

SPECIAL EDITION

**IN**Step  
spring  
2016

**UK** HealthCare

University of Kentucky®  
College of Nursing

  
**STRIKING**

**GOLD**



IN THE PURSUIT OF NURSING EXCELLENCE,  
UK HEALTHCARE ACHIEVES THE  
GOLD STANDARD OF NURSING CARE—

**ANCC MAGNET RECOGNITION®**

# In Step for the Commonwealth

Dear Colleagues,

**We find it hard to believe this is our seventh edition of In Step!** Our journey began in 2010 when we decided to showcase and honor the rich experiences of UK nurses and create a forum for telling our stories of collaboration among interdisciplinary teams and also the invaluable partnership between the UK College of Nursing and practicing nurses at UK HealthCare®.

As you explore this edition, we hope you can experience the energy, enthusiasm and optimism emanating from our teams. Dr. Heath is in her second year as the dean of the College of Nursing and has brought so much energy and passion to the faculty and students—the excitement is palpable. This mood translates to our nursing staff, many of whom are pursuing baccalaureate and graduate degrees at the College of Nursing.

By the time you read this, we will have celebrated one of our major achievements—being designated once again as a Magnet system. It has been a long and sometimes difficult journey, but the benefits for our clinical, patient and staff experience outcomes and practice model maturation have been worth the navigation of our pathway. The interdisciplinary teams of practicing professionals and learners at UK HealthCare are so special. Our nursing practice is vibrant and resonates across the health system.

We hope that in these pages you will feel the sense of accomplishment experienced by our teams each and every day. Our patient- and family-centered cultural transformation is accelerating as we continue to work toward a high-reliability organizational performance model that holds true to our core values.

Our teams are stronger than ever and our patients and their families are reaping the rewards of our performance. UK HealthCare nurses are “leading the way for every patient, every time.” Our hope is that as you read our latest stories you see a small glimpse of the extraordinary work that occurs every day.

*Colleen H. Swartz*  
*Janie Heath*

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# Table of Contents

Why UK HealthCare Hired a Record Number of UK College of Nursing Graduates	10
Nursing Leadership and the Value of Doctoral Education	14
Bringing Everyone to the Table Transforming the patient experience with patient- and family-centered care	16
Making Their Mark BSN residents use projects to bring about evidence-based change	19
SPOTLIGHT STORY Step by Step The journey toward Baby-Friendly® designation	22
SPOTLIGHT STORY Healing Sense Aromatherapy + Essential oils	26
Nursing Advocacy: A Tradition of Leadership	38
UK HealthCare Nurses' Scholarly Activities	2
25th Annual Nursing Research Papers Day	4
UK HealthCare Promotions and Transitions	6
In Memoriam	8
Black Nurses Association	9
College of Nursing Alumni Association	39

## 30 FEATURE STORY Striking Gold

In the pursuit of nursing excellence, UK HealthCare achieves the gold standard of nursing care—ANCC Magnet Recognition®



# A Publishing Support System Helps Nurse Clinicians Share Their Successes

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.

## UKHC Department of Nursing Publications

**Lindsay Calderon, PhD | Kevin Kavanaugh, MD, MS | Mara Rice, BSN, RN** “Questionable Validity of the Catheter-Associated Urinary Tract Infection Metric Used For Value-Based Purchasing.” *American Journal of Infection Control*, 2015

**Lisa Fryman, DNP, RN | Cynthia Talley, MD | Paul Kearney, MD | Andrew Bernard, MD | Daniel Davenport, PhD** “Maintaining an Open Trauma Intensive Care Unit Bed for Rapid Admission Can Be Cost-Effective.” *Journal of Trauma Acute Care Surgery*, 2015

**Shannon Hall-Million, DNP, RN, CPEN, CPNP | Patricia Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN** “Are Pediatric Pain Self-Report Scores Accurate?” *Advanced Emergency Nursing Journal*, 2015

**Jing Li, MD | Bernard Boulanger, MD, MHA, FACS | Jeff Norton, BSME, MSME | Audrey Yates, MSIE, SSB | Colleen Swartz, DNP, MBA, RN | Ann Smith, MPA, FACHE | Paula Holbrook, RN, BHS, JD, CPHRM | Mary Moore, BSN, RN, CPPS | Barbara Latham, RN, MSN, CHCQM | Mark Williams, MD** “‘SWARMI’ to Improve Patient Care: A Novel Approach to Root Cause Analysis.” *The Joint Commission Journal on Quality and Patient Safety*, 2015

**Courtney Weekley, MSN, APRN, ACNS-BC, RNC-OB; Patricia Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN** “Does the Incidence of Pulmonary Embolism Increase During Pregnancy?” *Advanced Emergency Nursing Journal*, 2015

## Presentations

**Julia Blackburn, MSN, RN, NE-BC | Leah Perkins, BSN, RN** “Leading a Stroke Care Unit.” *Stroke Care Network Annual Summit*, 2015

**Brian Boling, RN, CCRN-CSC, CEN** “The Use of Facebook as a Virtual Community and Support Group by Left Ventricular Assist (LVAD) Patients.” *International Society for Heart and Lung Transplantation*, 2015

**Michael Dobbs, MD | Sarah Heck, MBA | Kelley Elkins, BSN, RN | Julia Blackburn, MSN, RN, NE-BC | Bernard Boulanger, MD, MBA** “Perfect Care Improves Value for Ischemic Stroke Patients, Hospitals and Payors.” *American Academy of Neurology 67th Annual Meeting*, 2015

**Kelley Elkins, BSN, RN | Pam Branson, MSN, RN | Rebecca Beech, BSN, RN, CCRN | Sheryl Dailey, MSN, RN, CCRN | Deborah Honer, BSN, RN, CCRN, CNRN | Jessica Lee, MD** “Correlation Between Follow-Up Phone Call Post Discharge and Patient Satisfaction Scores.” *International Stroke Conference*, 2015

**Erika Erlandson, MD | Julia Blackburn, MSN, RN, NE-BC | Lynne Jenson, PhD, APRN | Jimmi Hatton-Kolpek, PharmD; David Akers, MA** “Kentucky Care Across Transitions for Stroke (KCATS).” *Collaborating Across Borders V Conference*, 2015

**Lisa Fryman, DNP, RN | Cynthia Talley, MD | Paul Kearney, MD | Andrew Bernard, MD | Daniel Davenport, PhD** “Maintaining an Open Trauma Intensive Care Unit Bed for Rapid Admission Can Be Cost-Effective.” *28th Annual Scientific Assembly of the Eastern Association for the Surgery of Trauma*, 2015

**Sarah Gabbard, MSN** “UK HealthCare Systematic Approach to Decreasing Hospital-Acquired Catheter Associated Urinary Tract Infections.” *Sigma Theta Tau International Conference*, 2015

**Anil P. George, MD | Akshay Sharma, MBBS | Tina McCoy, MSN, RN, C-NPT | Shelly Marino, MHA, RN, C-NPT, NE-BC | Scottie Day, MD** “Aeromedical Transport of Pediatric Patients Less Than Three Months of Age.” *American Academy of Pediatrics—Transport Medicine Conference*, 2015

**Matthew Groenewold, PhD, MSPH | Colleen Roberts, MPH(c), BS, | Stacey Konkle, MPH | Andrea Flinchum, MPH, BSN, CIC | Lynn Roser, PhD(c), MSN, RN, CI | Derek Forster, MD | Kimberly Blanton, MSN, MHA, RN, NE-BC | Cibina Harris, RN, CIC | Robert Brawley, MD, MPH** “Investigation of an Outbreak of *Berkholderia cepacia* Infections Among Non-cystic Fibrosis ICU Patients in a Kentucky Hospital.” *CSTS Annual Conference*, 2015

**Sherri Hanna, BSN, RN | Zinnia Robinson, BSN, RN** “Launching a Campaign: How to Make Your Communications Campaign a Success.” *Safe Kids Worldwide Childhood Injury Prevention Conference*, 2015

**Kristina Hayes, BA, CCLS** “From Invincible to Vulnerable: Psychosocial Care for the Dying Adolescent.” *Great Lakes Association of Child Life Professionals 10th Annual Conference*, 2015

**Kristina Hayes, BA, CCLS** “Transition from Student to Professional: Marketing for the Future!” *Great Lakes Association of Child Life Professionals 10th Annual Conference*, 2015

**Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN** “Disaster Management: Lessons Learned in Israel.” *Kentucky Statewide Trauma Symposium*, 2015

**Kathy Isaacs, PhD, RN** “Assessing the Impact of Unit Design on Nursing Workflow in the Cardiovascular Service Line.” *American Organization of Nurse Executives (AONE)*, 2015

**Elie Abu Jawdeh, MD | Shannon Haynes, MSN, RN | Philip Westgate, PhD | Tria Kinnard, PA | Prasad Bhandary, MD** “Standardized Rounding Processes Improve Team Member and Parent Engagement on NICU Round: Results of the Multidisciplinary Rounding Group.” *Pediatric Academic Societies Conference*, 2015

**Curtina Kirkpatrick, MSN, RN | Katherine Semones, MSN, RN | Aric Schadler, MS** “Improving Patient Care: An Early Warning System and the Role of Rapid Response.” *UHC Annual Conference*, 2015

**Pamela Lane, BSN, RN | Brandy Mathews, MSN, MHA, RN, NE-BC** “Safe Transport of Patients.” *UHC Webinar*, 2015

**Cecilia Page, DNP, RN-BC, CHCIO, CPHIMS, FACHE** “Evolving Ethics: Implications of Technology.” *American Nurses Association (ANA) Ethics Symposium*, 2015

## Posters

**Prasad Bhandary, MD | Elie Abu Jawdeh, MD | Lochan Subedi, MD | Enrique Gomez Pomar, MD | Gina Barber, NNP | Shannon Haynes, MSN | Alice Carpenter, BSN | Mina Hanna, MD** “Development of a Golden Hour Protocol for ELBW Infants to Improve Outcomes.” *Vermont Oxford Network Annual Conference*, 2015

**Erika Erlandson, MD | Julia Blackburn, MSN, RN, NE-BC | Lynne Jenson, PhD, APRN | Jimmi Hatton-Kolpek, PharmD | David Akers, MA** “Across the Limestone Divide: Post-Acute Transitions of Care in Stroke.” *Neuro Exposition*, 2015

**Sarah Gabbard, MSN, TSS CNS** “UK HealthCare Enterprise-Wide Process Improvement Initiative: Decreasing Hospital-Acquired Urinary Tract Infections.” *Sigma Theta Tau International Conference*, 2015

**Patty Hughes, DNP, RN, NE-BC | Rebecca Garvin, MSN, MBA, RN-BC | Kathy Isaacs, PhD, RN** “Streamlining Nurse Competency to Enhance Quality, Support Staff Satisfaction and Reduce Cost.” *American Organization of Nurse Executives (AONE)*, 2015

**Elie Abu Jawdeh, MD | Shannon Haynes, MSN, RN | Philip Westgate, PhD | Tria Kinnard, PA-C | Karen Garlitz, PharmD | Theresa Ryzowicz, RD | Brittany Monroe, CSW | Prasad Bhandary, MD**  
“Multidisciplinary Rounds Improve Team Member Engagement and Satisfaction in NICU.” Center for Clinical and Translational Science Conference (CCTS), 2015

**Sarah Lester, DNP, APRN, FNP-C, CNRN | Pam Branson, MSN, RN** “Being the Change You Wish to See: Reducing the Incidence of False-Positive Catheter-Associated Urinary Tract Infections in a Neuroscience Population.” International Stroke Conference, 2015

**Shelly Marino, MHA, RN, NE-BC | Aric Schadler, MS | Catherine Leszcz**  
“Sedation Nurse Productivity: A Pilot Study.” Society of Pediatric Sedation Conference, 2015

**Brandy Mathews, MSN, MHA, RN, NE-BC**  
“Keeping Patients Safe During Transport.” NPSF Annual Patient Safety Congress, 2015

**Gwen Moreland, MSN, RN, NE-BC | Kerry Bradford** “HPPDE ... Creating a Common Language to Promote Quality.” American Organization of Nurse Executives (AONE), 2015

**Megan White, MD | Amy Meadows, MD | Kathleen Yoder, BSN, RN | Brian Gardner, PharmD | Ashwin Krishna, MD** “Kentucky Children’s Hospital Pediatric Delirium Guideline.” Contemporary Pediatrics Conference, 2015

**Angela McIntosh, BSN | Margie Campbell, BSN | Judi Dunn, MSN | Kimberly Morton, BSN | Liliana Kuvlieva, MD | Khaled Ziada, MD** “Impact of a Multi-Media-Based Patient Education Program on Rate of 30-day Readmission After Percutaneous Coronary Intervention.” NRPD 2015, Society for Cardiovascular Angiography Interventions (SCAI), San Diego, 2015

## Webinar

**Shannon Haynes, MSN, RN, CNML | Elie Abu Jawdeh, MD | Eilyn Wilmarth, BSN, RN | Michelle Rulli, BSN, RN | Darlene Welsh, PhD, MSN, RN | Janine Lindgreen, MSN, APRN | Carol Noriega, MSN, RN, CEN | Shelly Marino, MHA, RN, C-NPT, NE-BC** “Life Adventure Center: A Novel Approach to Improving Team Communication.” UHC/AACN Nurse Residency Program Annual Conference, 2015

## Research

**Diana Frankenburger, RN | Lois Davis, RN, MSN, MA | Monika Shields, RN, BSN | Pamela Stein, DMD** “Oral Hygiene.” Collaboration with the Lexington-Fayette County Health Department HANDS program, UK College of Dentistry, Health First of the Bluegrass and UK HealthCare, 2015

## BSN Residents’ Presentations

### Cardiovascular

**Natalie Lewis, BSN | Hazel Camit, BSN**  
“Anxiety Reduction Strategies for Post-Lung Transplant Patients”

**Alexis Abner, BSN | Ashley Vogel, BSN | Kate Breeden, BSN** “PIV Securement”

**Anthony Carney, BSN | Mikheil Makhardee, BSN | Heather Honcker, BSN | Joy Coles, BSN**  
“Aromatherapy for Pain Control in CABG Patients”

**Jessica Harman, BSN | Joshua Kidd, BSN | Devan Costelle, BSN | Emily Craycraft, BSN | Tara Keller, BSN** “Mobility Teams”

### Cardiovascular and Medicine

**Jenn Alonso, BSN | Sarah Good, BSN | Cortney Gunning, BSN | Victoria Strunk, BSN | Chance Walls, BSN** “Impact of Bedside Report”

**Abby Benke, BSN | Rachel Coghill, BSN | Desmond Littles, BSN | Nicole Smith, BSN | Cayla Watson, BSN** “Oral care to prevent VAP”

**Taffany Norton, BSN | Saralyn Justus, BSN | Elizabeth Kinney, BSN | Ashley Shackelford, BSN | Patrick Jansen, BSN | Rachael Blake, BSN**  
“Topical Anesthetic in Adult IV Insertion”

### Emergency Department

**Clayton Cook, BSN | Lindsay Gilliam, BSN | Jon Leo, BSN | Brittany Monroe, BSN | Amanda Perkins, BSN | Kaitlyn Sweeney, BSN**  
“Does Your Trauma Patient Need a Foley?”

