the transport team. Directed by the lead nurse, ECMO team members can collect information about the patient en route to the referral location by consulting with the referring medical team. In addition to the responsiveness and speed of the team, referring doctors are impressed with the compatibility of UKHC’s ECMO system. With a perfusionist on hand, the ECMO transport team is able to connect the patient to UKHC’s ECMO device rather than taking the referring hospital’s equipment on board. The team also facilitates connecting a patient to ECMO for hospitals that don’t have the technology.

Since hitting the road last year, the team has traveled beyond Kentucky—to West Virginia and Tennessee—to retrieve ECMO patients. Currently, UKHC is the only medical center in Kentucky to provide an adult ECMO transport service. Dr. Buckler says the team is also working toward an air transport service.

Dr. Lipson says the compatibility of UKHC ECMO system was a selling point for his hospital, which owns a single ECMO machine.

Dr. Lipson later learned the heart failure patient he sent with the UK ECMO Transport team received life-saving treatment and was able to walk out of the UK Chandler Hospital. The transfer bridged the patient to the optimal health outcome. Knowing he has a reliable partnership with the UK ECMO Transport team, Dr. Lipson doesn’t hesitate to use his hospital’s ECMO device in an effort to save a patient.

“It gives me the ability, and it’s not necessarily the end when you have a partner that you can help with that bridge,” Dr. Lipson says. “And that is exactly what Dr. Sekela and his team are. They were only people in the state that were set up to take those patients to help us out.”
**UK College of Nursing Upcoming Events**

**2018-2019**

**Saturday, September 8**
**Scholarship Brunch**
10 a.m. Hyatt Regency
Hosted annually, this event provides an opportunity for donors and their families to meet the recipients of the scholarships they have established. RSVP required.

**Friday, October 12**
**Nursing Research Papers Day**
Details to follow.

**Friday, October 19**
**Homecoming Luncheon**
12 p.m. (noon) Signature Club
Come celebrate our Golden Wildcats—the Class of 1968, on their 50th anniversary! Also anniversaries for the classes of 1978 (40th), 1988 (30th), 1998 (20th), and 2008 (10th). RSVP required.

**Thursday, November 15**
**Fall Nursing Lecture Series**
Hear national leaders speak about their vision for nursing’s future.

**Friday, December 14**
**BSN Pinning Ceremony / UK Commencement**
8:30 a.m. BSN Pinning Ceremony, Singletary Center for the Arts
2:00 p.m. UK Commencement, Rupp Arena
UK graduation ceremonies for undergraduate and graduate students.

**TBD**
**Spring Nursing Lecture Series**
Hear national leaders speak about their vision for nursing’s future.

**Friday, May 3**
**BSN Pinning Ceremony**
8:30 a.m. Singletary Center for the Arts

**Sunday, May 5**
**UK Commencement**
2:00 p.m. Rupp Arena

**Throughout 2018-19**
**College of Nursing Phonathon**
Calling and direct mail campaigns are conducted year-round to support our mission to Envision, Engage and Empower nursing students in education, research, practice and service. If you have already supported the College, we thank you! If you would like more information, please contact Kerrie Moore: kerrie.moore@uky.edu or (859) 323-1966.

**Continuing Education Opportunities**
We offer live events, web courses, courses for college credit, the State Registered Nurse Aide (SRNA) course and more! For more information, go to www.ukconce.org or contact Olivia Rebella: olivia.rebella@uky.edu or (859) 323-5881.

**NEED MORE INFORMATION?**

- **Graduation ceremonies**—Contact Joanne Davis: jdavis1@email.uky.edu or (859) 323-6135
- **Other events**—Contact Kerrie Moore: kerrie.moore@uky.edu or (859) 323-1966
- **General information**—Contact our main number: (859) 323-5108
The College of Nursing proudly celebrated the 30th anniversary of its PhD Program on Thursday, February 8, 2018, at the Hilary J. Boone Center.

The Board of Trustees approved the creation of the doctoral program in June 1985, establishing it as the first PhD nursing program in the state of Kentucky. In January 1987, the first students enrolled, two full-time and two part-time, and classes began that spring.

The program continues to graduate nurse scientists today, with more than 130 alumni and 40 currently enrolled students.
If you’d like to be involved with the College of Nursing Alumni Association, please contact Laura Hieronymus, president, at laura.hieronymus@uky.edu.

"The foundation of the strategic plan is patient- and family-centered care—that’s definitely our common language."

Colleges of Nursing current students and alumni, and other UK alumni who contributed to this issue:

- Lacey Buckler (BSN 2003, MSN 2006, DNP 2013)
- Alicia Carpenter (MSN 1989)
- Kathy Isaacs (MSN 2007, PhD 2014)
- Julia Jones (BSN 2007, DNP 2018)
- Angie Lang (MBA 2017)
- Gwen Moreland (BSN 1987, MSN 2010)
- Heather Robertson (MPA 1991)
- Colleen Swartz (BSN 1987, MBA 2002, DNP 2011)
- Jessica Wilson (PhD 2012)
The Boomerang Society is an annual giving recognition society formed to assist the College’s Alumni Association in providing opportunities that may not otherwise be available. Gifts to the Boomerang Society support scholarships, professorships, research, education programs, internships, networking opportunities and more. Join us today and support the next generation of exceptional nurses from the Big Blue Nation and beyond!

To join the Boomerang Society, simply give a gift to the College fund of your choice.

**Fund Options**

**Scholarship Fund**
Scholarships transform the lives of promising nursing students by allowing them to invest their time and energies more fully in their course work.

**College of Nursing New Opportunities Fund**
Allows the dean to support students and programs with the greatest need.

**College of Nursing Research Fund**
Assists new researchers with funding to test theories, which enables them to compete for grant funding at higher levels.

**What is The Boomerang Society?**

PHOTOGRAPH BY Derrick Meads

There are three giving levels in the Boomerang Society:

- **Gold Boomerangs**
  $1,000 or more

- **Silver Boomerangs**
  $500–$999

- **Blue Boomerangs**
  $100–$499

For more information visit: [www.uky.edu/nursing/boomerangs](http://www.uky.edu/nursing/boomerangs)
“All of the team members are very engaged and wanting to improve compliance and outcomes. The No Harm work has really brought to life opportunities to improve the care provided to our patients.”

—Amanda Green, DNP, RN
Director of Quality Monitoring and Reporting