

INStep
spring
2017

UK HealthCare

University of Kentucky®
College of Nursing

A photograph of a woman with long, straight brown hair seen from the back, holding a baby. The baby is wearing a pink winter hat with a bow and a pink jacket. They are outdoors in front of a brick building with a blurred background.

A JOURNEY OF HEALING & HOPE

PATHways: A Program for Opioid-Dependent Mothers

InStep for the Commonwealth

Every day, the College of Nursing and UK HealthCare® (UKHC) encounter new barriers that might challenge us from reaching our full potential. This issue of InStep includes stories about how we are overcoming these barriers and solving some of Kentucky's leading health challenges by working together to provide safe, high-quality, holistic care to our patients and their families, as well as to each other.

As nurses, we cross the boundaries of sadness and heartbreak on a daily basis; yet, we face tragedy with the strength and knowledge that empowers us to help individuals through programs such as the Perinatal Assessment and Treatment Home (PATHways) clinic, which supports opioid- and heroin-addicted women before, during and after the birth of their children.

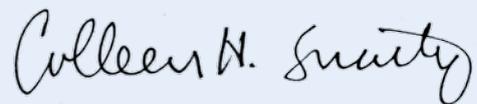
UKHC is also expanding geographic boundaries through its partnership with Cincinnati Children's Hospital Medical Center—combining the strengths of both institutions to provide cutting-edge pediatric cardiac care for children and adolescents in the Commonwealth.

Critical to the core of our missions is our continual push at the lines drawn between our differences—lines that might otherwise limit us from being more empathetic and thoughtful colleagues and caregivers. The College and UKHC have developed several initiatives that nurture diversity, promote inclusivity and mirror evolving patient demographics and health care standards to better support the nursing workforce, such as the College's Dean's Diversity and Inclusivity Council and UKHC's new Enterprise Goals for 2017.

In this issue, you will also learn about some of the frontline UKHC nurses who are treading many boundaries with excellence on a daily basis. From emergency nursing to hospital admissions—these providers continually go above and beyond to provide only the best bedside care. Help us celebrate and empower them to continue their noble work with relentless compassion and competence for every patient, every time.

As always, we thank you for recognizing our Big Blue Nation of nursing excellence as a long-standing academic-clinical partnership that continues to thrive from the meaningful and purposeful work we do for the patients, families and communities we serve.

Wishing you another year of health and happiness,



Janie Heath,
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Dean and Warwick Professor of Nursing,
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Chief Nurse Executive and
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UK HealthCare
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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, which took place in 2016:

Publications

Ingrid Adams, Chizimuzo Okoli, PhD, MPH, MSN, RN | Ana-Maria Linares, DNS, RN, IBCLC | et. al.

“Breastfeeding Practices Among Native Hawaiians and Pacific Islanders: A systematic review and meta-analysis.” *Journal of Obesity*, volume 2016, article ID 2489021, 9 pages

Cheavar Blair | Premi Haynes, PhD | Stuart Campbell, PhD | Charles Chung, PhD | Mihail Mitov, PhD | Donna Dennis, RN | Mark Bonnell, MD | Charles Hoopes, MD | Maya Guglin, MD | Kenneth Campbell, PhD “A Protocol for Collecting Human Cardiac Tissue for Research.” *The VAD Journal*

Bryan Boling, RN, DNP, CCRN-CSC | Donna R. Dennis, RN, BSN, CCTC | Thomas Tribble, AS, CST | Navin Rajagopalan, MD | Charles Hoopes, MD “Safety of Nurse-Led Ambulation for Patients on Venovenous Extracorporeal Membrane Oxygenation.” *Progress in Transplantation* 26(2) 112-116

Stephanie Devore, BSN, RN | Douglas Oyler, PharmD | Sarah Parli, PharmD | Andrew Bernard, MD “Comprehensive Geriatric Assessment for Trauma: Operationalizing the TQIP Directive.” *Journal of Trauma Nursing*, 23(6) 337-342

Peggy El-Mallakh, PhD, RN | Danielle McPeak, APRN | Milan Khara, MBChB, CCFP, Dip. ABAM | Chizimuzo Okoli, PhD, MPH, MSN, RN “Smoking behaviors and medical comorbidities in patients with mental illnesses.” *Archives of Psychiatric Nursing*, 30(6), 740-746

April Kapu, DNP, RN, ACNP-BC, FAANP | Carmel McComiskey, DNP, RN, CRNP, FAANP | Lacey Buckler, DNP, RN, ACNP-BC, NE-BC | Jennifer Derkazarian, DNP, RN, ANP-BC | Tammy Goda, DNP, RN, ANP-BC | Maria Lofgren, DNP, RN, ARNP, NNP-BC, CPNP | Colleen McIlvennan, DNP, RN, ANP-BC | Julie Raaum, DNP, RN, ARNP, FNP-BC, AAHVMS | Patricia Selig, PhD, RN, FNP-BC, FNAP | Corinna Sicoutris, MSN, RN, ACNP-BC, FAANP, FCCM | Barbara Todd, DNP, RN, CRNP, FAANP | Vicki Turner, MSN, RN, ACNP-BC, CCRN | Elizabeth Card, MSN, RN, APN, FNP-BC, CPAN, CCRP | Nancy Wells, DNSc, RN, FAAN

“Advanced practice providers’ perceptions of patient workload: Results of a multi-institutional survey.” *Journal of Nursing Administration*, Volume 46(10) 521-529

Divya Nagarajan, MBBS | Chizimuzo Okoli, PhD, MPH, MSN, RN “A systematic review of tobacco use among adolescents with physical disabilities.” *Public Health*, 133:107-115

Chizimuzo Okoli, PhD, MPH, MSN, RN “A comparison of survey measures and biomarkers of secondhand tobacco smoke exposure among nonsmokers.” *Public Health Nursing* 33(1):82-89

Chizimuzo Okoli, PhD, MPH, MSN, RN | Jonathan Kodet, MS, EdS | Heather Robertson, MPA “Behavioral and physiological responses to nicotine patch administration among nonsmokers.” *Biological Research for Nursing*, 18(1):60-67

Cecilia Page, DNP, RN-BC, PMP, CPHIMS, CHCIO, FACHE | Roy Simpson, DNP, RN, FNAP, FAAN “Nurse Leader Challenges in Data Transparency: Eyes to the Future.” *Nurse Leader* 14(4) 271-274

Cecilia Page, DNP, RN-BC, PMP, CPHIMS, CHCIO, FACHE “Leadership Transitions: What you Leverage for Success.” *Nursing Administration Quarterly* 40(1), 87-89

Ann Pederson, MSc | Chizimuzo Okoli, PhD, MPH, MSN, RN | Natalie Hemsing, MA | Rene O’Leary, MA | Amanda Wiggins, PhD | Wendy Rice, MPH, MA | Joan Bottorff PhD | Lorraine Greaves, PhD “Smoking on the margins: A comprehensive analysis of a municipal outdoor smoke-free policy.” *BMC Public Health* 16(1), 852

Matt Proud, BSN, RN, CEN | Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN “Does persistent pain following a motor vehicle crash impact functional status in older adults?” *Advanced Emergency Nursing Journal*, 38(4), 259-265

Matt Proud, BSN, RN, CEN | Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN “Why do patient return to the emergency department?” *Advanced Emergency Nursing Journal*, 38(2), 83-88

Yvonne Rice, DNP, APRN | Cynthia Talley, MD | Lisa Fryman, DNP, RN, NEA-BC “Implementation and Evaluation of a Team Simulation Training Program.” *Journal of Trauma Nursing*, 23(6) 337-342