**Sarah Arnold, BSN | Luke Bourland, BSN | Daniel Hoerig, BSN | Andrea McGaha, BSN | Ashley McIntosh, BSN | Martha Rosenthal, BSN | William Wilcox, BSN** “Cap That”

### Good Samaritan

**Jillian Ballengee, BSN | Katie Byrd, BSN | Dustin Cowan, BSN | Christina Jones, BSN | NicoLee Landis, BSN | Lyndsey Meek, BSN | Kaitlyn Tinchler, BSN | Marie Hall, BSN** “Have You Wiped Today? Wiping of High-Touch Surfaces”

**Bryan Klein, BSN | Mercedes Fletcher, BSN | Alex Wilborn, BSN** “Changing Attitudes: Implementing a Customizable Turn Schedule for At-Risk Patients”

**Stephanie Caluag, BSN | Kayla Cole, BSN | Kathryn Sands, BSN | Nickole Faust, BSN | Morgan Thornsberry, BSN** “CLABSI Prevention”

### Medicine

**Julie Jonson, BSN | Renae Nally, BSN | Paige Harrison, BSN | Emily Holland, BSN**  
“Oxygenation Monitoring in Critical Care Units”

**Samantha Keeling, BSN | Mallory Gabbard, BSN | Mary Broadbent, BSN | Mary Allison Francis, BSN | Pamela Blair Schneider, BSN** “Patient Falls in Acute Care Areas”

### Oncology

**Samantha Hargett, BSN | Kara Lester, BSN | Mysti Motz, BSN | Meredyth Reynolds, BSN | Hannah Woods, BSN** “Increasing Patient Satisfaction Survey Responses”

**Ashley Cook, BSN | Emilee Burton, BSN | Daniel Caluag, BSN | Stephanie Skinner, BSN | Devin Baier, BSN** “Impact of Bedside Reporting Compliance on Patient Safety”

### Peds/OB

**Whitney Ealey, BSN | Beth Macleod, BSN | Jordan Smith, BSN** “Quantifiable Perinatal Blood Loss”

### Peds/NICU-PICU

**Alison Ayers, BSN | Jen Freeborn, BSN | Eilyn Wilmarth, BSN | Katie Dornbusch, BSN | Katie Hansford, BSN** “Preventing Ventilator Associated Pneumonia Through Improved Infant Oral Care”

**Katrina Zimmer, BSN | Katrina Morrison, BSN | Barrett Green, BSN | Cody Grant, BSN** “Comparing ICU Delirium Worksheets in an ICU Setting”

### Pediatrics

**Whitney Jones, BSN | Shannon Brown, BSN | Paige Carter, BSN | Amanda Wade, BSN | Ashley Kohan (Tate), BSN | Sarah King, BSN | Brittany Tipton, BSN | Brittney Harnish, BSN** “Prevention of Skin Breakdown Related to RAM Cannula Securement in NICU”

**Morgan Lavy, BSN | Sarah Bertram, BSN | Laura Broughton, BSN | Traci Cornett, BSN | Megan Dodge, BSN | Megan Hall, BSN** “Decreasing CLABSI with Daily Chlorhexidine Baths in Pediatric Patients”

### Peri-Operative

**Lissette Kulpa, BSN | Thao Le, BSN | Madalyn Suchor, BSN | Elizabeth Summerlin, BSN | Cody Toney, BSN** “Identifying and Assessing Anxiety in Pre-Operative Patients”

### Trauma/Neuro

**Mallory Wathen, BSN | Erin Baker, BSN | Cassidy Price, BSN | Emily Winn, BSN | Sarah Adams, BSN | Katherine Beitman, BSN | Lindsey Baldrige, BSN**  
“CLABSI Prevention: Process of Analysis of Current Practice and Product Comparison at UK”

**Jayne Holt, BSN | Kayla Halpin, BSN**  
“Color-Coding CVICU Stockroom to Improve Total Nursing Care Hours Provided Per Patient Day”

### Trauma/Surgical and Neurosciences

**Jessica Brey, BSN | Ashley Brown, BSN | Sarah Greenwell, BSN | Albertina Hill, BSN | Rebecca Honchell, BSN | Kelly Leidgen, BSN | Michael Mason, BSN | Ryan Preston, BSN | Dayla Smith, BSN | Ashlee Swinford, BSN | Brooke Toliver, BSN**  
“Clinical Practice Guidelines: Improving Awareness and Compliance in New Hire RNs”

### Trauma/Surgical, Neurosciences & Medicine

**Bronte Craig, BSN | Jacob Moore, BSN | Laura Burnette, BSN | Christopher Bellis-Jones, BSN | Ashley Gillstrap, BSN | Sylvana Paternite, BSN | Inex Aquino, BSN | Kelsi Stull, BSN | Sarah Leslie, BSN | Kyle Forbenner, BSN** “Discord Between Preceptors & Preceptees”

# UK HealthCare and UK College of Nursing 25th Annual Nursing Research Papers Day

PHOTOGRAPHS BY  
Shaun Ring Photography

November 2015



## Dorothy Y. Brockopp Nursing Research Award

**Verona Fennelly, RN, CCRN**, won this year's Dorothy Y. Brockopp Nursing Research Award. Fennelly was honored for her research work, including "A Surveillance of Bioburden on Reusable EKG Leads," in which she evaluates if the current system to clean reusable EKG leads is sufficient to prevent cross-contamination of pathogens and avoid hospital-acquired infections in the critically ill patient. Her hope is that a standard infection control bundle for the cleaning of EKG leads will be implemented across the UK HealthCare® enterprise and eventually expand to other institutions. This project could potentially add to the body of evidence that defines the relationship between contaminated EKG leads and hospital-acquired infections in the critically ill and injured patient.

Fennelly is expected to graduate in 2017 with a BSN from the Chamberlain College of Nursing. After completing her general nurse training and working as an RN at the County & City Infirmary in Waterford City, Ireland, she emigrated in 1987 and worked for Milton Hospital in Massachusetts. Since then, Fennelly has worked for UK HealthCare in a variety of settings but currently works in the trauma/surgical services. She serves as a board member for Heart to Home, a local adoption agency, and as a mock examiner for medical science students practicing for their nurse aide exam and their CPR certification at Southside Technical School. In 1992, Fennelly received the employee of the month award from Milton Hospital and was an MJ Dickson Quality Nursing Care Nominee in 2014.

## Pam Branson BSN Resident Award

**Hazel Camit, BSN, RN, and Natalie Lewis, BSN, RN**, are the first recipients of the Pam Branson BSN Resident Award, named in honor of Pam Branson, MSN, RN, clinical nurse specialist, who served as an employee of UK HealthCare 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.

Camit and Lewis are working to reduce the anxiety of post-lung transplant patients of UK Albert B. Chandler Hospital. Their efforts include a YouTube video and handouts that communicate the causes of anxiety, normalize patients' experiences with anxiety, and provide four anxiety-reducing interventions that include guided progressive relaxation, guided imagery, quiet ears and deep breathing. Camit and Lewis aim to empower and educate patients so they may find solutions to cope with their anxiety.

*"As nurses, we like to build rapport with patients, because this is where you can start to improve patient satisfaction and quality of care," said Camit.*



## Podium Presentations

**Cecilia A. Boateng, BSN, RN, DNP, FNP-C**

“Development, Implementation and Evaluation of Refugee Health Literacy Program (R-HeLP)”

**Crista L. Briggs, Ed.D., MSN, RN, CNE**

“The Influence of a Feature Film on the Empathy Ratings of Nursing Students”

**Carol Evans, DNP, RN, NED, CNE**

“Long Term Care Nurses’ Knowledge and Perceived Competency of Palliative Care”

**Nathan Garrett, DNP, RN**

“2013 Jin Shin Jyutsu® Patient Response”

**Kathy Isaacs, PhD, RN**

“Pre- and Post-Occupancy Evaluation of the Cardiovascular Service Line”

**Rachel Ward Mitchell, RN**

“Creating a Standard of Care for Epilepsy Patients: Starting with Fall Prevention on the Adult EMU”

## 2015 Nursing Research Papers Day Posters

**Margie Campbell, APRN**

“Decreasing Percutaneous Coronary Intervention (PCI) Readmissions”

**Christina K Conley, APRN, CPON**

“Assessing the Impact of APHON Chemotherapy/Biotherapy Provider Program Training at Kentucky Children’s Hospital”

**Ellen J. Hahn, PhD, RN, FAAN**

“Radon and Tobacco Smoke Risk Reduction for Lung Cancer Prevention”

**Judy Jones-Malone, RN**

“Putting a STOP to Patient Falls: Educating Patients and Staff”

**Lisa McGee, MSN, RN, CCNS, CKC**

“Stepping Up Mobility in the Cardiovascular Service Line”

**Carrie Nichols, RN, CCRN**

“Geographical Partnership: Improving Patient and Nurse Satisfaction”

**Carrie Nichols, RN, CCRN**

“The Effect of Nasal Continuous Airway Pressure (NCPAP) Device Securement on Nasal Injury in the Neonatal Population”

**Tanna McKinney, RN**

“Radical Restraint Reduction: An Interdisciplinary Approach”

**Deanna R. Pope, DNP, RN, CNE | Sandra Prunty PhD, RN | Kay Swartzwelder, PhD, MSN, RN, FNP-BC, CNE**

“Investigating the Effect of a Synchronous Online Orientation on Students’ Perception of Learning”

*For the first time ever, the College of Nursing invited undergraduate and graduate students to present at the 2015 Nursing Research Papers Day.*

## Undergraduate Student Podium Presentations

**Angeline do Nascimento Parente**

“Detection of Biomarkers Associate to Infant Growth During Human Lactation”

## Undergraduate Student Poster Presentations

**Mary Cho**

“Bed Rest Women with Preeclampsia: Is it Harmful or Helpful?”

**Brittney Harnish**

“Predictors of Mammogram Screening”

**Angeline do Nascimento Parente**

“Clinical Characteristics of Newborns Who Underwent Peripherally Inserted Central Catheter (PICC) Insertion”

## Graduate Student Podium Presentations

**Bryan Boling, DNPc, RN, CCRN-CSC, CEN**

“Use of Facebook as a Virtual Community and Support Group by Left Ventricular Assist Device (LVAD) Patients”

**Morgan Chojnacki, RN, BSN**

“Kentucky Children’s Hospital’s Protocol for Inpatient Medical Treatment of Pediatric Patients with Eating Disorders: Literature Review, Benchmarking, Implementation and Evaluation”

**Sarah Gabbard, RN, MSN**

“UK HealthCare Enterprise-Wide Initiative: Decreasing Hospital-Acquired Urinary Tract Infections”

**JungHee Kang, RN, BSN**

“An Intensive Heart Health Intervention Can Improve Diet Quality and Reduce Cardiovascular Risk Factors in Individuals Residing in Rural Environments”

**Samantha Mancuso, RN, BSN, DNP(c)**

“Heart Failure Outcomes: A Literature Review to Determine the Effect of Co-morbid Depression and Anxiety on Event-free Survival and Health-Related Quality of Life”

## Graduate Student Posters

**Adebola Adegboyega, BSN, RN**

“Evaluation of a High-fidelity Simulation Training Program for New Cardiothoracic ICU Nurses”

**Kacy Allen-Bryant, MSN, MPH, RN**

“Total Worker Health: The Role of Nurses in Improving the Health of Workers”

**Bryan Boling, DNPc, RN, CCRN-CSC, CEN**

“Strategies to Enhance Family-centered Care in the Neonatal Intensive Care Unit”

**Amanda Carney, BSN, CCRN**

“Engaging in Evidence-Based Practice Through Online Journal Club”

**Sooksai Kaewbua, BSN**

“Healthy Heart, Healthy Brain: Preventing Cardiovascular Disease in Geriatric Patients with Alzheimer’s and Dementia”

**Angie Malone, MSN, APRN, ACNS-BC, OCN**

“The Effectiveness of Early Nutrition Intervention on Nutritional Status in the Hematologic Oncology Population”

# UK HealthCare Nurse Promotions and Transitions to Leadership Positions

June 2014 –  
June 2015



**Julia Jones**  
Akhtarekhavaria  
BSN, RN, CCRN  
Mechanical Circulatory  
Systems Manager,  
Cardiovascular Services



**Jennifer Ballard**  
BSN, RN, CCRP  
Nurse Clinical Manager Sr.,  
Kentucky Children's Hospital  
Hematology Oncology Clinic



**Rebecca Berry**  
BSN, RN  
Nurse Coordinator Clinical  
Perioperative Services



**Carolyn Brown**  
BSN, RN  
Patient Care Manager  
Assistant,  
Pulmonary Services



**Elizabeth Bryant**  
BSN, RN, CEN  
Patient Care Manager,  
Emergency Services



**Lacey Buckler**  
DNP, RN, ACNP-BC,  
NE-BC  
Assistant Chief Nurse  
Executive,  
Advanced Practice Providers  
and Outreach



**Jessica Collins**  
BSN, RN  
Nurse Coordinator Clinical,  
Kentucky Children's Hospital



**Allison Copper-Willis**  
BSN, RN  
Patient Care Manager  
Assistant,  
Cardiovascular Services



**Lisa Counts**  
MBA, BSN, RN, CNOR  
Director,  
Perioperative Services



**Jamie Cross**  
BSN, RN, CNML  
Patient Care Manager,  
UK Good Samaritan,  
Acute Care



**Rebecca Dotson**  
MSN, RN  
Clinical Nurse Specialist,  
Nursing Administration



**Sherri Dotson**  
BSN, RN  
Patient Care Manager,  
UK Good Samaritan,  
Acute Care



**Phillip Eaton**  
DHSc, MSN, RN,  
NE-BC, RRT  
Nursing Operations  
Administrator,  
Pulmonary Services



**Kelley Elkins**  
BSN, RN  
Educational & Quality  
Coordinator,  
Stroke Care Network



**Stephanie Gerall**  
BSN, RN  
Patient Care Manager  
Assistant,  
Neurosciences



**Catherine Gibbs**  
BSN, RN, OCN  
Nurse Clinical Manager Sr.,  
Markey Cancer Center  
Ambulatory



**Penny Gilbert**  
MSN, MBA, BSM, RN,  
NE-BC, CPHQ  
Post Acute Care/Transitions  
Director,  
UK HealthCare Enterprise



**Amanda Green**  
DNP, RN  
Director Quality Monitoring  
& Reporting,  
UK HealthCare Enterprise



**Paula Halcomb**  
MSN, RN  
Clinical Nurse Specialist,  
Nursing Administration



**Jane Hammonds**  
BSN, RN  
Clinical Patient Experience  
Manager,  
Office of Patient Experience



**Suellen Hedger**  
BSN, RN  
Patient Care Manager,  
Kentucky Children's Hospital



**Patricia K. Howard**  
PhD, RN, CEN, CPEN,  
NE-BC, FAEN, FAAN  
Enterprise Director,  
Emergency Services



**Patricia Hughes**  
DNP, RN, NE-BC  
Assistant Chief Nurse  
Executive,  
Ambulatory



**Jeffery Jones-Ritzler**  
BSN, RN, CEN  
Patient Care Manager,  
Emergency Services



**Tricia Kellenbarger**  
MSN, RN  
Clinical Nurse Specialist,  
Nursing Administration



**Carrie Kirkpatrick**  
BSN, RN  
Patient Care  
Manager Assistant,  
Cardiovascular Services



**Cheryl Knapp**  
BSN, RN  
Nurse Coordinator Clinical,  
Perioperative Services



**Rebecca Kuchenbrod**  
BSN, RN  
Nurse Coordinator Clinical,  
Perioperative Services



**Jessica Lawrence**  
MSN, RN  
Clinical Nurse Specialist,  
Nursing Administration





**Janine Lindgreen**  
APRN, BSN  
Residency Coordinator,  
Nursing Practice  
Improvement



**Shelly Marino**  
MHA, RN, C-NPT,  
NE-BC  
Nursing Operations  
Administrator,  
Kentucky Children's Hospital



**Stacy Mason, BSN, RN**  
Patient Care Manager  
Assistant,  
Pulmonary Services



**Brandy Mathews**  
MSN, MHA, RN, NE-BC  
Assistant Chief Nurse  
Executive,  
UK Good Samaritan



**Ashley McAlpin**  
BSN, RN  
Nurse Division Charge,  
Kentucky Children's Hospital



**Gwen Moreland**  
MSN, RN, NE-BC  
Assistant Chief Nurse  
Executive,  
Kentucky Children's Hospital



**Erin Morris**  
BSN, RN  
Nurse Division Charge,  
Emergency Services



**Jessica Porter**  
BSN, RN, CCRN  
Patient Care Manager  
Assistant,  
Cardiovascular Services



**Sarah Price**  
BSN, RN, OCN  
Patient Care Manager  
Assistant,  
Oncology Services



**Jennifer Riley, RN**  
Nurse Coordinator Clinical,  
Preoperative Anesthesiology



**Amanda Rist, BSN, RN**  
Trauma Outreach  
Coordinator,  
Trauma and Acute Care  
Surgical Services



**Elaine Smith**  
MSN, RN-BC, RNS-LRN  
Staff Development Specialist,  
Nursing Practice  
Improvement



**Leanna Smoot,**  
BSN, RN  
Patient Care Manager Assistant,  
Trauma & Acute Care  
Surgical Services



**Amy Snell, BSN, RN**  
Staff Development Instructor,  
Nursing Practice  
Improvement



**Sue Strup**  
MSEd, MSN, RN  
Nursing Career Consultant,  
Nurse Recruitment



**Tigre Suder**  
BSN, RN  
Enterprise Infection  
Preventionist,  
Infection Prevention and  
Control



**Patricia Swiderski**  
MSN, RN, CIC  
Clinical Nurse Specialist,  
Nursing Administration



**Christina Thomas**  
BSN, RN, CNOR  
Patient Care Manager,  
Perioperative Services



**Courtney Howard**  
Weekley  
MSN, APRN, RNC-OB,  
ACNS-BC  
Clinical Nurse Specialist,  
Nursing Administration



**Rebecca Williams, RN**  
Nurse Coordinator Clinical,  
Capacity Management



**Matilda Wright**  
BSN, RN  
Nurse Trauma Coordinator  
Manager,  
Trauma and Acute Care  
Surgical Services



**Rhonda Yocum-  
Saulsberry**  
BSN, RN  
Patient Care Manager,  
Pulmonary Services



**Christie Young**  
RN, MPH, CPHRM  
Clinical Risk Manager,  
Office of Risk Management

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*Those unavailable  
for a photograph include:*

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**Katherine Caddle**  
BSN, RNC-NIC  
Nurse Coordinator Clinical,  
Neonatal/Peds Transport

**Stephanie Calia**  
BSN, RN  
Clinical Manager Principal,  
Radiation Medicine

**Theresa Draper**  
BSN, RN  
Nurse Coordinator Clinical,  
Perioperative Services

**Stephanie Durbin**  
BSN, CPN, RN  
Patient Care Manager Assistant,  
Kentucky Children's Hospital

**Celia Hammond**  
BSN, RN, CNML  
Patient Care Manager,  
Perioperative Services

**Shana Hensley**  
BSN, RN  
Nurse Division Charge,  
UK Good Samaritan

**Sarah Holden, RN**  
Nurse Coordinator Clinical,  
Rapid Response Team

**Debra Howard**  
BSN, RN  
Nurse Coordinator Clinical,  
Kentucky Children's Hospital

**Brittany Kanavy**  
BSN, RN  
Nurse Coordinator Clinical,  
Rapid Response Team

**Brittany Kellum**  
BSN, RN  
Nurse Coordinator Clinical,  
Rapid Response Team

**Ashley Kenley**  
ADN, RN  
Nurse Coordinator Clinical,  
Kentucky Children's Hospital

# In Memoriam



**Michael Bowman** | Michael passed away in November 2014. He worked for Good Samaritan Hospital in the Behavioral Health Unit. When others had a need to talk, Mike listened. A compassionate and generous man, he gave his family, his Good Samaritan family and his patients the respect to be themselves. In an often hectic and unpredictable

clinical environment, Mike exuded calm; it was frequently stated that when he was on duty at the hospital everything would be just fine. A kind soul with an amazing sense of humor, he also was a gifted musician, an exceptional friend and a colleague who continues to be deeply missed by all who knew him.



**Victoria Cartee** | Victoria passed away in January 2015. A BSN graduate from the UK College of Nursing, she was employed as an emergency room registration clerk for more than 20 years at UK Good Samaritan Hospital. Victoria touched many lives and made friends with virtually everyone she came in contact with. In her personal time, Victoria worked

with the Carter County Shrine Club as the horse show registrar, the Order of the Olive Hill Eastern Star Chapter 209, the Olive Hill Historical Society, the Carter County Cruisers Travelers Club and the Olive Hill Red Hat Society. She was a member of the United Methodist Church.



**Susan Gray** | Susan passed away in June 2015. A UK HealthCare employee for 30 years, Susan served in many roles rising from a staff nurse in the PACU to being a staff education specialist within perioperative services. She was valedictorian of the 1982 Class of Rock Hill High School in Ironton, Ohio, and a 1985 graduate of St. Mary's School

of Nursing. She received her BSN and MSN from Indiana Wesleyan University. Her dedication to the profession was evident in her advocacy for continued growth in bedside and didactic nurse education.



**Amanda Jurkash** | Amanda passed away in January 2015. She was an avid nurse on UK HealthCare's Neurosciences Service line, working on Tower 100 of the Pavilion A. Amanda received her bachelor's degree in political science from Purdue University, where she was a member of Alpha Gamma Delta. She later obtained her BSN

from Eastern Kentucky University. Colleagues of Amanda always spoke highly of her, noting her passion around patient care.



**Karen Sexton** | Karen passed away in March 2015. She was a UK College of Nursing alumna, having earned her MSN in 1982 and PhD in 1996. She was honored as one of the College's top-50 alumni in 2011. Among her many awards and appointments, Karen served on the Advisory Committee on Communications Capabilities of

Emergency Medical and Public Health Care Facilities in Washington D.C. She received the National Service Award for Public Health and Medical Organizations from the National Congress for Secure Communities and also served on the Institute of Medicine's Standing Committee on Medical Readiness.



**Denise Shelby** | Denise passed away in May 2015 and was an emergency room registration clerk. She was a member of the First Baptist Church in LaGrange, Kentucky and was an avid philanthropist. Denise was known by her colleagues to always put others first.



**Madalyn Suchor** | One of our December 2013 BSN graduates and member of UK's chapter of Delta Gamma sorority, Madalyn passed away in February 2015. She was a staff nurse in the PACU at Kentucky Children's Hospital where she was known for bringing comfort and care to her young patients. Maddie was a big sports fan and an outdoor

enthusiast. Her beautiful smile and love of life is missed by all who knew and loved her.



**Karen Thomas** | Karen passed away in August 2014. Known for her kindness and generosity, she worked for the Good Samaritan Hospital in the Behavioral Health Unit. Involved in personal, neighborhood and community projects ranging from emergency babysitting to Habitat for Humanity, Karen would work tirelessly behind the

scenes and lend anyone a dime, give a ride, offer shelter or a meal. Karen's love and dedication extended to her amazing daughter, Kennedy; to her extended family; and to her Good Samaritan family and patients. She was always caring, always with a story and always with a smile.

# Black Nurses Association Dedicated to Support



Exciting changes in leadership are coming to the Lexington chapter of the National Black Nurses Association for 2016.

Dr. Jennifer Hatcher, RN, PhD, MPH, director of diversity and inclusivity for the College of Nursing, has been elected to the office of president for 2016-2018. Arica Brandford, JD, MSN, RN, and a PhD student in the College, has been selected as vice president.

The incoming leaders are focused on revitalizing and recharging the local chapter and increasing diversity in nursing and nursing education. Next year the organization will ramp up efforts to support the emerging leader program, which offers scholarships to all levels of nursing students to continue and complete their nursing education.

Chapter members hope to partner with local hospitals and nursing programs to achieve the Institute of Medicine's goal of increasing diversity within the health profession.

As we transition into 2016, the chapter will concentrate its efforts on two key components of the organization's strategic plan: membership recruitment and retention, as well as increasing the visibility of the organization within the community and profession.

To impact the communities we serve, we invite nurses of every background and ethnicity to join us. Our monthly meetings are held the third Tuesday of every month. For more information on how to join or partner with the Lexington Chapter of the National Black Nurses Association, please contact Arica Brandford at (859) 537-5950 or email her at [arica.brandford@uky.edu](mailto:arica.brandford@uky.edu). You can also visit the chapter on Facebook at [www.facebook.com/LCNBNA](http://www.facebook.com/LCNBNA).



Top: Jennifer Hatcher, RN, PhD, MPH, Lexington Chapter President

Bottom: Arica Bradford, PhD Candidate, JD, MSN, RN, Lexington Chapter, Vice President

# Why UK HealthCare Hired a Record Number of UK College of Nursing Graduates

WRITTEN BY  
Rebekah Tilley

PHOTOGRAPHS BY  
Shaun Ring Photography



**Damian Ezenbacher, BSN, RN,**  
Cardiovascular Intensive Care Unit,  
Chandler Hospital

In response to increasing health care needs, UK HealthCare® has experienced a tremendous amount of growth over the past 10 years. With the opening of the new bed towers at UK Albert B. Chandler Hospital Pavilion A in 2011, the demand for nurses has skyrocketed.

Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive for UKHC, says, “Not only has the demand risen, but the intensity and complexity of care at UK HealthCare has evolved, requiring new registered nurses to arrive to our health system who have a firm foundation of didactic and clinical knowledge. Critical thinking, situational awareness and advanced data integration are now essential practice elements in our care environment.”

The UK College of Nursing is meeting this demand by increasing its enrollment of undergraduate nursing students by 25 percent and through an ongoing dialogue with UKHC about how to prepare its graduates for

the rigors of nursing practice in the only Level I trauma center, Level IV NICU, NCI-designated cancer center and comprehensive stroke center in central and eastern Kentucky.

“Our partnership with the UK College of Nursing allows us to prepare and coach formatively during the educational experience so when new graduates enter our system, they already have a jump start to success,” says Dr. Swartz.

UKHC is confident in the quality of UK’s BSN graduates and has responded by hiring a record number of UK graduates from the May BSN 2015 class: 62 percent of the class applied to work at UKHC and 84 percent of the applicants were hired.

What sets UK’s graduates apart from other programs’ graduates?

**Two words: practice ready.**



**Pat Burkhart, PhD, RN**, Associate Dean of Undergraduate Faculty Affairs, UK College of Nursing; **Shayne Stratton, BSN, RN**, Nurse Recruitment Manager, Chandler Hospital; **Kathy Isaacs, PhD, RN**, Director of Nursing Professional Development, UK HealthCare

UK HealthCare hired a record number of UK College of Nursing graduates from its May 2015 class:

62% of the May 2015 class applied to work at UK HealthCare  
84% of the applicants were hired

Damien Enzenbacher's first day as a registered nurse in the cardiovascular intensive care unit (CVICU) at Chandler Hospital was a homecoming of sorts. As a nursing student at UK, Enzenbacher, BSN, RN, worked in the CVICU as a nurse technician, was a staff intern during his junior year and completed his synthesis there during the final semester of his senior year.

"I knew the manager; I knew most of the nurses there; and I knew what the floor looked like with many of the patients," says Enzenbacher. "It was a comfortable transition."

Nurse Recruitment Manager Shayne Stratton, BSN, RN, Chandler Hospital, was hired by UK as a nurse 35 years before Enzenbacher and has observed the metamorphosis of the nursing role. Today's Chandler Hospital patients are higher acuity, and their length of stay is shorter. Nurses work with much more technology and need excellent critical thinking skills.

In 2014, Stratton hired 257 BSN-prepared nurses. The majority were new UK graduates. Because of the great demand, her office also hires ADN-trained nurses, although they are required to sign a contract saying they will go back to school to complete their Bachelor of Science in Nursing (BSN) within a set time frame. UKHC actively works to meet the Institute of Medicine's goal of 80 percent of nurses being baccalaureate-prepared by 2020.

As of September 2015, 63 percent of nurses at UKHC are BSN-prepared. To help meet the goal of 80 percent BSNs by 2020, the College now offers its RN-BSN Option completely online to support the scheduling needs of full-time nurses. Professor and Associate Dean of Undergraduate Faculty Affairs Patricia Burkhart, PhD, RN, says, "UKHC wants to hire the best nurses, and the College wants to prepare the best nurses. Providing high quality patient care by skilled, professional nurses who demonstrate excellence in clinical decision-making and practice is a big part of our collaboration."

This commitment to graduating the best practice-ready nurses can be seen in three major ways: adjustments to the College's RN-BSN Option, specialty curriculum electives and a significant senior clinical requirement called Synthesis.

"Because of the complex needs of our patients, we need nurses who can think critically at the bedside from day one," says Kathy Isaacs, PhD, RN, director of nursing professional development for UKHC. "Being the regional referral center for Kentucky, UK HealthCare is able to care for the most complex patients while keeping less-sick patients in their home communities with their families."



“From my vantage point as an academic dean, I think our working relationship has never been stronger in terms of breadth, depth and scope. We are working together to address the health care needs of populations across the lifespan. This is an exciting time for nursing because we are making real contributions.”

—Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive vice dean of academic affairs and partnerships, and Marion E. McKenna Professor of Nursing in the College of Nursing

Additionally, in direct response to the staffing needs at UKHC, the College began offering specialized elective courses in perioperative and emergency/trauma. Many of the course instructors work in these areas, which gives students opportunities to not only learn the material but also to understand the particular culture of UKHC. After graduation, “UKHC can directly hire participating students who have expressed interest in these specialty areas,” says Dr. Burkhart.

Finally, all UK BSN students are required to complete a rigorous, 225-hour Synthesis of Nursing Practice course in their final semester. While other nursing programs also require a clinical practicum for graduation, typically they require half of the hours that the UK College of Nursing does.

“It is intense. It’s typically seven to eight weeks,” explains Darlene Welsh, PhD, RN, associate professor, assistant dean of undergraduate faculty affairs and BSN program director. “The student works side by side with the nurse’s schedule, whatever it may be. Typically that’s 36 hours a week—three 12-hour shifts a week.”

For May 2015 graduate Christina Thompson, BSN, RN, emergency services at UK Chandler, her Synthesis course in the Emergency Department cemented her desire to work in trauma and shortened her learning curve as a new nurse.