Colleen Swartz, DNP, MBA, RN | Sarah Bentley, BSN, RN “Developing governance structures in health care system consolidation.” *Nursing Administration Quarterly*, Volume 40(4) 292-298

Marc Woods, BSN, RN “Changing the Culture of a Nursing Organization: A Case for Executive Coaching.” *Nurse Leader* 14(4) 267-270

Lisa V. Wright, MHA, RRT-NPS, AE-C | Jeffrey Bennett, MD | Craig Carter, DO | Landon Jones, MD | Susan Robbins, MD | Suzanne Springate, DNP, RN, NE-BC | Charles Lush, MBA | Daniel Cotter “Bronchiolitis Optimal Care: An Enterprise Effort to Reduce Variation in Bronchiolitis Management Across the Care Continuum.” *Respiratory Care Journal*; 61(10) 43

Ediz Tasan, MD | Michael Jesinger, MD | Richard Charnigo, PhD | Sage Kramer, BS | Sooyeon Kim, BS | Linda Clements, MSN | Alison Bailey, MD | Charles Campbell, MD “Early Prognosticators for Induction of Therapeutic Hypothermia Following Cardiac Arrest.” *Therapeutic Hypothermia and Temperature Management* 6(3)

Presentations

Rebecca Beech, BSN, RN, CCRN | Donna Ricketts, DNP, RN “The effect of cultural competency seminar for nurse educators.” *Kentucky League of Nursing Conference*

Lacey Buckler, DNP, RN “Heart Failure and Cardiomyopathies.” *American College of Cardiology Session Panelist*

Alicia Carpenter, MSN, RN-BC | Kay Roberts, RN | Sean McTigue, MD “Suspected Origins of Bacteremia in Center for Disease Control (CDC) National Healthcare Safety Network (NHSN) defined Central Line Associated Bloodstream Infections (CLABSI) at a Tertiary Care Academic Medical Center.” *Association for Professionals in Infection Control and Epidemiology (APIC) Annual Conference*

Graig Casada, MSN, RN “University of Kentucky HealthCare: Our transformational journey promoting inclusivity and equality.” *American Assembly for Men in Nursing 41st Annual Conference*

Stephanie Devore, BSN, RN | Douglas Oyler, PharmD | Sarah Parli, PharmD | Andrew Bernard, MD "Comprehensive Geriatric Assessment for Trauma: Operationalizing the TQIP Directive." Society of Trauma Nurses 2016 Annual Conference

Whitney Easley, BSN | Jordan Crutchfield, BSN | Beth Macleod, BSN "Quantitative Blood Loss in the Post-Partum Period." UHC/AACN Nurse Residency Program Conference

Erika Erlandson, MD | Julia Blackburn, DNP, RN, NE-BC | Lynne Jensen, PhD, APRN | Jimmi Hatton-Kolpek, PharmD "Using Simulation to Improve Transitions of Care." All Together Better Health VIII

Lindsey Fay, MS | Kevin Real, PhD | Kathy Isaacs, PhD, RN | Aric Schadler, MS | Allison Carll-White, PhD "Building a Culture of Health Evidence-Based Perspectives on Care." Kentucky Conference on Health Communications

Penny Gilbert, MSN, MBA, BSM, RN, NE-BC, CPHQ | Colleen Swartz, DNP, MBA, RN "Post-Acute Care - Is it the Quasar of Healthcare." American Organization of Nurse Executives

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN "Stress and resilience of trauma care." Southeastern Seaboard Symposium

Julie Hudson, RN, MS, CNOR, NE-BC | Jon Shouldis, MBA | Phillip Chang, MD "Surgeon Onboarding Program." Vizient Clinical Connections Summit

Julie Hudson, RN, MS, CNOR, NE-BC "Vendor Management." Vizient Clinical Connections Summit

Munawar Khalid, MD | Rajagopalan Navin, MD | Grigorian Alla, MD | Dennis Donna, BSN, RN, CCTC | Guglin Maya, MD "Successful Liver Transplantation from a Donor on a Continuous-Flow Left Ventricular Assist Device for 9 Months: A Case Report." Ky. Chapter: American College of Cardiology

Chizimuzo Okoli, PhD, MPH, MSN, RN | Dia Mason, Peggy El-Mallakh, PhD, RN | Heather Robertson, MPA "Developing a tailored tobacco treatment program for individuals with schizophrenia: A mixed-methods study." 2016 APNA Annual Conference

Chizimuzo Okoli, PhD, MPH, MSN, RN "The impact of substance use (alcohol, tobacco and other drugs) on cognition and recovery." Annual Conference for CETCLEVELAND Coaches and Trainers

Chizimuzo Okoli, PhD, MPH, MSN, RN | Milan Khara, MBChB, CCFP, Dip. ABAM "An examination of the practice of tailoring smoking cessation pharmacotherapy in a tobacco treatment program within mental health and addictions settings." United Kingdom Nicotine and Smoking Cessation Conference

Chizimuzo Okoli, PhD, MPH, MSN, RN | Milan Khara, MBChB, CCFP, Dip. ABAM "Treatment outcomes from the Vancouver General Hospital Smoking Cessation Clinic." National Conference on Tobacco or Health

Chizimuzo Okoli, PhD, MPH, MSN, RN | Ann Pederson, PhD "Smoking on the margins: An equity analysis of a municipal outdoor smoke-free policy in Canada." National Conference on Tobacco or Health

Chizimuzo Okoli, PhD, MPH, MSN, RN | Ann Pederson, PhD "An equity lens on the implementation and enforcement of a smoke-free policy in parks and beaches in Vancouver, Canada." National Conference on Tobacco or Health

Margaret Plymale, MSN, RN | Ranjan Ragulojan, BSc, Daniel Davenport, PhD, MBA | J. Scott Roth, MD "Ventral and Incisional Hernia: The Cost of Comorbidities and Complications." Society of American Gastrointestinal and Endoscopic Surgeons

Yvonne Rice, DNP, APRN | Cynthia Talley, MD | Lisa Fryman, DNP, RN, NEA-BC "Implementation and Evaluation of a Team Simulation Training Program." Society of Trauma Nurses 2016 Annual Conference

Preetham Talari, MD | Lisa Thornsberry, MSN, RN, CNML "An ITIM (Interprofessional Teamwork Innovation Model) of Necessity." Vizient Clinical Connections Summit

Courtney Weekley, MSN, APRN, ANCS-BC, RNC-OB | Mary Ann Tucker, RN | Whitney Ealey, RN | Jordan Crutchfield, RN | Beth Macleod, RN "Empowering Staff: From Project to Protocol to Practice." Association of Women's Health, Obstetric and Neonatal Nurses National Convention

Lisa V. Wright, MHA, RRT-NPS, AE-C | Jeffrey Bennett, MD | Craig Carter, DO | Landon Jones, MD | Susan Robbins, MD | Suzanne Springate, DNP, RN, NE-BC | Charles Lush, MBA | Daniel Cotter "Bronchiolitis Optimal Care: An Enterprise Effort to Reduce Variation in Bronchiolitis Management Across the Care Continuum." American Association for Respiratory Care Congress

Posters

Julia Blackburn, DNP, RN, NE-BC | Karen Mutsch, DNP | Lynne Jensen, PhD, APRN | Erika Erlandson, MD | Jimmi Hatton-Kolpek, PharmD "Improving Interprofessional Communications Across Transitions of Care for Patients with Stroke." Doctors of Nursing Practice Conference 2016

Karen Bowman, BSN, RN "Implementing Postvention Huddles in Acute Psychiatric Care." 2016 APNA Annual Conference