“Synthesis was the perfect segue to getting a job as a nurse in that department,” says Thompson. “It gave me a head start experience. UK has the only Level I trauma center in the area so I had to be on my game.”

“Clinical rotations typically give students a snapshot of what clinical nursing is all about; students aren’t immersed into the clinical setting for long periods of time until a course with extended precepted hours is completed,” confirms Dr. Welsh. “That longer immersion gives students opportunities to look at the bigger picture. They can examine patient trends and see how nursing care changes day to day.”

Additionally, Dr. Isaacs reports, Synthesis exposes students to the UKHC model of care, which is designed to achieve the best patient care.

“UKHC’s strategic plan is based on the experience of our patients and their families, to follow the continuum of care including both inpatient and outpatient environments,” explains Dr. Isaacs. “The care teams are multidisciplinary and include the patients and their families to ensure smooth transitions as they move through our system. During their clinicals, nursing students are able to see the teams in action, which prepares them for their entry into practice once they graduate.”

“From my vantage point as an academic dean, I think our working relationship has never been stronger in terms of breadth, depth and scope,” says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive vice dean of academic affairs and partnerships and Marion E. McKenna Professor of Nursing in the College of Nursing. “We are working together to address the health care needs of populations across the lifespan. This is an exciting time for nursing because we are making real contributions.”

“We are proud to have an academic-practice partner like UK HealthCare that continuously values the important role baccalaureate nurses play in achieving positive individual and population health outcomes,” says Dr. Heath. “Their commitment to quality and safety in an environment that optimizes nursing practice is the reason why UK HealthCare is the first and only choice for employment for so many of our graduates.”

UKHC nurses can be confident that new UK graduates who join them are practice ready—skilled, knowledgeable, critical-thinking caregivers who are ready for the immersion into a complex regional medical center. ■





**Christina Thompson, BSN, RN,**  
Emergency Services , UK Chandler

**IN THE NUMBERS**

UK HealthCare Nurse Education

As of September 2015 (source: Kathy Isaacs)

4% MSN or higher

BSN 59%

37% ADN

Combining BSN and higher 63%

“Their commitment to quality and safety in an environment that optimizes nursing practice is the reason why UK HealthCare is the first and only choice for employment for so many of our graduates.”

—Janie Heath, PhD, APRN-BC, FAAN,  
dean, UK College of Nursing



# Nursing Leadership and the Value of Doctoral Education

WRITTEN BY  
Christina Noll

PHOTOGRAPHS BY  
Shaun Ring Photography



LEFT TO RIGHT:

**Dr. Kathy Isaacs**, Director of Nursing Professional Development, UKHC; **Dr. Lisa Fryman**, Nursing Operations Administrator for Trauma and Surgical Services, UKHC; **Dr. Colleen Swartz**, Chief Nurse Executive, UKHC; **Dr. Janie Heath**, Dean, UK College of Nursing; **Brandy Mathews**, Assistant Chief Nurse Executive, UKHC; **Dr. Patricia B. Howard**, Executive Vice Dean of Academic Affairs and Partnerships, UK College of Nursing; **Dr. Terry Lennie**, Associate Dean of Graduate Faculty Affairs, UK College of Nursing; **Dr. Tukea Talbert**, Assistant Hospital Director, UKHC; **Dr. Suzanne Springate**, Nursing Operations Administrator for Children's Services, UKHC

Many UK HealthCare® nurse leaders have earned their doctorates or are in the process of earning one, and they are choosing the UK College of Nursing to pursue these advanced degrees. Thirteen of the senior nursing leadership team members have or will soon have doctorates (eight DNP and three PhD), including Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive at UK HealthCare.

To understand the significance of this, out of approximately 3.2 million registered nurses in the U.S., only 15 percent have a master's and/or a doctoral degree; of those, only 1.5 percent, or 30,000, have a PhD.

The College's DNP Program, which opened in 2001, was the first of its kind in the country. Now, there are approximately 264 DNP programs across the U.S. and about 134 PhD programs.

"We are thrilled to see this level of influence at Dr. Swartz's senior table

because our graduates will help impact the challenges we face with the social, environmental, behavioral and economic conditions that place such a high burden on health and wellness in the Commonwealth," says Janie Heath, PhD, APRN-BC, FAAN, dean and Warwick Professor of Nursing at the College of Nursing. "Our doctorally prepared nurse leaders have the competencies needed to help address our most pressing challenges with fragmented delivery of care, high costs and inefficient models to address safety and quality standards."

Dr. Heath, who received a PhD from George Mason University in 2005, says, "Having a terminal degree meant acquiring the skills I needed as an academic health science leader to not only influence nursing education, research and practice, but also to be uniquely positioned as a partner with other health professionals."



## The Value of the Doctorate

“A doctoral degree prepares nurses to be innovative, transformational educators and leaders in both academic and health care settings,” says Dr. Heath. “They are a community of scholars and learners that help shape nursing practice, education, policy and ultimately, patient outcomes.”

Robyn Cheung, PhD, RN, is the director of professional nursing practice and innovation for UKHC who obtained her PhD to make a difference in nursing. “I wanted to acquire the skill set necessary to conduct high-level analyses on the nursing workforce to demonstrate the real contributions that nurses make every day to patient outcomes. Now that I am in the clinical setting again, it is very satisfying to see those findings translated into nursing practice and the environment in which we work,” says Dr. Cheung.

“It’s an expectation if you are going to have a faculty role or function in an academic university at UK’s level that you will have a higher degree,” says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive vice dean for academics and partnerships. “It is also an expectation of the nursing discipline. Superseding all of that are personal goals and desires: what you want out of your nursing career.”

This was the case for Brandy Mathews, MSN, MHA, RN, NE-BC, assistant chief nurse executive for UKHC’s Good Samaritan Hospital, who chose to pursue a DNP. “I particularly liked the clinical leadership focus of the DNP,” she says.

Suzanne Springate, DNP, RN, NE-BC, nursing operations administrator for Children’s Services at Kentucky Children’s Hospital, says, “The bachelor’s degree develops your skills, and the master’s degree helps you hone those skills, but the DNP really helps you look at patient care, the work environment, nursing practice and health care in general.”

The American Association of Colleges of Nursing (AACN) set 2015 as the year for advanced practice nurses to be prepared at the doctoral level. “Now more than ever, there is a need to prepare nurses at higher levels to manage complex health care systems at the executive level and to conduct research and formulate national and international health care policy,” says Dr. Heath.

In fact, the value of doctoral preparation for leadership and teaching is so important that the Institute of Medicine recommends that the U.S. double the number of doctorally prepared nurses by 2020. Currently, only 50 percent of nursing faculty members have terminal degrees.

But does that mean all nurse leaders should be doctorally prepared? The fact is all nurses, regardless of level of education, are acting as leaders every day. “Nurses know how to influence outcomes, such as reducing medical errors, increasing quality of care, promoting wellness, expanding preventive care, improving health care efficiency and reducing costs,” says Dr. Howard.

Dr. Springate agrees that having a terminal degree has been valuable for seeing how a singular service line interacts with the larger enterprise. “These roles are intended to not only be beneficial for your service line; they’re also meant to move the organization forward,” she says. “It provides a more global view and understanding of organizations and systems in general.”

## Two Paths: One Goal

So what is the difference between a PhD and a DNP in nursing?

PhD-prepared nurses are trained to develop new knowledge; they are scientists who conduct original research with the intent to improve health outcomes for individuals, families, communities and international populations.

DNP-prepared nurses are expert clinicians and clinical leaders who are trained to apply the new knowledge that has been created by nurse scientists; they translate this knowledge into practice and evaluate its efficacy with the population of interest.

Susan Frazier, PhD program director and associate professor, says, “Both are crucial to patient care and improved health outcomes. Collaboration between the PhD- and DNP-prepared nurses facilitates and supports knowledge development to address clinical problems, translation of this new knowledge to clinical practice and subsequently to improve health outcomes.”

Kathy Isaacs, PhD, RN, director of nursing professional development, discusses her PhD: “I felt it was important to be able to contribute to our environment of patient care and nursing practice,” she says. “I wanted to be able to conduct interesting research that would add to the current body of knowledge.”

“On the DNP side, those discoveries are translated and put into practice,” says Dee Dee McCallie, DNP, RN, former manager of nursing excellence. “It’s a very collaborative and interdisciplinary process—we need each other.”

“It is important to know that for leadership, it is absolutely essential that you follow the population organizational systems track [in the DNP Program],” explains Dr. Springate, a UK DNP graduate herself. “It has allowed me to be a much better influence on patients, nurses and the health care environment. You learn a lot of finance and strategic planning, leadership and how to manage change; so it very much prepares you for this level and this type of position.”

The uniqueness of the population organizational systems track option is that the students are given opportunities to learn from other leaders who might even be outside of health care. “This offered us the opportunity to get multiple perspectives in leadership roles,” explains Lisa Fryman, DNP, RN, nursing director for trauma and surgical services.

Dr. McCallie agrees. “We’re learning with the health care industry, but we’re learning from other industries as well about how to incorporate ideas into health care settings,” she says. “When it comes to operations—including budget, staffing, clinical outcomes and organizational outcomes—understanding how to pull all of those together in a working model is extremely important.”


“It’s about how we as the nursing department impact our institution,” says Dr. Fryman. “It is a huge shift in how we are changing from the task-driven bedside nurse to a more global leadership role.”

Having a doctoral degree enables leaders to leave their silos and get a bird’s eye view of the landscape. Dr. Heath concludes: “Whether it’s the discovery of new knowledge [PhD] or translation of knowledge [DNP], doctorally prepared nurses help ensure that we not only catapult the science of our nursing practice forward and bridge gaps with integrated health care delivery, but also lead through authentic academic-clinical partnerships.” ■

# Bringing Everyone to the Table

WRITTEN BY  
Jennifer Theriot

PHOTOGRAPHS BY  
Shaun Ring Photography &  
Lee Thomas



“The focus of my entire career is engaging patients in the decisions we make as an organization. Not just asking them, but engaging them.”

—Suzanne Springate, DNP, RN, NE-BC

## Transforming the patient experience with patient- and family-centered care

In an age when the health care industry is facing rapid change, increasingly complex regulations and an unprecedented use of technology, UK HealthCare® consistently excels at keeping the patient at the heart of its care. With the mantra “every patient, every time,” UK HealthCare works to cultivate an ethos of patient focus in which every patient receives the best care and respect, every time. This can be challenging in a large health care enterprise, but UKHC is putting the necessary structures in place to continuously improve the patient experience and transform how they engage with their care providers.

“The patient experience is different for everyone. That is the challenging part,” says Angela Lang, enterprise director of the Office of Patient Experience at UKHC. “Developing a professional relationship so that the patient feels comfortable and safe enough to ask questions, clarify information and be involved in care improves clinical outcomes.”

UKHC has implemented a new patient- and family-centered care model, which, according to the Institute for Patient- and Family-Centered Care (IPFCC), is defined as “an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families.” IPFCC challenges health care leaders to include patients and their families in every aspect of care planning and delivery (IPFCC, 2010).



It may seem revolutionary to let patients in on key decisions, but the outcomes of patient- and family-centered care are promising: reduced length of stay, reduced readmission rates, increased health literacy, more effective communication, fewer noncompliance issues and overall increased patient and staff satisfaction. Giving patients and families the opportunity to provide meaningful feedback and input allows health care professionals to optimize care.

“Patients and families are considered to be the focus of our health care delivery system,” says Kim Blanton, MHA, MSN, RN, NE-BC, enterprise director of IPAC (Infection Prevention and Control) at UKHC.

Transitioning a health care institution to a true patient- and family-centered care model requires careful planning and a cultural shift in how providers and patients approach health care. It requires strong senior-level clinical leadership to set the tone and ensure the right structures and processes are in place. This means looking at clinical protocols, communication methods, training and relationship-building practices. It also means building relationships among patients, physicians, nurses and other staff members.

Louis Bezold, MD, medical director of Kentucky Children’s Hospital, believes that a team approach including the family results in better outcomes for the patient. Giving families the opportunity to ask questions and taking time to validate their feelings or concerns puts everyone on the same page. Because nurses are skilled and accustomed to this level of communication, the transition to a patient- and family-centered care model can feel natural. “Nursing staff members have been great about moving in this direction,” says Dr. Bezold. “They are a great comfort and resource to the families and consistently score high on our patient satisfaction surveys. That speaks volumes.”

Nurses’ 24/7 presence often defines a patient’s experience, so creating a trusting, collaborative relationship among patients, families and nurses is vital. “Nurses can have a profound effect,” says Lang. “Smiling, asking questions, making patients and families feel comfortable and connecting on a personal level all help with healing.”

## Giving Patients a Voice

Because children’s hospitals already have parents acting as a voice for patients, many have migrated toward a patient- and family-centered philosophy. Likewise, at UKHC, the transition to this new care model is starting with Kentucky Children’s Hospital. Part of this initiative is a new Parent Partnership Council, which had its first meeting in September 2015. The council consists of four parents of former and current pediatric patients who provide feedback about their experiences and give input into hospital decisions and processes. Hospital personnel at each Parent Partnership Council meeting includes two presenters to provide an overview of material for council members, a facilitator, a content expert and a coordinator.

Suzanne Springate, DNP, RN, NE-BC, nursing operations administrator at Kentucky Children’s Hospital is behind the formation and implementation of the Parent Partnership Council at the children’s hospital. She has been on a mission to bring the patient- and family-centered care model to UK HealthCare, starting with the children’s hospital. “The focus of my entire career is engaging patients in the decisions we make as an organization,” says Dr. Springate. “Not just asking them but engaging them.”

Dr. Springate’s capstone project when she was completing her Doctor of Nursing Practice (DNP) degree looked at this care model and what it really meant to implement and practice it. Through literature review, studying best practices and visiting hospitals already using the model, she found that successfully claiming and executing patient- and family-centered care requires specific structures and processes that support and engage patients and families from start to finish.

Dr. Springate visited freestanding children’s hospitals to see what their models looked like. She then surveyed key stakeholders at Kentucky Children’s Hospital to assess the current state of patient- and family-centered care and readiness for integrating parents as full partners. She found that people truly want to practice patient- and family-centered care, but cultural and organizational change is necessary. To support organizational readiness, the hospital brought in Jim Conway, former senior vice president of the Institute for Healthcare Improvement and patient- and family-centered care consultant, to speak with hospital personnel.

“No one was surprised that we have some work to do to ready ourselves for partnering with patients and families,” says Dr. Springate. “One clear message from the readiness assessment was that our organizational goal is to reach the termination phase of this cultural change, where engaging patients and families in every aspect of the care continuum is just a part of our culture and no one has to think about it anymore.”

To help the hospital get to this phase, she developed an implementation guide based on best practices for Kentucky Children’s Hospital. One way this implementation guide is being used is to recruit parents for the Parent Partnership Council. “We’re looking for a diverse range of characteristics, not just cultural and social diversity, but diversity of experience—experiences that were good and those that show our gaps in providing outstanding care,” says Dr. Springate. “Every single parent we contacted was interested. We help them understand how to participate, and we support them in participating.”