Kerrie Brewer, BSN, RN, CPAN | Megan Templeman, BSN, RN "Obstructive Sleep Apnea: Using STOP BANG to Help Prevent Post-Operative Complications." American Society of PeriAnesthesia Nurses

Amanda Carney, BSN, RN, CCRN | Kerri Brewer, BSN, RN, CPAN "Encouraging Courageous Care through an Online Journal Club." American Association of Critical-Care Nurses National Teaching Institute & Critical Care Exposition

Judi Dunn, DNP, RN "Impact of Multi-Media Based Patient Education Program on Rate of

30-Day Readmission After Percutaneous Coronary Intervention." American Organization of Nurse Executives

Lindsey Fay, MS | Kevin Real, PhD | Kathy Isaacs, PhD, RN | Aric Schadler, MS | Allison Carll-White, PhD "Communication and the Built Environment in Two Hospital Designs: A Pre/Post Investigation." Kentucky Conference on Health Communications

Rebecca Garvin, MSN, MBA, RN-BC | Teresa Chase, MSN, RN | Elizabeth Kijek, MSN, RN "Preceptor Development: What's Now and What's Next." Association for Nursing Professional Development

Sarah Gabbard, DNP, RN "Quality Improvement: Post Foley Removal Guideline Evaluation Evidence-Based Practice Application." Kentucky Organization of Nurse Leaders Annual Conference

Elizabeth Jacobs | Erika Erlandson, MD | Julia Blackburn, DNP, RN, NE-BC | Jimmi Hatton-Kolpek, PharmD "Assessing the Effect of Stroke on Medication Regimen Complexity." American Society of Health System Pharmacists

Sooksai Kaewbua, BSN "Healthy Heart, Healthy Brain Program: An Innovative Game to Improve Mental Health by Preventing Cardiovascular Disease." 2016 American Psychiatric Nurses Association (APNA) Annual Conference

Shelly Marino, MHA, RN, C-NPT, NE-BC | Tina McCoy, MSN, RN, C-NPT | Scottie Day, MD "Using benchmarks to develop a quality improvement project: Continuous monitoring of waveform capnography in the intubated neonatal patient." American Academy of Pediatrics Experience National Conference and Exhibition

Brandy Mathews, DNP, MHA, RN, NE-BC "Testing the Effectiveness of Simulation to Increase Nurse Confidence in Caring for Patients with Drug and Alcohol Issues." Kentucky Organization of Nurse Leaders Annual Conference

Brandy Mathews, DNP, MHA, RN, NE-BC "Testing the Effectiveness of Simulation to Increase Nurse Confidence in Caring for Patients with Drug and Alcohol Issues." Kentucky Nurses Association Annual Convention

Tanna Mckinney, RN | Elizabeth Maybrier, BSN, RN "Emergency Fall Review: A Multidisciplinary Approach." 2016 APNA Annual Conference

Chizimuzo Okoli, PhD, MPH, MSN, RN | Marc Woods, BSN, RN | Heather Robertson, MPA "Intentions and Barriers to Providing Tobacco Treatment among Providers in a Psychiatric Hospital: An Application of the Theory of Planned Behavior." 2016 APNA Annual Conference

Chizimuzo Okoli, PhD, MPH, MSN, RN | Vivek Anand, MD "Personalizing smoking cessation pharmacotherapy based on the Nicotine Metabolite Ratio (NMR): A systematic review." University of Kentucky Center for Clinical and Translational Science Spring Conference

BSN Residents

Adult Care

Briana Pollum, BSN | Debra Schweitzer, BSN | Ashleigh Vetter, BSN | Ruby Besa, BSN
"Making Time for Meds"

Leigh Anne Koonmen, BSN | Steven Kirby, BSN | Jazzmine Ramey, BSN | Mallory Stephens, BSN
"Days Since Last Fall..."

Kayla Smock, BSN | Maureen Mallas, BSN | Sarah Gayhart, BSN | Racheal Meyer, BSN
"Skin Care Education for New Hires"

Cardiovascular

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

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

Natasha Buhler, BSN | Sasha Rowe, BSN
"Promoting optimism in patients for better health"

Shelby Floyd, BSN | Sam Thornton, BSN | Kendall Barrett, BSN | Jessica Burns, BSN | Emily Passafume, BSN
"Chronic Pain Team"

Damien Enzenbacher, BSN | Sarah Wilt, BSN | Lauren Miller, BSN | Katie Wilhelm, BSN | Carissa Smith, BSN
"Effectiveness of Permanent Stethoscopes for Assessing Patients in the Cardiovascular and Vascular Intensive Care Units"

Theresa Coate, BSN | Nicole Hendy, BSN
"Health care professional's perception and understanding of adequate pain management in substance abuse"

Anca Cosoreanu, BSN | Kaci Downs, BSN | Hannah Flaherty, BSN | Emily Jones, BSN | Matthew Marchese, BSN | Casey Mingua, BSN | Jennifer Young, BSN
"No more sitting ducks: Goal driven interprofessional rounding"

Emergency Department

Kristin Nation, BSN | Allie Betulius, BSN | Greg Dekker, BSN | Rachel Bauer, BSN | Hinal Gandhi, BSN
"ED Nurses: Agents that"

Christina Thompson, BSN | Becca Slaughter, BSN | Amanda Clark, BSN | Bryn Brendamour, BSN | Annie Garland, BSN | Brooklynn Tanner, BSN | Caroline Dunn, BSN
"The 'Down and Dirty' of SCM Downtown Charting for Nurses"

Good Samaritan Hospital

Stephanie Caluag, BSN | Kayla Cole, BSN | Kathryn Sands, BSN | Nickole Faust, BSN | Morgan Thornsberry, BSN
"CLABSI Prevention"

Jamaica Mehr, BSN | Ashley Vallance, BSN | Kali Whitson, BSN | Katherine Sandford, BSN | Jessica Kneeland, BSN
"Early identification of PIV infiltrates phlebitis and improved education for nurses"

Amber Bailey, BSN | Jenna Satterfield, BSN | Morgan Ivey, BSN | Melissa Terhune, BSN
"Tracking I&O Adequately When Ordered per Provider"

Medicine and Oncology Capacity Command
Keegan Magee, BSN | Steven Anderson, BSN | Kayla Gooding, BSN | Carisa Cochran, BSN | Amanda Bobbett, BSN
"Monitoring for Sepsis"

Michael Bailey, BSN | David Burnett, BSN | Mckirahan, BSN | Charlene Helton, BSN | Sarah Doerr, BSN
"Pressure Ulcer Prevention: The reduction of moisture associated skin breakdown which may lead to ulceration"

Lauren LeGrand, BSN | Dusty Khoshreza, BSN
"Culture Buddies"

Kelsey Castiglioni, BSN | Alicia Kidd, BSN | Kayla Albright, BSN | Teri Chrisco, BSN | Sydney Pennington, BSN
"Ticket to Ride"

Christie McBride, BSN | Jen Cash, BSN | Ethan Virgin, BSN | Jared Hutchinson, BSN | Megan Perkins, BSN | Victoria Roser, BSN
"Daily Communication of Patient Goals in MICU"

Jillian Butcher, BSN | Rachel Davis, BSN | Allison Hanrahan, BSN | Kendall Helm, BSN | Sean Hikes, BSN | Corinna Hughes, BSN | Mai Motoni, BSN | Madalyn Rohar, BSN | Bradley Topping, BSN
"Knowledge regarding the use of temp-sensing Foley catheters"

Katie Reeves, BSN | Britni Tatman, BSN | Travis Spivey, BSN | Maevie McGrath, BSN
"The Don't Wait campaign"