As a precursor to the Parent Partnership Council, the hospital has sought patient input on a variety of other decisions and processes. For example, parents have been consulted on design decisions in the creation of the hospital’s new neonatal intensive care unit (NICU). The hospital had planned to install televisions in the rooms, but when parents were asked what they thought, they weren’t so sure. “I’m afraid TVs would distract people from taking care of their babies,” said one parent.

“Smiling, asking questions, making patients and families feel comfortable and connecting on a personal level all help with healing.”

—Angela Lang, enterprise director of the Office of Patient Experience, UK HealthCare



Parent feedback has also brought about changes in how the hospital deals with concussion patients. One mother whose son was a patient at the hospital after suffering a concussion wrote a letter providing feedback. “She said some things we hadn’t even thought about,” says Dr. Springate. As a result of her feedback, the hospital developed a new protocol and allowed the mother to review it for additional feedback.

Dr. Bezold agrees that closely involving families in care and giving them a voice is a major step forward. “I’ve been interested in having a parent advisory or focus groups at the children’s hospital for a long time,” he says. “I’m excited to be a small part of that as medical director for Kentucky Children’s Hospital and to bring a physician perspective and ear to what parents have to say.”

## Overcoming Obstacles to Achieve Better Outcomes

As with any kind of change, incorporating a new model has its challenges. “For many years, clinical provision of care has been very paternalistic in nature, with patients and families as passive recipients instead of active partners,” says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive. “This is a complete shift in our approach. It’s changing many aspects of a very traditional care model that was in place for a long time.”

One potential challenge is communication. In a large health care system, it’s important to make sure front-line staff receive the communication they need because they have the biggest impact at the bedside. On an individual level, having strong communication skills is vital for care providers working within a patient- and family-centered model.

Gwen Moreland, MSN, RN, NE-BC, assistant chief nursing executive, is working to advance the new care model by supporting staff and providers so they can successfully integrate families into the care of their loved ones. “It is clear that involving families in the care of the patient helps in improving the overall experience and quality of care,” she says. “This is definitely an exciting time at Kentucky Children’s Hospital.” ■



# Making Their Mark

WRITTEN BY  
Courtney Kinney Woeste

PHOTOGRAPHS BY  
Shaun Ring Photography

**Alicia Carpenter, MSN, CNS, RN-BC,**  
BSN Residency facilitator and preceptor  
for the endotracheal project



## BSN residents use projects to bring about evidence-based change

Most new graduates expect their first year of nursing to change their lives. What they don't always expect in that first year is to have the opportunity to implement positive change in their workplaces.

Nurses in the BSN Residency Program at UK HealthCare® get to do just that with evidence-based practice projects: year-long studies in which they can analyze any number of nursing practices, from bedside care to how best to arrange supplies. Their findings have changed hospital policies and practices over the last decade and picked up national awards along the way.

“The BSN residents gain a lot of confidence that they can make a difference, impact change, affect workplace culture and improve the care that’s provided on their unit,” says Janine Lindgreen, MSN, APRN, CCNS, coordinator of the BSN Residency Program at UKHC.”

### Helping New Nurses Succeed

The BSN Residency Program started at UKHC in 2002 to provide support and training for new BSN graduates during their first year of practice. Developed nationally by the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN), the program included UKHC as one of the six pilot sites.

The program is conducted as a partnership between UKHC and the UK College of Nursing to help nurses prepare for the rigorous demands of treating increasingly complex cases. The program’s residents attend monthly seminars on different topics related to patient care or other hospital-related issues, such as financial or materials management. They also meet once a month with facilitators in small groups to discuss topics related to their area of nursing.

It is within these groups that residents choose a practice project. Projects are primarily focused on nurse-sensitive indicators, such as pressure ulcers, patient falls and catheter-associated urinary tract infections, but can focus on anything that might improve care or operations.

“We want them to focus on identifying the greatest need that will ultimately improve patient care,” says Kathy Isaacs, PhD, RN, UKHC’s director of professional development. “Supporting new nurses in their practice and the ability to think critically begins with asking the question, ‘What issues are our patients having and how can we improve our nursing practice to make this better?’”

Many of the projects’ abstracts are then submitted to the annual UHC/ AACN Conference. Since 2009, nine posters have been chosen for poster presentations—several of which went on to win first, second or third place. Three of the posters have been chosen for podium presentations, which is the highest honor bestowed upon a study project.



## Real Impact for Patients

Residency projects have made an impact on nursing quality. Of the nearly 200 projects that have been completed to date, only some will directly change policies or procedures; however, according to veteran nurses who work with the residents, every project has added value.

“They all change care to some extent, even if it’s challenging norms or ideas or figuring out, ‘Hey, this doesn’t really work; this isn’t an avenue we want to pursue,’” says Lindgreen, who completed the residency program herself in 2005.

“There were times when nurses could not directly impact patient care with evidence-based practice ideas. Not only is [the residency] an educational and supportive program for new BSNs, but it also gives new nurses another way to contribute to the quality of care that’s delivered,” says Darlene Welsh, PhD, MSN, RN, associate professor at the UK College of Nursing, BSN Program director and co-coordinator of the BSN Residency Program.

Several recent projects have resulted in new products that have improved care at the hospital. One group looked at alternatives to tape for securing oral endotracheal tubes. The tape they used often resulted in skin breakdown, ulcers around the site and accidental extubation. The group found a superior product, completed a value analysis and submitted it to UKHC. That product is now being used enterprisewide.

“It is a big staff satisfier because it helps nurses do their jobs better,” says Alicia Carpenter, MSN, CNS, RN-BC, a resident facilitator who worked as a preceptor at the time of the endotracheal project.

At Kentucky Children’s Hospital in March 2015, neonatal ICU (NICU) nurse residents researched a better way to secure respiratory devices to babies in their unit. They observed that the RAM cannulas (named for the inventor, Rangasamy Ramanathan, MD), tubes that deliver oxygen to the infants, were often too big, causing ulcers and skin breakdown around the nose and septum. The result was a new protocol for securing the devices, as well as new color-coded cannulas.

“The project impacted the unit favorably and improved the quality of care,” says resident facilitator Lisa McGee, MSN, RN, CCNS, CKC, a neonatal clinical nurse specialist at Kentucky Children’s Hospital. “There have been decreased reports of babies having skin breakdown in the philtrum and nasal septal area.”

Other projects have changed protocols. A notable project was completed by UKHC acute care nurse Shannon Johnson’s group in 2011. After treating palliative care patients for the first time, Johnson, BSN, RN and her fellow group members realized that many new nurses weren’t prepared to handle issues associated with end-of-life care and chronic pain management. Nurses are trained to save lives, she says, and many become uncomfortable when faced with a case where preserving life isn’t the primary objective.

“It’s very different from what you’re taught in nursing school,” says Johnson, now in her fifth year at UKHC. “The focus is always, ‘We have a problem, let’s fix it.’ And sometimes, the patient’s needs and wishes get lost in the mix. So we really felt like it was important to start thinking about the patient a bit more, to see how we could incorporate that into bedside nursing and then see how we could educate nurses, especially new graduates, on how to do that.”

Johnson and group members Paul Boblett, BSN, RN, and Allyson Pierce, BSN, RN, looked at how other hospitals deal with palliative care and education. They also talked to the hospital’s palliative care team, including physicians, nurse practitioners, nurses, chaplains and social workers. Then they developed a web-based training program to teach nurses about palliative care, how to access the palliative care team and how to bring these issues up with the primary care team.

Their project was chosen as a podium presentation at the 2013 UHC/AACN conference. The web-based training program was adopted enterprisewide and is now part of annual competencies for all nurses at UKHC.

Johnson said she was surprised she was able to make such a splash as a first-year nurse.

“Honestly, that first year you are more focused on just surviving as a new nurse and making sure you are doing your best for your patients,” she says. “There is so much to learn and work on that it’s hard to imagine that you could possibly help others learn and expand their nursing practice. It was great to have the residency program support us in making those changes and impacting nursing hospitalwide.”

“I encourage nurses to challenge the nursing rituals and traditions that we’ve been doing and try to look at grounded evidence. If you use evidence, it improves the quality of patient care, it improves patient satisfaction and it also has an impact on health care dollars.”

—Pam Branson, MSN, RN, retired clinical nurse specialist and facilitator, UK HealthCare

## Learning the Ropes of Evidence-Based Practice

Embracing change and evidence-based practice is crucial for nurses. “It used to be in health care we would answer a question about nursing practice by saying, ‘Well, we do it that way because we always have.’ And you can’t say that anymore, because we’re always changing with the latest evidence and the best way to do things. It is really important for nurse residents to learn how to incorporate change into their practice,” Dr. Isaacs says.

“This is a difficult place to work,” says Robyn Cheung, PhD, RN, director of nursing professional practice and innovation at UKHC. “There’s very high acuity. There are many different cases you’re going to see here that you’re not ever going to see anywhere else, and it’s a huge learning opportunity.”

Retired Clinical Nurse Specialist and Facilitator Pam Branson, MSN, RN, who worked at UKHC for 34 years and still works part time, championed evidence-based practice in nursing.

“I encourage nurses to challenge the nursing rituals and traditions that we’ve been doing and try to look at grounded evidence. If you use evidence, it improves the quality of patient care, it improves patient satisfaction and it also has an impact on health care dollars,” she said. “The BSN residency takes what they’ve learned about evidence-based practice in school and helps them apply that to their practice.”

Assistant Professor Chizimuzo “Zim” Okoli says he can see the difference between his DNP students who have completed the BSN residency and those who have not.

“The BSN residency students ... they have a bit of preparation,” says Okoli, PhD, MPH, MSN, RN. “There’s a confidence.”

Those who have completed the residency program also say it has helped them to think critically and, ultimately, to become better nurses.

“It really gives you the opportunity, alongside other nurses, to explore different things in regard to what’s going to work best with patient care and what you can implement,” says cardiovascular ICU nurse Joy Coles, BSN, RN, a July 2015 graduate of the residency program. “You have to dig deep to see where the problems are and where you can be of assistance. That is what’s so great about the BSN Residency Program.” ■



A photograph of a woman with long dark hair sitting up in a hospital bed. She is holding a baby wrapped in a purple blanket. The room has a window with blue curtains and a white wall. The text 'step by step' is overlaid on the image in a white, lowercase, sans-serif font, with 'by' in a cursive script.

# step by step

The journey toward  
Baby-Friendly designation

WRITTEN BY  
Sue Fay

PHOTOGRAPHS BY  
Shaun Ring Photography



.....

## *UK HealthCare's journey*

to earning the national Baby-Friendly designation  
*and the evidence-based breastfeeding practices*

behind it are already putting a new generation of Kentuckians  
*on the road to better health.*

.....

*It* was May 2015 when the call finally came, says Gwen Moreland, MSN, RN, assistant chief nurse executive for UK HealthCare's Kentucky Children's Hospital. After nearly five years of hard work by dozens of nurses, lactation consultants, physicians, health educators and patients, UKHC was officially designated a Baby-Friendly® hospital—the first in Lexington and one of only 286 hospitals and birth centers nationwide recognized for excellence in breastfeeding best practices.

Baby-Friendly distinction is a long journey, says Moreland, who was on it all the way with UKHC Lactation Manager Gaye Whalen, MSN, RN, IBLC, and with Rebecca Collins, MD, the UKHC pediatrician and breastfeeding champion whose vision started the journey.

In the early '90s, Dr. Collins, director of the newborn nursery at UKHC, was astounded by the research she was seeing on breastfeeding. "At the time epidemiologic studies were just starting to come out about the huge differences between giving babies breast milk versus formula," she says.

Since then, a growing body of research has continued to emerge, confirming and expanding on the positive patient health outcomes of breastfeeding—particularly exclusive breastfeeding—for mothers as well as babies. Children who were breastfed exclusively show significant short- and long-term medical and neurodevelopmental advantages. Women who exclusively breastfeed reduce their risk of certain gynecological cancers as well as cardiovascular disease, Type 2 diabetes and more. "The evidence is irrefutable," says Dr. Collins.

Initiating breastfeeding within the first hour of delivery and continuing to do so appears to turn on a kind of health switch in mothers and babies, one that offers both of them important health protections for a lifetime.

It may also be nature's secret weapon in the fight against childhood obesity, a critical problem for Kentucky in particular. How? All babies cry and they

do it for comfort as well as for food, explains Dr. Collins. A crying baby who is given formula may quiet down, but if the cry was for comfort rather than food there's still only one real option for that baby—to eat.

Babies who breastfeed, on the other hand, go to the breast for food as well as for comfort and can actually control how much breast milk they're getting. "They learn to self-regulate," says Dr. Collins, who also notes that crying is actually a late sign of hunger. Babies offer earlier cues when it's time to eat and cues when they want comfort. Knowing the different cues and learning to read them in your baby is a far more effective and much healthier way to meet a baby's needs. "It's the way it was designed to work," says Dr. Collins. "Whenever we go against the human body, we're almost always wrong."

In 2009, the need for dedicated breastfeeding support was becoming increasingly obvious. "We were seeing more and more breastfeeding mothers just showing up on the floor looking for help," says Dr. Collins. She and Whalen started a part-time breastfeeding outpatient clinic at the hospital where mothers could go for advice and support from a pediatrician and lactation consultant.

Kentucky was close to last in the number of mothers who were breastfeeding at all, much less exclusively, by the time they were discharged from the hospital. Armed with the statistics and the evidence, Dr. Collins made her case to Paul DePriest, MD, UKHC's former chief medical officer and senior associate dean for clinical affairs. She told him that a multidisciplinary breastfeeding infant task force at UKHC would help improve breastfeeding rates and the health of the Commonwealth overall.

The ultimate goal would be to achieve designation as a Baby-Friendly hospital, an international initiative led by the World Health Organization and UNICEF to encourage evidence-based breastfeeding practices.

Dr. DePriest was convinced, says Dr. Collins. "He said, 'You know, this makes sense for Kentucky. It's just good medicine.'"



## 10 steps to successful breastfeeding

It did and it was. The first big change came in 2011 as a result of a study with the University of Louisville on the impact of skin-to-skin care on breastfeeding, an evidence-based practice that promotes bonding and breastfeeding initiation.

Anita Taylor, BSN, RNC-OB, is a patient care manager for maternal services and a member of the original breastfeeding task force at UKHC. With skin-to-skin care, the mother and baby are together within the first five minutes of life, a time when a baby's hunger cues kick in and help the baby successfully "latch on." A mother's own body temperature is naturally calibrated to warm a baby skin to skin, says Taylor. The important and immediate bond that comes with skin-to-skin care also triggers positive physical as well as psychological changes in mothers and babies. By the end of the study, task force members were stunned. "We could hardly believe it," says Taylor. "Just that one little alteration took our exclusive breastfeeding rates from 30 percent to 40 percent almost immediately."

Task force members had high hopes and more than a little trepidation as they turned their attention to their biggest challenge: implementing the ten evidence-based steps to become a Baby-Friendly hospital. The team got a big boost in 2012 when UKHC was one of 90 hospitals nationwide to be awarded a Best Fed Beginnings grant to help implement the required steps.

Initial training in breastfeeding and Baby-Friendly best practices was required of everyone working with prenatal or delivering mothers and babies—20 continuing education hours for all nurses and three hours of

education and training for all physicians. Nursing techs on the unit also received Baby-Friendly training.