OB

Veronica O'Neal, BSN | AnneMarie Bobel, BSN | Allison Bass, BSN | Kellie Young, BSN
"Effective pushing during the second stage of labor"

PICU and NICU

Natalie Wilkinson, BSN | Christiana Constantinou, BSN | Madison Crooks, BSN | Travis States, BSN | Sandra Oney, BSN | Holly Rice, BSN | Molly Hinkel, BSN | Meagan Moulden, BSN | Allison Johnston, BSN
"Designate appropriate areas for sterile procedures in NICU and OB"

Megan Anderson, BSN | Mercedes Dehart, BSN | Megan Gaines, BSN | Kristin Hinkle, BSN | Rebekah Hollon, BSN | Kaitlyn Langenkamp, BSN | Lindsey Malone, BSN | Jane Varakin, BSN
"Increasing Kangaroo Care Incidence Across All Weight Categories in the NICU"

Tori Mortenson, BSN | Magan Carver, BSN | Olivia McCracken, BSN | Jenna Sander, BSN | Cassandra Burns, BSN
"RN provider communication"

Katherine Borders, BSN | Megan Wagoner, BSN | Sylvan Ryder, BSN
"Using the Scent of Breastmilk as Pain Stress Management in Neonates and Infants"

Pediatrics

Kaitlyn Henderson, BSN | Brooke Mitchell, BSN | Lauren Bales, BSN | Bailee Oliver, BSN | Paige Crook, BSN | Emily Moore, BSN
"Chlorhexidine bath compliance in pediatric patients with central lines"

Kelly Cottrell, BSN | Lizbeth Whipple, BSN | Kim Fairbrother, BSN | Brianna Murphy, BSN | Melanie Reber, BSN | Hali Whitt, BSN | Alex Huffman, BSN | Kelly Thomas, BSN | Shelby Leer, BSN | Kaitlynn Mullins, BSN
"Oral Hygiene Education in Pediatrics"

Laiken Kasfeldt, BSN | Ariana Kakar, BSN | Ashley Harris, BSN | Mary Catherine Kirkwood, BSN
"Labs: Every Drop Counts"

Peri-Op

Trisha Martin, BSN | Laura Price, BSN | Lindsey Schenck, BSN
"Staff Preparedness of Malignant Hyperthermia"

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 and Preceptees"

Liz Yoder, BSN | Coryn Taylor, BSN | Jennifer Rosenthal, BSN | Caroline Ford, BSN | Suzanne Cardosi, BSN | Alison Ruark, BSN
"Color labeling of maintenance intravenous lines"

Lindsey Ratermann, BSN | Sydney Carter, BSN | Nate Elder, BSN | Kyle Chadwick, BSN
"End Tidal CO Who?"

Jessica Brown, BSN | Brittany Parrish, BSN
"Using Turn Teams for Pressure Ulcer Reduction"

William "Andy" Smith, BSN | Lauren Moon, BSN | Molli Metzger, BSN | Jana Sammans, BSN
"Falls"

Black Nurses Association Dedicated to Support



The Lexington Chapter of the National Black Nurses Association (LCNBNA) continues to strive toward a society where all people live long, healthy lives.

Vice President Arica Brandford, PhD(c), JD, MSN, RN, went to the BNA National Conference in Memphis, Tennessee where she represented the local chapter as well as collected data for her dissertation focused on the influence of discrimination on African American registered nurses. In addition, Jennifer Hatcher, RN, PhD, MPH, associate professor and director of diversity and inclusivity at the College and president of LCNBNA, published a manuscript titled “Promoting Mammography among African American Women in the Emergency Department: A Randomized Controlled Trial” in the summer issue of the Journal of the National Black Nurses Association.

While the NBNA celebrated its 45th anniversary, the local chapter experienced an exciting year of growth and revitalization under its new leadership. LCNBNA conducted a membership drive in which nurses of color in the region were contacted via social media and written correspondence. The drive was augmented by a summer picnic at Masterson Station Park, where interested nurses were introduced to the mission of the local and national chapters to advocate for equity and justice in health care and to be a leading voice and driving force for communities of color.

For the New Year, the LCNBNA proudly announces the 2017 Commitment to Serve. We are dedicating ourselves to serving our communities in a variety of ways, and we will announce a new service activity each month through social media at www.facebook.com/LCNBNA.

Please email your contact information to lcnbna2011@gmail.com if you would like to join us in one or more of our monthly service activities, to stay informed of service activities, times, dates and locations or to suggest potential service opportunities. We'd love for you to join us!

“The arc of the moral universe is long, but it bends toward justice.”

—Martin Luther King Jr.

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

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

UK HealthCare and UK College of Nursing 26th Annual Nursing Research Papers Day

PHOTOGRAPHS BY
Seth Applegate



From left to right: Theresa Coate, BSN, RN, and Samantha Mancuso, DNP, RN, CCRN.

Dorothy Y. Brockopp Nursing Research Award

The recipient of this year's Dorothy Y. Brockopp Nursing Research Award is **Samantha Mancuso, DNP, RN, CCRN**, part-time clinical instructor at the College and staff nurse in the Cardiovascular Intensive Care Unit at UK HealthCare® (UKHC). Dr. Mancuso's research, "The Smart Heart Self-Care First Program" involves a telehealth educational program that focuses on psychological outcomes—depression and anxiety—and how the program, in addition to the promotion of self-care through daily text message delivery, impacts clinical outcomes such as heart failure-related self-care scores, readmissions and mortality and patient outcomes such as follow-up depression, anxiety and quality of life. Her hope is to disseminate her

research at a larger scale through tablets that have pre-downloaded heart failure education as well as an application that delivers the text messages with tips on medications, weight management, exercise, depression, follow-up care, fluid restriction and salt restriction. Eventually, she would like to incorporate a symptom rating system to further increase communication between patients and their providers.

Dr. Mancuso has worked with the UKHC Pulmonary Critical Care Nurse Practitioner Team since February 2017 and currently teaches high acuity clinicals in the College. She serves as a member of the Kentucky Coalition of Nurse Practitioners and Nurse Midwives, the American Nurses Association and Sigma Theta Tau Delta Psi, the honor society for nursing. In 2014, Dr. Mancuso received the University of Kentucky Saha Cardiovascular Nursing Education and Research Award and later received the Paula Fritz Nurse Patient Education Award in 2016.



Pam Branson BSN Resident Award

Theresa Coate, BSN, RN and Nicole Hendy, BSN, RN are the recipients of the 2016 Pam Branson BSN Resident Award, named in honor of Pam Branson, MSN, RN, clinical nurse specialist, who served as an employee of UKHC for more than 36 years from 1978 to 2015. The award was designed to reflect Branson's commitment to quality nursing practice by recognizing BSN residents who have demonstrated exemplary use of evidence-based decision making to provide optimal patient outcomes.

Coate and Hendy are studying Intravenous (IV) substance abuse disorders at Albert B. Chandler Hospital and if nurses feel they are providing adequate pain control to their patients who have such disorders. Together they found an alarming gap in nursing care derived from the negative stigma associated with substance abuse disorders: Nurses will often neglect the psychological aspect of substance abuse. Their aim is to re-educate providers on this psychological aspect of the disorder, which will help them more appropriately treat their patients, therefore, positively impacting patient outcomes.

Nicole Hendy, BSN, RN



Podium Presentations

Bryan Boling, DNP, ACNP-BC, CCRN-CSC, CEN | Melanie Hardin-Pierce, DNP, RN, APRN, ACNP-BC | Lynne Jensen, PhD, APRN-BC | Zaki-Udin Hassan, MBBS "Evaluation of a High-Fidelity Simulation Training Program for New Cardiothoracic ICU Nurses"

Veronica Fennelly, RN, CCRN "A Surveillance of Bioburden on Reusable EKG Leads"

Sarah Gabbard, DNP, RN "Post Urinary Catheter Removal Guideline Program Evaluation"

Francis Hardin-Fanning, PhD, RN | Cheryl Witt, MSN, RN | Kelli Bonifer, BS | Nellie Buchanan, MS | Stephanie Derifield, MS | Jodie Paver, MAT | Debbie Shepherd, BS | Martha Yount, MS | Amy Spicer "Theory of Planned Behavior and the Rural Eating and Cooking Healthy (REACH) Project"

Ana Maria Linares, DNS, RN, IBCLC | Rebekah Duchette, RN | Ana Maria Machado, MPH "Childcare Breastfeeding Policies in North-Central Kentucky"

Lisa Ramsburg, Ed.D, MSN, RN, CNE | Ashlee Gallion, DNP, RN | Deanna Pope, DNP, RN, CNE | Lynda Turner, Ed.D., MSN, RN, ACNS-BC, CNE "The Relationship between High-Fidelity Simulation and Perceived Confidence Levels Among Senior Nursing Students"

Traditional Poster Presentations

Theresa Coate, BSN, RN | Nicole Hendy, BSN, RN "Health care Professionals Perception & Understanding of Adequate Pain Control in Substance Abuse Patients"

Shannon Haynes, MSN, RN, CNML, et. al. "Strategies to Improve Communication for Surgery Patients in the Neonatal Intensive Care Unit: Nurse Led Rounds"

Glenda Guiler-Dawson, RN | Stephanie Brown, RN | Kim Alexander, RN "Comprehensive Joint Replacement and Value-Based Purchasing: Engaging Physicians to Change Documentation Habits and Avoid Denials"

Francis Hardin-Fanning, PhD, RN | Robert Wilson, MPH(c) | Angela Ballard Grubbs, DNP | Amanda Wiggins, PhD "Inclement weather policies at indoor pools impact safety and physical activity levels"

Tricia Kellenbarger, MSN, APRN, ACCNS-AG "Decreasing Patient Falls in a Transitional Unit"

Ifeanyi Madujibeya, BSN, RN | Teresa Villaran, MSN, APRN-BC, CCRN "Ethical Issues Confronting Nurses' Participation in the Death with Dignity Act"

Jennifer Opsata, RN, et. al. "Putting a STOP to Patient Falls: Purposeful Hourly Rounding"

Courtney Weekley, MSN, APRN, ACNS-BC, RNC-OB | Mary Ann Tucker, MSN, RNC-OB, CCE | Jordan Crutchfield, BSN, RN | Whitney Ealey, BSN, RN | Beth Macleod, BSN, RN "Implementing Quantitative Blood Loss Measurement: From Project to Protocol to Practice"

Reagan Wilson | Jan Odom-Forren, PhD, RN, CPAN, FAAN "Ambulatory Surgery Patients' Willingness to Pay to Avoid Postoperative Nausea, Vomiting and Pain"

Student Podium Presentations

Sooksai Kaewbua, BSN "Healthy Heart, Healthy Brain (H3B): An Innovative Game to Improve Mental Health By Preventing Cardiovascular Disease"

Adebola Adegboyega, BSN, RN | Jennifer Hatcher, PhD, MPH, RN "Factors Affecting Utilization of Pap Screening Among Sub-Saharan African Immigrant Women"

Paula Halcomb, MSN, RN "Post Evaluation of a Nurse-Driven Early Mobility Program"

Joy Coles, BSN, RN | Jessica Porter, RN, BSN, CCRN "Promotion of a Healthy Work Environment: The Cardiology Collaborative Initiative in the CVICU"

Student Poster Presentations

Joanna Cho, BSN "The Presence of PONV Determined by Adherence to Prevention or Risk Adapted Prevention Guidelines"

Samantha Mancuso, BSN, RN, CCRN | Melanie Hardin-Pierce, PhD, RN | Chizimuzo Okoli, PhD, MPH, MSN, RN | Krista Lewis, RN | Candice Falls, APRN "The Smart Heart Self-Care First Program"

Shane Slone, DNP | Melanie Hardin-Pierce, PhD, RN | Theresa Loan, PhD, APRN, FNP-BC "Effect of Enteral Feeding Time in Septic Shock Patients"

UK HealthCare Nurse Promotions and Transitions to Leadership Positions

June 2015 -
June 2016



Marcia Alverson
MSN, RN
Staff Development Specialist,
Division Nursing Practice
Improvement



Ashley Cross,
BSN, RN
Assistant Patient Care
Manager



Cori Matsakis
BSN, RN
Patient Care Manager,
Samaritan Hospital,
Wound Care



Nina Barnes
MSN, RN, CNML
Nursing Operations
Administrator, Markey Cancer
Center Administration



Shannon Evans
BSN, RN
Operations Manager
Interventional Services,
Gill Heart Institute



Bari Lee Mattingly
BSN, RN, CFRN
Emergency Transport
Manager, Hospital Ground
Transport



Rebecca Beech
BSN, RN, CCRN
Staff Development Specialist,
Division Nursing Practice
Improvement



Sarah Gibson
Patient Care Manager
Assistant, Telemetry
Progressive



Barbara Mitchell
BSN, RN
Patient Care Manager
Assistant, Pulmonary Medicine
Progressive Care



Jill Blake
MSN, RN
Nursing Excellence &
Support Manager,
Nursing



Ashley Gomez
MSN, RN
Patient Care Manager
Assistant, 5 East, 5 South
and 5 Main



Mary Perkins
MSN, MHA, RN
Staff Development Specialist,
Division Nursing Practice
Improvement



Kimberly Blanton
MSN, MHA, RN, NE-BC
Nursing Operations
Administrator



Christine Gribbins
BSN, RN
Patient Care Manager,
Telemetry Progressive



Amy Richardson
MSN, RN
Staff Development Specialist,
Division Nursing Practice
Improvement



Korinne Callihan
MSN, RN, CHPN
Patient & Family Education
Specialist, Patient Education



Patricia Heaney
DNP, RN
Administrator for Capacity
Management, Hospital
Command Center



Donna Ricketts
DNP, MSN, RN
Clinical Nurse Specialist,
Neuroscience Administration



Margie Campbell
BSN, RN
Stroke Program Coordinator



Sherry Kopser
BSN, RN, CCRN
Patient Care Manager
Assistant, Hospital Command
Center



Ronald Simpson
Patient Care Manager
Assistant, Medicine ICU



Graigory Casada
MSN, RN
Nurse Recruitment Manager



Verna Locey
BSN, RN
Patient Care Manager,
Samaritan Hospital



Leanna Smoot, BSN, RN
Patient Care Manager
Assistant, Trauma Acute,
Progressive, Critical Care
Surgical Services



Heather Courtney
BSN, RN, CCRN
Patient Care Manager,
6 East & 6 South



Kynea Martin
MSN, RN
Patient Care Manager
Assistant, Samaritan Hospital



Lauren Stroud
BSN, RN
Patient Care Manager,
6 North & 6 West



Gwendolyn Fitzpatrick
MBA, MSN, RN
Patient Care Manager,
Hospital Endoscopy



Stacy Mason
MSN, RN
Patient Care Manager,
Medicine ICU



Kimberly Thompson
BSN, RN, BBA
Patient Care Manager
Assistant, Hospital
Administration