"We tried very hard to implement one step and get it established before moving on to the next one," says Moreland. That wasn't always possible, she says, but small cycles of change were. One step was already in place with skin-to-skin care. However, getting mothers and babies skin to skin immediately after delivery was one thing, delaying infant baths for six hours was another. What used to be the role of nursing staff in Labor and Delivery was now being handled by those in Mother and Baby.

"Initially, nurses were leery of some of the workflow changes and how they might affect their practice." To answer them, Taylor made a video. "It took them back to how we used to do it—whisking babies out the room and all these babies lined up in the nursery and all of them with bottles and pacifiers." The video went on to show how it should and would look like as a Baby-Friendly facility, empty nursery and all.

Taylor says, "It put us all on the right footing." Today, she says, there are no naysayers with Baby-Friendly and the reason is simple. "We've seen what it can do. We're even going skin to skin with our late preterm babies, our 35- to 36-weekers who don't go to the Neonatal Intensive Care Unit. And they're doing marvelously!"

Baby-Friendly is about giving babies the best start in life, whether they're breastfed, bottle-fed or a combination of both. "That's what I love about Baby-Friendly," says Whalen. "We're there for all of our mothers, even those who aren't able to breastfeed or do

- 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in the skills necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 5 Give infants no food or drink other than breast milk, unless medically indicated.
- 6 Practice rooming-in—allow mothers and infants to remain together 24 hours a day.
- 7 Encourage breastfeeding on demand.
- 8 Give no pacifiers or artificial nipples to breastfeeding infants.
- 9 Foster the establishment of breastfeeding support groups.
- 10 Refer mothers to breastfeeding support groups on discharge from the hospital or birth center.

not choose to breastfeed after being informed of the benefits. We help mothers learn the cues, how to safely prepare formula and how to pace the bottles. Baby-Friendly is about bonding and nutrition for all babies.”

UKHC nurses now administer medications and perform routine screenings and assessments in the room, allowing mothers and babies to stay skin to skin and bond, especially during that first critical hour when successful breastfeeding is established. Pediatricians perform assessments on babies when they are in the room with their mothers, who can comfort them.

Night nurses are educated on what to do during those first two critical nights when babies seem to be hungry all the time and mothers are tired and frustrated. Studies show that breastfeeding mothers are tempted to give up during the first three weeks, says Dr. Collins, but especially so on those first two nights. “We know what time they give up—in the wee early hours on the second night.”

The journey to Baby-Friendly has changed the way maternity and infant care are delivered and it’s changed the whole culture for those who are delivering care at UKHC. Medical students and residents in nursery rotation with Dr. Collins participate in daily rounds where breastfeeding is part of every patient presentation, and the lactation consultant participates in the rounds to make sure a tailored medical plan is made for each dyad. “Many residents go on to take lactation courses or earn lactation consultant credentials because they came

from UK,” says Dr. Collins. “They’ll come back and say ‘thank you so much for teaching me all this, I’ve been able to help so many moms.’”

Support is probably the biggest factor in encouraging mothers to continue breastfeeding exclusively, says College of Nursing Assistant Professor Ana Maria Linares, DNS, RN, IBCL, a nursing scientist whose research focus is breastfeeding. Her data on factors influencing Kentucky’s vulnerable populations indicates the lack of strong breastfeeding support is the reason why so many give up. “We found that even though 51 percent of Hispanic mothers in Kentucky are exclusively breastfeeding at discharge, by the fourth month only 21 percent are.” Many are the first in their families to choose breastfeeding, says Dr. Linares, and are highly susceptible to a mother, grandmother or family member who insists the baby is hungry and needs formula.

Dr. Collins says, “The companies that make formula would have mothers believe that their products offer immune protective factors, but the reality is, formula doesn’t offer any of the immune protective factors that breast milk possesses and bottle-feeding isn’t ‘more modern.’”

An educational poster at the hospital shows a side-by-side comparison of the ingredients for health in breast milk versus those in manufactured formula. “I’ve had women coming in to deliver who see that poster and tell me it changed their minds in favor of breastfeeding,” says Taylor.

Breastfeeding education needs to start early, says Moreland. “The more educated the woman, the more likely she is to choose breastfeeding.” Prenatal visits at UKHC now include educational components, says Whalen. And the time to be hearing about the benefits of breastfeeding is long before the mother gets to the hospital to deliver.

Lactation support is now available to mothers after they have been discharged. Next day appointments for routine baby check-ups with the pediatrician also include a meeting with a lactation consultant. In 2010, there were two lactation consultants working at UKHC, says Whalen. Today, there are 14. Many of them are nurses and physicians on staff who have chosen to continue their training and earn lactation consultant credentials.

New federal regulations now require employers to provide mothers the time and dedicated space to express breast milk for their nursing children. (The policy is in place at the University of Kentucky and is included in this year’s College of Nursing student handbook.)

Last May, after receiving the news that the Baby-Friendly designation was official, Moreland and Taylor headed straight for the units, walking down hallways with floors decorated with “Wildcat Paws,” each one listing one of the Baby-Friendly steps that got them to this place. Change is not easy, and with all the demands on nursing today, implementing Baby-Friendly practices was particularly hard on nurses, says Taylor. “But they kept at it.” The nursing staff celebrated multiple little wins along the way, she says, “But this was the big one. It was their victory. And a victory for their patients.” ■

## How are we doing?

### INITIATED BREASTFEEDING

### EXCLUSIVELY BREASTFEEDING



85%

53% *at discharge*



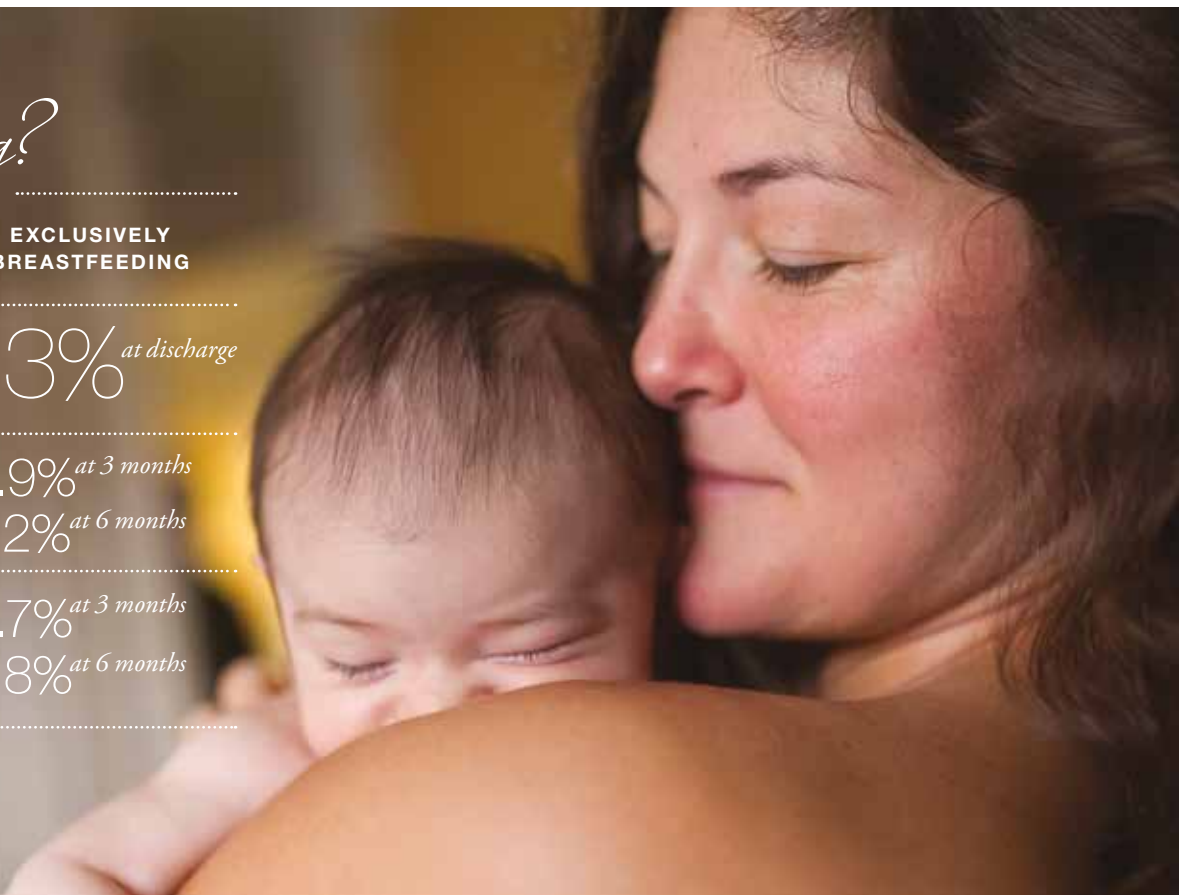
61%

28.9% *at 3 months*  
14.2% *at 6 months*



79%

40.7% *at 3 months*  
18.8% *at 6 months*





*healing*  
sense

*aromatherapy* + ESSENTIAL OILS



WRITTEN BY  
Sue Fay  
PHOTOGRAPHS BY  
Shaun Ring Photography &  
Richie Wireman



Patty Hughes, DNP, RN, NE-BC  
 Samantha Hargett, BSN, RN  
 Connie Jennings, MD



Thanks to ongoing research and pioneering new medical advances, including the use of functional MRIs that can show the brain in action, science is now confirming the efficacy of a number of age-old healing practices for pain management, relaxation, better sleep and an overall sense of well-being. **Aromatherapy is the latest integrative medicine tool in UK HealthCare’s growing collection and is already demonstrating that healing scents make healing sense.**

After more than a year in planning, development and training, evidence-based aromatherapy is now part of UK HealthCare’s growing integrative medicine program and is offered to oncology patients at UK Markey Cancer Center and to cardiovascular ICU patients at UK Albert B. Chandler Hospital. Other patient populations will likely follow, says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive for UKHC. “Markey has been especially creative in this area for years.”

The credit goes to Markey patients and their families, says Patty Hughes, DNP, RN, NE-BC, assistant chief nurse executive, Ambulatory. Markey’s collaborative patient care approach led to the creation some years ago of a Patient Advisory Group (PAG), made up of former Markey patients and caregivers who meet with Markey leadership monthly to offer advice on ways to improve care for patients and families.

During one of those meetings in 2011, a patient representative suggested that Markey consider offering alternative therapies to help patients with pain and other symptom management. Markey Cancer Center Director Mark Evers, MD, took the suggestion to heart. That same year, Markey offered its first integrative medicine modality, an energy healing practice called Jin Shin Jyutsu®.

Connie Jennings, MD, assistant professor of medicine at UKHC, is an internal medicine physician and a longtime advocate for alternative therapies for symptom management. She’s also a noted acupuncture expert and practitioner at UKHC. After the successful introduction of Jin Shin Jyutsu, she and Dr. Evers investigated new complementary practices to add to the cancer center’s growing list.

In 2013, Markey Cancer Center was recognized with the National Cancer Institute’s prestigious NCI designation, one of only 68 NCI-designated cancer centers in the nation and the only one in Kentucky. The designation would put Markey in reach of more research funding and other opportunities in the prevention, diagnosis and treatment areas of cancer. It was exciting news, especially for Kentucky, which has the highest overall cancer mortality rate in the U.S.

“There’s not an NCI-designated program in the country without a viable integrated medicine program,” says Dr. Jennings. “UK had several integrative modalities operating on their own feet, just not under the same umbrella.”

Dr. Jennings now acts as part-time medical director of the initiative to create an enterprisewide division to bring integrative modalities together under one roof. An interdisciplinary Integrative Medicine Steering Committee includes UKHC administration leaders to executive-level nursing leaders, alternative medicine practitioners and patient representatives. UKHC also joined a consortium of national top-tier academic health centers with established integrated medicine programs in place.

As members were looking at modalities offered by other NCI-designated cancer centers during their January 2014 meeting, Dr. Jennings asked Dr. Hughes what she thought about an aromatherapy program for patients. She told the UKHC nursing leader about the growing body of research supporting the use of essential oils for many of the symptoms experienced by cancer patients, noting that treatment doesn’t require a doctor’s order. It would be an entirely nurse-driven intervention.

## *Integrative Medicine,*

also called complementary medicine, combines non-mainstream health practices using natural products or mind-body practices with conventional medicine and treatment in patient care. The goal is to assist patients and families in achieving their own goals in pain management, well-being and quality of life. Today, there are a number of integrative medicine modalities for UK Markey Cancer Center patients, many of them now available to patients enterprisewide.

- Massage Therapy
- Relaxation Techniques
- Hypnotherapy
- Pet Therapy
- Storytelling and Narrative
- Aromatherapy
- Acupuncture
- Music and Art Therapy
- Jin Shin Jyutsu



 Anthony Carney, BSN, RN

“Even though the patient had a great plan and we were administering medications that should and did help with some of those issues, it took something more. **Aromatherapy in partnership with what we were doing medically seemed to do the trick.**”

— Samantha Hargett, BSN, RN

Dr. Hughes was all in. “Any modality that can assist a patient through the oncology process—we’re going to investigate it,” she says. Plus, adds Dr. Hughes, “If you’ve ever talked to Dr. Jennings, her passion becomes yours.”

By April, Drs. Hughes and Jennings had secured the services of two internationally recognized consultants, both seasoned trainers on the use of essential oils to relieve common symptoms typically seen in health care settings. Working closely with the consultants, Drs. Jennings and Hughes identified symptoms common to cardiovascular/thoracic patients and those undergoing cancer treatment—nausea, stress and anxiety, sleep issues and depressive symptoms. And they settled on five medical-grade essential oils to best address those symptoms: peppermint, ginger, lavender, sweet orange and frankincense.

In November 2014, aromatherapy consultants flew to Lexington to conduct a day-long aromatherapy training intensive for 25 UKHC participants, including physicians, nurse managers and RN “superusers” from the enterprise’s oncology and cardiovascular service lines. An attending physician in pediatrics who was interested in the use of lavender to treat symptoms in young cancer patients also expressed an interest and was invited to attend.

Acquiring the oils proved a challenge and delayed the official start by several months, says Dr. Hughes, but last spring, with an approved nursing protocol in place, the first Markey patient received an aromatherapy treatment with lavender for pain and anxiety. Since then, says Dr. Hughes, 13 Markey patients have received aromatherapy

interventions and all with reported success. “One patient has had 10 treatments, it worked so well.” Nausea was the No. 1 reason why patients received aromatherapy interventions, followed by anxiety and sleeplessness. The most-used essential oils were lavender, peppermint and ginger. The intervention itself is safe and easily administered—a few drops of essential oil on a cotton ball waved under the nose for a patient to sniff.

“Aromatherapy is a great tool, especially for cancer patients who suffer a lot with nausea and pain,” says Samantha Hargett, BSN, RN, a staff nurse at Markey and RN “superuser.” “Anything we can do to help our patients is what we want to do.”

Hargett says more and more patients are requesting aromatherapy. “At first, people may not be sure it will work for them and sometimes it doesn’t,” she says. “But it has helped many of them with complicated pain or nausea. It’s been a good supplement for what we’re able to do for them medically.”