In Memoriam



Shannon Weil
MSN, APRN, NP-C
Patient Care Manager,
Markey Cancer Center



Rhonda Yocum-Saulsberry, BSN, RN
Patient Care Manager,
Pulmonary Medicine
Progressive Care Unit T100
And T200

*Those unavailable
for a photograph include:*

Jennifer Forman, MSN, RN-BC, CNML
Staff Development Specialist, Division
Nursing Practice Improvement

Jamie Grabowski, BSN, RN, CCRN
Patient Safety Analyst,
Infection Prevention & Control

Pamela Lane, BSN, RN
Patient Care Manager, Hospital CDU/
Observation Unit

Nancy Maggard, MSN, RN, NE-BC
Transitional Care Leader, Continuum of Care

Elizabeth "Darlene" Merriam, MSN, RN
Hospital Operations Administrator,
Hospital Command Center

Cheryl Mitchell, DNP, RN
Patient Care Manager, Telemetry/
Progressive

Issac Payne, BSN, RN, CCTC
Transplant Administrator Assistant

Clemma Snider, MSN, RN
Patient & Family Education Specialist



Cheryl 'Sherry' Smith | Cheryl "Sherry" Smith was a devoted nurse who was loved by her patients and co-workers at UK Albert B. Chandler Hospital, where she worked for more than 25 years. Cheryl loved the UK Wildcats, traveling, listening to music and watching movies, but most of all she loved her family. She was a member of First Baptist Church of Baxter, Kentucky and attended Freewill Baptist Church in Lexington. Cheryl held high standards and a commitment to quality and evidence-based practice that radiated from her each and every day.



John Petot | A dear friend and colleague to many, John passed away in December 2016. John, age 64, touched the lives and careers of many nurses during his time at UK HealthCare® (UKHC). As a leader in nursing payroll, John was always cheerful and helpful to all staff. Many staff members have noted how they will miss seeing him and hearing his great stories. John will be deeply missed.



Dennis Szczygielski | Dennis, a member of UKHC's Medicine Service Line for nearly 30 years, passed away in August 2016. After serving a tour of duty in Vietnam (1969-1970) as an infantryman for the U.S. Army's 1st Cavalry Division, he moved to Lexington in 1980. Dennis had a fulfilling 30-year career as a clinical nurse manager at the UK Medical Center, where he shaped the lives and careers of countless nurses. He had a perpetual thirst for knowledge and received his MBA when he was 56 years old. In addition, he was a lifelong fan of the New York Giants. He will be missed.



Teresa Olson | Teresa Olson passed away in January 2017. She was an avid nurse who worked in the endoscopy and pediatric sedation areas. She was a member of the Crab Orchard Church of God and attended Southland Christian Church. Teresa was known by her colleagues to always put others first. Her dedication to the nursing profession was evident in her advocacy for patients.



Sheila Griggs | Sheila passed away unexpectedly in May 2016. Known for her kindness and generosity, she worked for UKHC Ambulatory Services at the Georgetown Women's Health Clinic. She was a member of Southland Christian Church and had a passion for patient care. Her beautiful smile and love of life is missed by all who knew her.

Academic Service Lines at UKHC

Improving patient outcomes with team-based care

WRITTEN BY
Jennifer Theriot

PHOTOGRAPHS BY
Shaun Ring Photography &
James Morris



In its 2015–2020 Strategic Plan, UK HealthCare® (UKHC) made a commitment to patient experience as the foundation of care.

The driving force behind this commitment is to provide patients with the best possible outcomes in every scenario and throughout the entire system. A focus on patient- and family-centered care “will be consistent through the entire patient journey with the patient experience kept always top of mind” (UKHC 2015–2020 Strategic Plan, pg. 6).

In order to facilitate the best patient experience possible, everyone involved in a patient’s journey needs to be on the same page and the right procedures need to be in place to enable this collaboration. As an academic health care institution, UKHC’s challenge is to establish procedures that promote what’s best for the patient while also considering education and research initiatives. To address the tripartite mission of clinical, educational and research goals while

maintaining patient- and family-centered care as the heart of the enterprise, UKHC is in the process of establishing an academic service line operating model throughout its system.

Traditionally, the different areas that compose a health care system operate within their individual departments. In an academic service line approach, departments still exist, but different areas collaborate closely across department lines, coordinate their services and reduce variation. Rather than focusing on different segments of care (for example, a patient sees his or her doctor in the clinic, then goes into the hospital, then goes into rehabilitation), the academic service line model is structured so that a care episode is treated as a single event across the care continuum. This means that along a patient’s care journey, there is a framework in place that ensures the different departments providing care are working hand-in-hand.

“The responsibility of a service line is to view the experience the way a patient does and make transitions seamless from one area to the next. It’s a way we can structure ourselves to wrap services around the patient and offer exceptional care and high-quality outcomes.”

—Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, FNAP

“If you look at things from a patient’s perspective, we’re all one system,” says Chief Nurse Executive and Chief Administrative Officer Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, FNAP. “The responsibility of a service line is to view the experience the way a patient does and make transitions seamless from one area to the next. It’s a way we can structure ourselves to wrap services around the patient and offer exceptional care and high-quality outcomes.”

With the new academic service line approach, education and research stakeholders will work alongside clinicians with the common goal of optimizing the patient experience. Academic service lines provide mechanisms to maximize the synergies among clinical care, research opportunities and the education of interdisciplinary learners, such as residents, fellows, nursing students, therapists and other caregivers. Incorporating education into the service line teaches these learners how to function and assume a specific role within a highly complex health care environment.

“As the new dean for the UK College of Medicine, I am impressed with the level of collaboration between the clinical and academic sides of our campus, which is key to increasing quality, safety and our ability to prepare caregivers who think beyond their own disciplines,” says Dean of the UK College of Medicine Robert S. DiPaola, MD. “The research is unequivocal—team-based care is better for patients and is crucial to creating a smart, evidence-based and nimble health care system.”

11 ACADEMIC SERVICE LINES organized and operating by the end of 2017

- Maternal-Fetal Medicine/Obstetrics/Infant Transition Care
- Cardiovascular
- End Stage Organ Failure and Transplant
- Kentucky Children’s Hospital
- Kentucky Neuroscience Institute
- Musculoskeletal
- Markey Cancer Center
- Digestive Health
- Trauma
- Barnstable Brown Diabetes and Obesity Center
- Behavioral Health



“When you have an engaged workforce delivering excellent multidisciplinary care, you improve outcomes.”

–Bo Cofield, MHA, DrPH

A system structured around better outcomes

UKHC is in the process of incorporating eleven different academic service lines into its system. The academic service lines include: Maternal-Fetal Medicine/Obstetrics/Infant Transition Care, Cardiovascular, End Stage Organ Failure and Transplant, Kentucky Children’s Hospital, Kentucky Neuroscience Institute, Musculoskeletal, Markey Cancer Center, Digestive Health, Trauma, Barnstable Brown Diabetes and Obesity Center and Behavioral Health.

Each of the academic service lines has five primary objectives: leverage integration of clinical operations, education and research; improve integration between inpatient and outpatient services; reduce unnecessary variation; improve the patient and family experience; and, improve the faculty and staff experience.

These academic service lines will enable teamwork and synergy among teams of physicians, nurses, advanced practitioners and other care providers from different departments and disciplines. Each service line will consist of leadership that includes a physician director and a team of co-directors representing the different parts of the service line. This leadership will utilize an advisory board comprising department chairs, division chiefs, institute or center leadership, senior nursing leadership and executive leadership who will provide feedback and guidance. Many of these roles within the academic service line are filled by individuals who have existing leadership positions and are already performing the tasks required by their service line roles. The difference is that within a service line orientation, these jobs are not performed solely within the context of an individual department, but instead operate within the collaborative context of the academic service line.