Hargett recalls an older patient who was experiencing a great deal of pain, nausea and some insomnia. Hargett offered her aromatherapy. “Even though the patient had a great plan and we were administering medications that should and did help with some of those issues, it took something more. Aromatherapy in partnership with what we were doing medically seemed to do the trick.” The patient was able to relax enough to get some rest, says Hargett. “It was a really good example of what aromatherapy can do.”

## ESSENTIAL OILS + *symptoms*



**Peppermint**  
(*Mentha x piperita*)

nausea,  
pain



**Ginger**  
(*Zinziber officinalis*)

nausea,  
pain



**Lavender**  
(*Lavandula angustifolia*)

pain,  
stress/anxiety,  
depressive symptoms,  
sleep issues,  
well-being



**Sweet Orange**  
(*Citrus sinensis*)

stress/anxiety,  
depressive symptoms,  
sleep issues,  
well-being



**Frankincense**  
(*Boswellia carterii*)

depressive  
symptoms

Anthony Carney, BSN, RN, was a first-year cardiovascular/thoracic ICU nurse at Chandler and was still in orientation last fall when he got wind of the RN “superuser” training. He and the other first-year nurses in his BSN Residency Program group had been thinking about their final project and were intrigued by the idea of building it around aromatherapy. As a trained RN “superuser,” Carney would be able to come back and train others on the unit, including his BSN residency partners. Their residency project became a study on the self-reported pain levels of patients who had undergone Coronary Artery Bypass Graft (CABG), a procedure with an especially painful recovery.

Carney trained others on the unit, including BSN residency group member Joy Coles, BSN, RN. “We were going to be one of the first units to pilot the use of aromatherapy with patients,” she says.

The plan was to administer an aromatherapy intervention within two days of surgery to 25 willing male and female CABG patients and assess their pain levels before and one hour after treatment. The results were impressive, says Coles, who recalls the experience of one patient whose response was probably the most dramatic. “This patient hadn’t had any narcotics or intervention for pain or anxiety and the pre-intervention pain level was a 10.”

One hour after administering lavender aromatherapy to help the patient cope with self-reported pain and anxiousness, the patient’s post-intervention pain level had dropped to a five. “There was still a need for pain medication but not nearly as much. Coles says that aromatherapy isn’t a cure-all for pain and anxiety. “But it can be a valuable ancillary treatment, especially for patients who may not take pain medications well or be able to have them administered right away.”

Overall, says Carney, their aromatherapy study showed a drop in pain levels across the board, from a mean of 6.6 to 5.8.

He and Coles, who earned their baccalaureate degrees in the College’s BSN-DNP Option, are now engaged in doctoral studies at the College. “We’ve been thinking about expanding the study to include a bigger sample and more types of patients,” says Carney.

Much of the evidence for aromatherapy and other alternative health practices is qualitative rather than quantitative, the traditional gold standard for best practices in medical and nursing practice, explains retired College of Nursing Senior Lecturer and RN-BSN Option Coordinator Gina Lowry, PhD, RN. In the past, complementary treatments didn’t “fit” the medical model so they were discounted as legitimate treatments. Not anymore. The National Center for Complementary and Alternative medicine lists a growing number of nationally funded research programs, she says.

The independent accrediting and certifying body for hospitals, the Joint Commission, now says that hospitals need to offer patients pain control outside of traditional medicine. And knowledge of alternative treatments is an expectation in the consensus document outlining the framework for baccalaureate nursing education by the American Academy of Colleges of Nursing (AACN). “Too many people think aromatherapy is a scented candle from Target and that is just not the case,” says Dr. Lowry. “It depends on the individual.”

Today, new and emerging technologies in brain science are offering a new lens through which to look, says Dr. Jennings. “With functional MRIs we can now see the parts of the brain that monitor agitation and anxiety. They kind of cool off while parts of the brain that register serenity and calmness get more active. You can see that trend with aromatherapy, massage, acupuncture and other integrative modalities.”

Dr. Jennings says the future of integrative medicine and new modalities are already in the works at UKHC, including those involving nutrition. Today at leading hospitals nationwide, non-conventional patient care treatments are not “out there” but “in here,” working as a complement to medical care—and their patients are all the better for it. “We’re in the midst of a topflight medical center, and we don’t win every time,” says Dr. Jennings. “But there’s something in every patient here that can be healed.” ■



Joy Coles, BSN, RN



STRIKING

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IN THE PURSUIT  
OF NURSING  
EXCELLENCE,  
UK HEALTHCARE  
ACHIEVES THE  
GOLD STANDARD  
OF NURSING CARE:

**ANCC MAGNET  
RECOGNITION®**







WRITTEN BY  
Jennifer S. Newton

PHOTOGRAPHS BY  
Shaun Ring Photography &  
Lee Thomas

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## **The Olympic gold medal,**

the state fair blue ribbon, the US News & World Report Honor Roll, the Good Housekeeping Seal of Approval—throughout our culture, there are quality awards that signify achievement of the highest measure. Perhaps nowhere is quality more valued today than in health care.

For quality in nursing practice, one program sets the gold standard for nursing excellence: the American Nurses Credentialing Center (ANCC) Magnet Recognition Program.

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**On February 17, 2016, UK HealthCare regained Magnet status, but the road to recognition was rigorous.**

## The Draw of Magnet Status

In 1983, the American Academy of Nursing (ANA) initiated a study to identify health care institutions that attract and retain well-qualified nurses who uphold quality standards. From that study, the earliest stage of the Magnet Recognition Program was born. The ANA created the ANCC in 1990 to be its credentialing body, and the first ANCC Magnet-designated organization was recognized in 1994.

### According to the ANCC, Magnet recognition provides five major benefits:

- 1 Attract and retain top talent
- 2 Improve patient care, safety and satisfaction
- 3 Foster a collaborative culture
- 4 Advance nursing standards and practice
- 5 Grow your business and financial success

US News & World Report uses Magnet® recognition as an indicator of competence in its ranking of hospitals and medical centers. Magnet status is certainly a public relations tool that health systems can use to market quality and that consumers can use to make decisions about where to seek care.

More than that, the designation is a source of pride and recognition for nurses who provide gold standard-level care. University of Kentucky Director of Nursing Professional Practice and Innovation Robyn Cheung, PhD, RN, says, “Magnet really centers on nursing, and it recognizes the hospitals where nurses have input into their own practice. It recognizes institutions that have a risk-free environment where nurses are encouraged to ask questions and propose a better way.”

UK College of Nursing Dean Janie Heath, PhD, APRN-BC, FAAN, joined the College in 2014 after working for other universities and health systems that had been on the Magnet journey. “Students and faculty quickly recognize a professional culture that optimizes learning and practice environments.



*“We didn’t do it for Magnet. WE DID IT FOR OUR PATIENTS; and because of our accomplishments in the delivery of outstanding nursing care, we became eligible to achieve Magnet designation.”*

—KATHY ISAACS, PhD, RN,  
director of nursing professional development



You can see it and feel it in how nurses interact with one another, how they interact with colleagues, patients and families. An environment that embraces a journey for excellence in quality care becomes obvious without even asking the question: Are you Magnet?” Dr. Heath says. “Plus, being part of a Magnet-designated organization enables the College to recruit, retain and later employ the best students.”

### Shifting Priorities Signal Loss

UK HealthCare® became the 38th Magnet-recognized organization in 2001. The hospital maintained its designation until it was up for renewal in 2009, when the ANCC restructured Magnet Recognition Program criteria. “In 2008, there was a fundamental shift with Magnet, from a process-structured infrastructure to an outcomes-based infrastructure to reflect the importance of outcomes in maintaining a culture of excellence,” says Deeanna “DeeDee” McCallie, DNP, RN, CCRN, former manager of Nursing Excellence and Support Services and Magnet Program coordinator.

Instead of focusing on steps in a process, such as starting an IV or changing a dressing, the focus became: Was my action effective at producing

a great patient outcome? Did it improve nurse outcomes? Did it change nursing practice?

When UK submitted its renewal application in 2009, the submission did not meet the new Magnet standards, and UK appealed. But in early 2010, it was denied redesignation.

Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, says the application had three main issues: lack of an organized data-collection method on certain quality indicators, underperformance in patient satisfaction and underperformance in nurse satisfaction. “Because of that, even though we had a really good site survey, we did not have the outcomes to meet the Magnet standard,” says Dr. Swartz.

### Measure by Measure

The loss of Magnet status was a disappointing blow to nursing at UK, as well as the entire organization. However, nursing leadership quickly discovered the silver lining. “First and foremost, from a nursing practice perspective, we used the loss of Magnet as a call to action for us to really focus on quality outcomes, patient experience and staff experience,” says Dr. Swartz.



From 2010 to 2013, UKHC began an improvement process that signified a cultural change toward patient- and family-centered care. That process included evaluating the nursing strategic plan, identifying areas in need of quality improvement, and developing strategies for improvement, measurement and accountability. The end goal was not Magnet designation but great care.

“We didn’t do it for Magnet. We did it for our patients; and because of our accomplishments in the delivery of outstanding nursing care, we became eligible to achieve Magnet designation,” says Kathy Isaacs, PhD, RN, director of Nursing Professional Development and a 30-year veteran of nursing at UK.

With a system predicated on patient-centered care, outcomes naturally become a top priority. “First and foremost is measurement, ‘How are we going to measure the data? And, are we confident the data is telling us exactly what is going on with patients?’” says Dr. Swartz. For example, in tracking pressure ulcers, it is imperative to document whether an ulcer is present upon transfer from another facility or whether it is acquired during the hospital stay, to accurately track hospital-acquired rates.

The next step was evaluating current practices and adopting the best evidence-based practices

as standard work. Using evidence-based practices was not new to UK. “In all honesty, a lot of this we’ve been doing all along,” says Dr. Cheung. The differences came in thinking about documentation and data collection up front and in standardizing practices across the enterprise.

In early 2013, the organization felt ready to meet and exceed Magnet Recognition Program standards. “We started to hear inquiries from the staff about Magnet. They felt like they were doing Magnet-caliber work,” says Dr. McCallie. So, in the spring 2013 employee engagement survey, registered nurses were asked if Magnet was important to them. The result was an overwhelming 75 percent who said, “Yes.”

After three years of background preparation, UK began its application and Journey to Magnet Excellence® in earnest. In April 2013, the Magnet program coordinator position was created, and Dr. McCallie stepped into the role. Some of the first steps included developing a Magnet charter, instituting the Nursing Excellence Team (NET) to represent clinical staff nurses across the enterprise, and creating an Executive Sponsor Steering Team of senior nursing leadership to facilitate application issues and help align goals with the nursing strategic plan.

ACHIEVING  
*Magnet status*  
 was important to  
**75%**  
 of registered nurses  
 at UKHC.





**5**  
MAJOR  
components  
of the  
MAGNET  
MODEL

**(1)**  
*transformational*  
leadership

**(2)**  
structural  
*empowerment*

**(3)**  
*exemplary*  
professional practice

**(4)**  
*new knowledge,*  
innovations & improvements

**(5)**  
*empirical quality*  
outcomes

*(which tie each of the other components together.)*

## A Journey Unfolds

On December 20, 2013, UK submitted its application for Magnet recognition. Then the hard work of preparing the Magnet document began. A Magnet writing team consisting of clinical nurses, clinical nurse specialists (CNS) and nurse leaders worked on the document from May 2014 to February 2015.

The Magnet model has five major components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical quality outcomes. The Magnet document must answer about 70 questions related to these components and provide sources of evidence to show the applicant meets the threshold of excellence. Some questions are data-driven and others are story-driven. The Magnet team was tasked with reaching out to nurses and ancillary staff throughout the enterprise to collect data and uncover stories for each exemplar of excellent practice.

**To qualify for Magnet designation, a hospital must outperform the benchmark 51 percent of the time.** “Magnet looks at your last eight quarters of data for performance on patient satisfaction, nurse

satisfaction and patient outcomes that are sensitive to nursing care, known as nursing-sensitive indicators,” says Dr. Cheung. Nursing-sensitive indicators are outcomes that are particularly affected by nursing practice, such as hospital-acquired infections and the use of restraints.

For the Magnet team, the experience was enlightening. “It was really amazing to learn about the really outstanding work that has been accomplished by UKHC nurses—many of these accomplishments were written into stories we used for the Magnet document,” says Dr. Cheung.

## The Voice of the People

The NET committee played a crucial role in the Magnet journey. As representatives of staff nurses across the enterprise, the NET members’ roles included gathering stories and evidence from the units, disseminating information about Magnet progress, fielding nurses’ concerns and preparing nurses for the Magnet site visit.

Margaret “Peggy” Durbin, BSN, RN, a staff nurse in acute adult care who has been with UK for 36 years, was on the initial Magnet council when UK achieved Magnet recognition the first time.

Participating in the process again on the NET committee gave her a unique perspective. “When we first got Magnet, one of the drawbacks was that staff didn’t feel like they had much involvement. They thought it was just done for the administration. We wanted to change that and have nurses involved because it is all about them,” says Durbin.

Kerrie Brewer, BSN, RN, CPAN, a staff nurse, relief charge nurse on the post-anesthesia care unit (PACU) and NET member, says misconceptions still exist but are changing. “I think the biggest confusion is that Magnet is for the hospital, but it’s really not. It’s really to elevate nursing and let nursing staff take control of their profession,” says Brewer.

Khay Douangdara, MSN, RN, CPEN, division charge nurse for Emergency Services and chair of the NET committee, says Magnet recognition is an important acknowledgement of the great care that nurses at UK provide and that patients are starting to notice. “Now patients come in and know this is where they need to be, that they’re getting the best care here. That’s why I continue to work on helping with nursing excellence,” says Douangdara.



*“Shared governance is an important piece of the Magnet process because it represents*  
**EMPOWERMENT.”**

---

*—ROBYN CHEUNG, PhD, RN,  
 director of nursing professional practice  
 and innovation*

Carla Farrell, BSN, RN, an acute care nurse, was inspired by her work on the NET committee. “It was such a great experience because it showed how much everyone truly cares and how involved everyone really is. Seeing all of this made a difference in my desire to help even further,” says Farrell.

NET members have seen firsthand the cultural changes that have taken place. “I think the biggest change is the autonomy of nursing here. We have a direct say on all policies, on all guidelines,” says Durbin. Douangdara says one result is that nursing leadership listened to their concerns, and nursing leaders have become more visible and accessible.

Process changes are also evident on the nursing units. “Within the Emergency Department, we have focused on different interventions to decrease the number of preventable problems that are also nursing-sensitive indicators,” Douangdara says.

In her unit, Brewer says one of the things the PACU has really worked on is preventing pressure ulcers by working with clinical nurse specialists and the whole perioperative nurse team. That also affects the unit’s patient satisfaction scores.

Nursing leaders and NET members alike have worked to connect the dots for staff nurses between

their daily activities and the outcomes that make Magnet recognition attainable. “The Magnet process helps staff nurses connect what they do at the bedside every day with the big picture and with our organizational goals,” says Dr. Cheung.

### *Listening to the Experts*

The voices of nursing staff are heard not only through the NET committee but also in the opportunities presented in the shared governance model. “We know that our nursing staff members are the experts on their nursing practice. By providing a platform for their voices to be heard, nursing staff members are able to take an active role in practice decisions. This creates a better care environment for our patients and increases engagement among our nursing staff,” says Dr. Isaacs.