“This new approach gives us an opportunity to be at the table together—to decide what strategies we think are important, to improve the care for our patients, to form our plans together rather than in silos,” says Kentucky Children’s Hospital Associate Chief Nursing Executive Gwen Moreland, MSN, RN, NE-BC. “This certainly improves the experience for our patient, and it helps us produce better outcomes.”

Coming together to improve the patient’s journey

One of the first academic service lines being established at UKHC is the Maternal-Fetal Medicine/Obstetrics/Infant Transition Care academic service line, bringing together a large group of practitioners across departments who share patients across a care continuum. These departments have traditionally maintained strong relationships because the nature of their work makes them good clinical partners in the care of mothers and babies.

“In modern day obstetrics, especially with ultrasounds, there are very few surprises about babies if you’ve had good prenatal care,” says Wendy Hansen, MD, chair of the Department of Obstetrics and Gynecology. “We wouldn’t think of doing any delivery where there might be a problem without having one of our neonatologists present, so we’ve always had a strong relationship.”

Unlike the former model of care, the service line model formalizes the existing interdepartmental collaboration by placing it within a structure that will allow the different areas to work together and share resources more effectively. The goal is to create a more contiguous experience for women, their families and their babies. From the time they’re in the clinic and undergoing prenatal care, to the time they’re



5 PRIMARY OBJECTIVES of each service line

- Leverage integration of clinical operations, education and research
- Improve integration between inpatient and outpatient services
- Reduce unnecessary variation
- Improve the patient and family experience
- Improve the faculty and staff experience



in the hospital for delivery, to after the baby is born and is possibly in the Neonatal Intensive Care Unit (NICU), to their postnatal care and the baby's pediatric care once they're home—it should all feel like a single care episode in which care providers are working as a team.

In addition to creating a seamless transition from one area to the next for mothers and babies, the service line functions to allocate resources where they're needed most. Moreland, who also serves as co-director of the Maternal-Fetal Medicine/Obstetrics/Infant Transition Care academic service line, gives an example of when nurses were able to work across departments within the service line to fulfill a need in the perinatal and prenatal clinics.

“We had some vacancies and some people off in our clinics, so we were able to look to our inpatient nurses and give them the opportunity to help out and work in that area,” says Moreland. “They loved it because they were meeting their patients before they were in the hospital for delivery. When we look at the nursing care part of this, we're also looking at how we can cross campus and positively impact patient care in the process.”

One way nurses are positively impacting patient care at UKHC and in the Commonwealth as a whole is through research in perinatal exposure. Specifically, the service line has decided to devote a research focus on a neonatal abstinence syndrome. College of Nursing Associate Professor and Assistant Dean of Research Kristin Ashford, PhD, WHNP-BC, FAAN, has been instrumental in this effort, as her research deals with tobacco use and second-hand smoke exposure during pregnancy. Within the service line structure, this research can inform how mothers who smoke or suffer from the effects of substance abuse are educated and cared for during pregnancy, as well as how their babies are cared for once they're born.

Another service line making headway at UKHC is the Cardiovascular academic service line. As with the different departments within the Maternal-Fetal Medicine/Obstetrics/Infant Transition Care academic service line, cardiovascular and surgical partners have always worked together. The service line model allows them to act as a cohesive group across the continuum so that patient care is more streamlined.

“Having everyone identify within the service line structure as one team on the same platform allows access to shared resources and helps us prioritize our needs,” says Lacey Buckler, DNP, RN, ACNP-BC, NE-BC, assistant chief nurse executive at UKHC. “Rather than all of us lobbying for the same things as individuals, this creates a more cohesive approach.”

Staying ahead of changes in health care

The transition to this model is not without its challenges. For departments accustomed to operating more individually, moving toward an academic service line can feel like a collision of different approaches to operations. In addition to working through structural and process-related issues, the biggest challenge is the mindset shift that must occur. Instead of a departmental, segmented perspective, the collective thinking must now be focused on the patient, his or her experience and the service line team.

But because health care continues to rapidly evolve, UKHC must always think about what's down the road and how to prepare for the future. By engaging in the academic service line model, the enterprise reaps benefits that will continue to position itself as a health care leader. In addition to improving the patient experience at UKHC and facilitating greater collaboration, academic service lines provide greater value by reducing costs and unnecessary variation.

The academic service lines also create synergies between research and education—a unique outcome of being a high-impact academic medical center.

“We're optimizing a value proposition around health care delivery. This is the operating model that will make that happen,” says Dr. Swartz. “We can start to understand what standard work is and then continuously improve that standard work across the service line. The model is right for the highly complex care we deliver.”

Because few academic health care institutions have incorporated system-wide academic service lines, UKHC, by putting this model in place, sets a national example for other institutions in the formation and management of their own academic service lines. In essence, the enterprise is putting itself at the forefront of innovative care models for academic health care institutions and positioning itself to better serve its patients and the Commonwealth.

“We will be able to deliver superior care in this way, in terms of both quantity and quality,” says Dr. Cofield. “That's the real reason to do this, more than anything. When you have an engaged workforce delivering excellent multidisciplinary care, you improve outcomes.” ■

Building Bridges: A New Partnership to Change the Future of Pediatric Cardiology Care

WRITTEN BY
Sally Evans



Left to right:

Ashley Kenley, BSN, RN
Kate Betz, BSN, RN
Laura Broughton, BSN, RN
Jessica Collins, BSN, RN

In January 2016, UK HealthCare® (UKHC) and Cincinnati Children's Hospital Medical Center (CCHMC) finalized an agreement for what would be the beginning of an innovative, critical partnership to bring quality pediatric cardiology care closer to home for all Kentuckians.

The partnership, called the UKHC-CCHMC Joint Pediatric Heart Care Program (JPHCP), combines the strengths of the region's leading provider of advanced subspecialty care at UKHC with one of the nation's undisputed leaders in children's health care, Cincinnati Children's. The goal is for Kentucky patients and families to spend less time on travel and more time with each other.

“By partnering with Cincinnati Children’s, we have teamed with one of the top children’s hospitals in the country and a top 10 pediatric heart care program.”

–Bo Cofield, MHA, DrPH, Vice President and Chief Clinical Operations Officer, UKHC

“By partnering with Cincinnati Children’s, we have teamed with one of the top children’s hospitals in the country and a Top 10 pediatric heart care program,” says Bo Cofield, MHA, DrPH, vice president and chief clinical operations officer at UKHC.

Currently, the majority of Kentucky Children’s Hospital (KCH) pediatric cardiothoracic surgery patient families that need clinical referrals for care are already choosing Cincinnati Children’s. This new “one program, two sites” model provides a seamless process for these patients and their families.

“It is important to us, to our patients and their families for patient care to remain close to home whenever possible,” explains Dr. Cofield. “Clinically appropriate patients will travel to Cincinnati for the most complex surgical procedures with the goal of offering some surgical procedures, as well as post-surgical care and pediatric cardiology subspecialty care in Lexington.”

Jennifer Dauer, senior vice president of Strategy and Growth at Cincinnati Children’s, is equally confident in the new program.

“As partners, we are committed to transparency, quality, patient safety and patient and family experience,” says Dauer. “I’m confident that by committing ourselves to these factors, the outcome will be a successful collaboration that will help us deliver exceptional care for children and adolescents in Kentucky.”

The idea for this collaboration followed after UKHC officials decided to voluntarily suspend the KCH pediatric cardiothoracic program in 2012. In 2013, a task force was convened to provide recommendations regarding the future of pediatric cardiology at KCH. The initial joint negotiations with Cincinnati Children’s began in early 2015.