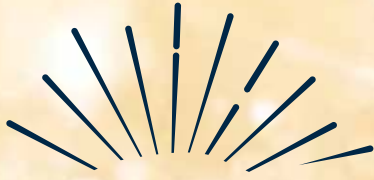
Shared governance is not a new concept at UK, but one that was in need of revitalization. “We’ve had shared governance at UK HealthCare since about the 1980s, and it’s gone through stages,” says Dr. Isaacs. “We found that we had councils that were doing amazing work, but communicating that work throughout the enterprise was lacking.”

Dr. Cheung joined UK HealthCare in 2011 and was soon charged with designing a new model

for shared governance. “Shared governance is an important piece of the Magnet process because it represents empowerment,” says Dr. Cheung. With her leadership, a task force evaluated other successful programs and literature on best practices to create a framework for UK’s new model.

In 2011, UK HealthCare reorganized around a service-line model, so the task force decided to align shared governance in service lines (such as trauma, neurosurgery, oncology, etc.) rather than the old model of care levels, such as acute or critical care. Although it was difficult to change the collective mindset of nurses, Dr. Cheung says there is a lot of commonality among service lines, and “I think that’s a much better way to think about a patient’s trajectory through an admission at UKHC.”

In the spring of 2014, the task force rolled out the new shared governance structure. In line with Magnet standards, councils are encouraged to align their projects with the nursing strategic plan. Dr. Isaacs emphasizes, “It is not self-governance. It’s shared governance. All the stakeholders have a piece in the decision-making.”



“One critical component of the Magnet process that goes beyond data points is **COLLABORATION**, not just within nursing itself but also with the medical staff, the UK College of Nursing, and all our interdisciplinary partners that provide clinical expertise to meet the challenges of our care complexity.”

—COLLEEN SWARTZ,  
DNP, MBA, RN, NEA-BC,  
chief nurse executive



TO QUALIFY FOR  
*Magnet designation*,  
a hospital must  
outperform the  
benchmark  
**51%**  
OF THE TIME.



UKHC is just in its second year of implementing the new shared governance model, so there is still work to be done to nurture and sustain it. “It takes a good six or seven years for a shared governance model to really set in.” But nursing leaders and staff alike are already taking note of the changes,” says Dr. Cheung. “The shared governance and service-line councils have really opened the door to communication and listening to nurses and learning what they would like to see done,” says NET member Brewer.

### *Collaborating for Change*

“One critical component of the Magnet process that goes beyond data points is collaboration, not just within nursing, but also with the medical staff, the UK College of Nursing and all our interdisciplinary partners that provide clinical expertise to meet the challenges of our care complexity,” says Dr. Swartz. “Although Magnet is a nursing recognition, we could not make this happen without all the interdisciplinary team members who also provide great care to patients.”

Former UKHC Chief Medical Officer Bernard Boulanger, MD, MBA, FACS, says he has been involved with many of the measurements and

clinical criteria used in the evaluation of Magnet standards. Additionally, physicians and nurses have worked in tandem to improve outcomes. For instance, Dr. Boulanger points to CAUTI (catheter-associated urinary tract infections) as an important national measure. “Nurses and physicians have worked together and reduced our rates of these infections significantly,” he says. Another nurse-physician joint effort is one to improve patient-experience survey results.

According to Dr. Boulanger, the UK medical staff is very supportive of the pursuit of Magnet recognition. “We have outstanding nursing at UK HealthCare from the leadership through all levels of nursing,” he says. Dr. Boulanger believes Magnet status “will engender some pride among physicians” and could help in physician recruitment.

Another of UKHC nursing’s partners and champions is the University of Kentucky’s College of Nursing. Dr. Heath, dean of the College, says, “When I got here, there was already a relationship established at the chief executive level that we have continued to move forward with as authentic academic-practice partners.”

Incorporating Dr. Heath and other members of her senior team on the Magnet executive team was a

natural extension of that partnership. She and her colleagues were involved in every step of the process and contributed to the storylines of the exemplars.

One gap in collaboration that was identified during the Magnet journey was the lack of integration of the College into the shared governance model. Because of her experience at her previous university, Dr. Heath was able to contribute to building that connection in a meaningful way. “We had the opportunity to look at that structure and build it so that we made sure there was a faculty member assigned to every one of the councils on the shared governance model. We spent a lot of time identifying the best match for each council,” she says.

The cultural change at UK has also contributed to a change in the way the College educates students to include a more interdisciplinary model of care.

### *The Pinnacle Is Reached*

UKHC submitted its Magnet document—the result of years of preparation and a source of great pride to all those involved—on April 1, 2015. The following June, Magnet asked for 14 additional documents later submitted by UKHC on August 31.

UKHC was granted a site visit in December

“Remarks by the ANCC appraisers summed it up: *‘This is a place where we would definitely work’*—  
**WHAT AN INCREDIBLE VALIDATION!”**

—ROBYN CHEUNG, PhD, RN,  
director of nursing professional practice  
and innovation



2015 to clarify, assess and validate the Magnet document and, as a result, UKHC was commended for its obvious commitment to patient-centered care in addition to its teamwork, interprofessional collaboration and partnership with the College of Nursing. “UK HealthCare’s dedication to excellent patient care, including performance around children’s asthma, successful work around reduction of pressure ulcers, communication strategies such as daily huddles and superb clinical leadership in ambulatory settings was clearly recognized,” says Dr. Cheung. “Remarks by the ANCC appraisers summed it up: ‘This is a place where we would definitely work’—what an incredible validation!”

“Our nursing staff have worked very hard to achieve this important distinction. They have been committed to this goal from day one and truly deserve this Magnet recognition,” says Dr. Michael Karpf, UK executive vice president for health affairs.

Patty Hughes, DNP, RN, NE-BC, assistant chief nurse executive, was a key partner in ensuring that UKHC’s ambulatory clinics exceeded Magnet standards.

“The ambulatory nursing staff embraced the Magnet journey and were truly excited to be a part of

it,” says Dr. Hughes. “The nurses and clinics who were visited during the site visit were outstanding! It is imperative that we continue to look at the ambulatory clinics to see how shared governance and other opportunities, such as a service-line model, can help ensure that our nurses are able to help their patients have the very best outcomes.”

UK will submit data annually to demonstrate that it is maintaining Magnet requirements as Magnet is a four-year designation and UK will be up for redesignation in 2019. Achieving Magnet status has the ring of redemption. It not only recognizes that UK nurses provide the very best care possible, but also reveals that years of hard work and dedication resulted in a positive cultural change. It is UKHC’s promise to provide patient-centered care and to empower nurses to decide what is in the best interest of their patients for years to come.

“UK HealthCare’s Magnet status is a remarkable, cross-disciplinary achievement, and that shows how our land grant and flagship mission call us to be a university for Kentucky,” says UK President Eli Capilouto. “These nurses are transforming patient care to better serve the Commonwealth and ensuring that our UKHC employees are working in a safe, wholesome, productive work environment.” ■

### NURSE SATISFACTION OR ENGAGEMENT:

The data, aggregated at the organization level, outperformed the vendor’s national mean, median or other benchmark statistic for **five of five** subscales.

UK HealthCare  
*exceeded the*  
**75<sup>th</sup>**  
PERCENTILE  
for all of the criteria.



# Nursing Advocacy: A Tradition of Leadership

WRITTEN BY  
Sue Fay



College of Nursing Dean Janie Heath, PhD, APRN-BC, FAAN, and College Assistant Research Professor Amanda Fallin, PhD, RN, who was recognized as a faculty policy intensive (FPI) fellow at the annual policy summit, accompanied student representatives on their visit to Capitol Hill: Katie Voigts (BSN Program), Gwen Moreland, MSN, RN, AACN (DNP Program) and Tracey Vitori, MS, MSN, MEd, ACNP (PhD Program).

“Kentucky’s tradition of national, state and local health policy leadership is one we want to continue and build on.”

—Janie Heath, PhD, APRN-BC, FAAN

Students and faculty from top nursing programs nationwide gathered in Washington in March 2015 for two annual American Association of Colleges of Nursing (AACN) policy summits.

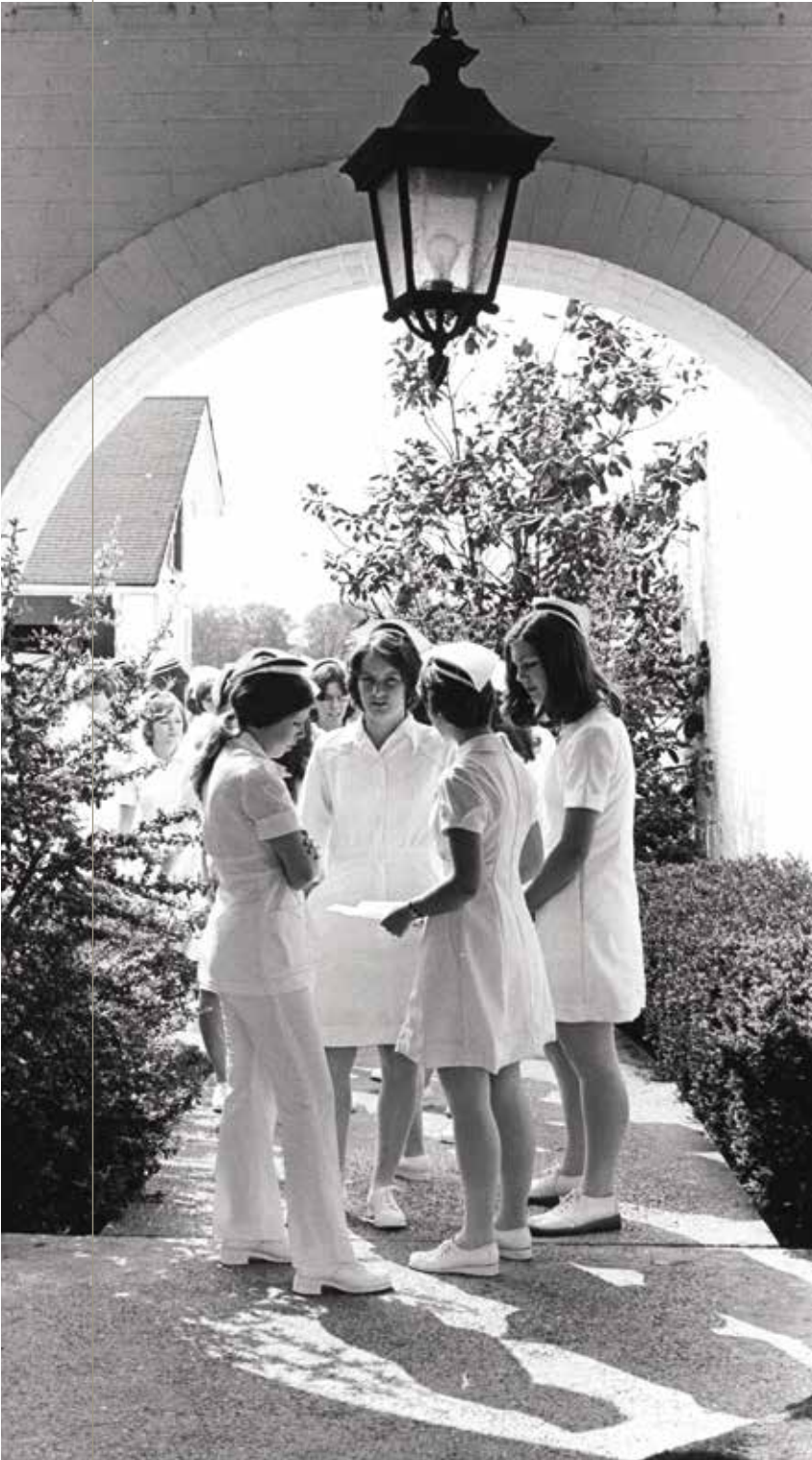
College of Nursing Dean Janie Heath, PhD, APRN-BC, FAAN, a member of AACN’s Governmental Affairs Committee and a state liaison for the Commonwealth’s AACN-member nursing programs, led a strong contingent of students and deans to this year’s event. The highlight, she says, was a day for students to sit down with Kentucky legislators and aides to advocate for nursing education and health policy to benefit Kentuckians. Dr. Heath says students “wowed” state representatives with their command of the issues and their passion, both of which were inspired in large part by their policy studies and the senior faculty leading them.

Professor Ellen Hahn, PhD, RN, FAAN, is a national name in tobacco control policy and serves as an ambassador for the Friends of the National Institute of Nursing Research (NINR), advocating for increased NINR funding. Professor Carolyn Williams, PhD, RN, FAAN, dean emerita of the College of Nursing, is a nationally recognized nursing leader whose advocacy played a major role in the development of the NINR itself and in the development and eventual establishment of the terminal degree in advanced nursing practice, the Doctor of Nursing Practice (DNP). Two former College of Nursing deans, Drs. Williams and Jane Kirschling, DNS, RN, FAAN, have both served terms as president of AACN.

“Kentucky’s tradition of national, state and local health policy leadership is one we want to continue and build on,” says Dr. Heath, who considers it a top priority to ensure that resources are always in place for students and faculty to go to Washington and Frankfort. “As dean, that’s always going to be on the agenda for me.”



# College of Nursing Alumni Association



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Join us to help support and encourage the next generation of nursing students! If I or any of the board members can provide additional information, please let us know. I also encourage you to join the UK Alumni Association (UKAA) at [www.ukalumni.net](http://www.ukalumni.net).

Membership not only benefits you personally, it also directly benefits the College of Nursing Alumni Association through additional funding provided from UKAA.

All the best and GO CATS!



**Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN**  
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# In Step Credits



If you'd like to be involved with your College of Nursing Alumni Association, please contact Patricia K. Howard, president at [pkhoward@uky.edu](mailto:pkhoward@uky.edu).

In Step is published annually by UK HealthCare Nursing and the UK College of Nursing

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**UK HealthCare** is firmly and unequivocally committed to providing high-quality, safe, patient-centered care to each and every patient. We are also advocates for transparency in health care and, to that end, we launched a UK HealthCare quality website in February of 2013. From the website, you will see that we are leaders among our peer group and other major academic medical centers. Through our patient-centered core values, we believe our patients have the right to understand and have access to data depicting the quality of care we provide.

Our quality data can be viewed at: [www.ukhealthcare.uky.edu/quality/home/](http://www.ukhealthcare.uky.edu/quality/home/)



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## A WORD FROM *an alum*

“From the beginning of my nursing career at UK to receiving my MSN and now, as I pursue my DNP, the College of Nursing has been an important part of my nursing journey.

UK has provided me with a foundation in nursing theory, research and leadership in addition to new knowledge of evidence-based practice. As a DNP student at UK focusing on executive leadership, I learned to integrate new science into practice while learning organizational/systems leadership, health policy and finance to improve quality of care and impact patient outcomes. The nursing education at UK has prepared me and so many other nurse leaders through its strong synergy of nursing experience and education.”

Zim Okoli (*BSN 1999, MSN 2002, MPH 2005 [College of Public Health], PhD 2005*)

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Gaye Whalen (*BSN 1982, MSN 1994*)



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 UK HealthCare

MAGNET UPDATE

“Our nursing staff has worked very hard to achieve this important distinction. They have been committed to this goal from day one and truly deserve this Magnet recognition.”

—Dr. Michael Karpf,

UK executive vice president for health affairs



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