“We said we would only reopen the program when we were ready to provide the best care for our patients and their families, and we are confident that this collaborative arrangement meets that mark with the highest quality surgical and clinical care, education and research in pediatric cardiovascular services for patients of Kentucky and their families,” says Dr. Cofield.

Directing the UK-CCHMC Joint Pediatric Heart Program is Sarah Heck, MBA, who is jointly appointed by both hospitals to ensure initiatives are strategically aligned to achieve long-term goals. Heck says the partnership is an entirely new, highly structured entity, eliminating errors and making room for unified, thoughtful decision-making and, therefore, the highest quality patient care.

From the top down, the partnership comprises the Master Agreement Joint Executive Steering Committee, the Joint Pediatric Heart Care Program Steering Committee and the Work Group Oversight Team. There are also seven operational work groups: administrative; research; onboarding-human resources; information services-telehealth; clinical operations, education and training; recruitment; and safety, quality and value (SQV).

“We are very excited to start on this new journey with Cincinnati Children’s and grateful for their partnership. This is a huge milestone in increasing access to quality care for children in the Commonwealth,” says Heck.

Not only will the partnership benefit infants and children, it will also benefit adolescents and adults with congenital heart disease in Kentucky.

“It was interesting to see the differences between working at a freestanding children’s hospital and a children’s hospital within an adult hospital or university. The reason the training was so successful is because both parties learned from each other.”

—Ashley Kenley, BSN, RN, PICU Nurse

A critical piece of the partnership agreement was hiring a cardiothoracic surgeon to lead the program. James Quintessenza, MD, took on the role as chief of pediatric cardiothoracic surgery at KCH on Dec. 1, 2016. Although Dr. Quintessenza is a member of the cardiovascular surgery team at Cincinnati Children’s, he is based locally in Lexington, Kentucky. Shaun Mohan, MD, a pediatric electrophysiologist, has also been jointly appointed and is actively seeing patients.

“This combined program will maximize the expertise and resources of both centers to bring world-class congenital heart care, education and research to Kentucky and surrounding areas,” says Dr. Quintessenza.

Nurses at the Forefront

On July 25, 2016, three Pediatric Intensive Care Unit (PICU) nurses from KCH—Ashley Kenley, BSN, RN; Kate Betz, BSN, RN; and Laura Broughton, BSN, RN, and one KCH PICU clinical nurse expert, Jessica Collins, BSN, RN—packed their bags and traveled to Cincinnati for the start of the new partnership as the first nurse cohort. There, they were trained extensively for eight weeks by expert nurses, physicians and other health care providers.

“The nursing discipline is a foundational element for care of children with congenital heart disease,” says Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, FNAP, chief nurse executive and chief administrative officer at UKHC. “Our first cohort of registered nurses created a firm foundation for the other nurses and clinical disciplines that followed. The relationships they built, as well as the positive feedback and collaboration laid the groundwork for program success.”

Collins, who had worked in the KCH PICU for nearly 10 years, was drawn to the program because she had previous pediatric cardiology experience. She, and her fellow nurses in the cohort, plan to stay at the KCH PICU for the next few years while the program settles—a factor taken into consideration when the nurses in each cohort were chosen.

“We wanted the nursing staff to be directly involved in building this program,” says Gwen Moreland, DNP, RN, NE-BC, assistant chief nurse executive at KCH. “With that in mind, the management team requested volunteers with different levels of experience in order to build a diverse team passionate about pediatric heart care.”

At Cincinnati Children’s, the four nurses shadowed and assisted with care of cardiac surgical patients in the Cardiovascular Intensive Care Unit (CICU) under direct supervision of the Heart Institute preceptor, Amy Donnellan, DNP, CPNP-AC. The training was intended to enhance their knowledge base regarding the care and treatment for patients with congenital heart disease. The experience included all aspects of care: anatomy/physiology, common repair, postoperative complications and strategies to mitigate complications.

Indeed, the nurses took many key insights home with them to Kentucky. “One nurse asked me to imagine myself as a red blood cell in the patient’s body. She’d tell me to talk through how I’d go through his or her heart,” says Collins. With this practice, Collins and the other nurses were able to gain an expert knowledge of heart defects and the physiology behind them.

The nurses delved deeper into understanding the pathophysiology and pathopharmacology side of care. “I learned why we did the interventions,” notes Collins. “I had already known the interventions to use, but now I understand more about why—how a pH can affect the blood flow to one’s lung and how to handle additional heart defects that make providing care more challenging.”

“It was interesting to see the differences between working at a freestanding children’s hospital and a children’s hospital within an adult hospital or university,” notes Kenley. “The reason the training was so successful is because both parties learned from each other.”

That dynamic relationship is key to a successful program. As nurses, the four have a unique opportunity to bring what they learned to the bedside, providing direct, innovative care to children who need it most.

For one nurse in particular, Cincinnati Children’s was instrumental in helping her adapt to new surroundings and a new type of care.

“It was my first time experiencing a hospital other than UK,” says Broughton. “I also didn’t have any prior experience with cardiology, so I was grateful to have such a supportive staff training us at Cincinnati Children’s.”



The four nurses were also able to share their experiences with KCH PICU staff and program administration. Kenley, Betz, Broughton and Collins offered constructive feedback that would help future cohorts have a smoother transition.

“Partnerships are certainly beneficial, but it can be hard to maintain a mutual understanding that you’re both working toward a better outcome in your respective locations,” explained Broughton. “Sometimes, we would have to speak up to ensure we were working with the right kinds of patients who would give us the most cardiology experience.”

The nurses also mentioned experiencing a sense of isolation at times, as they stayed in separate hotels far from their families.

“To this day when I leave my kids, they’ll sometimes ask if I’ll be coming home at the end of my shift. But in the end, it was worth it,” says Collins, the mother of two young children.

Through it all, the nurses remained determined and ready to use what they learned to impact patients in their own PICU here at home.

“I love the PICU so much, and I’m proud to be a nurse on such an amazing team,” says Betz. “The kids we care for are extremely sick, and we’re always looking for ways to improve our care to treat them and make them better.”

One way the PICU demands quality outcomes is through nurse-led interdisciplinary rounding. This kind of rounding can often involve up to 20 people—pharmacists, respiratory therapists, chaplains, nutritionists, physical therapists and more. Because nurses provide direct bedside care, they have an expert knowledge of the patient’s conditions and needs at all times, situating them as the appropriate leaders amongst their colleagues in guiding the rounds.

“Interdisciplinary rounding in our pediatric critical care unit has been standard work for years,” explains Dr. Swartz. “The registered nurse often opens the rounds, setting the stage with key current state elements essential for thorough discussion and care planning.”

Cultivating a Partnership to Carry Kentucky Forward

UKHC has now trained all cohorts, including respiratory therapists and CICU intensivists who arrived mid-August. In October, a surgical team of cardiovascular operating room (CVOR) nurses and scrub techs as well as the second ICU nursing group joined the program. Since that time, several other cohorts and disciplines have received training and observation experiences, including Pediatric Progressive Care Unit (PCU) nurses, catheterization and electrophysiology lab nurses and radiology technicians, anesthesiologists and anesthesia technicians, dietitians, physical, occupational and speech therapists, pediatric pharmacists and pediatric cardiologists.

“In keeping with the one program, two site model, our teams epitomized true collaboration and partnership to ensure staff were skillfully prepared to care for pediatric cardiac patients,” says Jean Storey, MSN, RN, assistant vice president for patient services for the Heart Institute and PICU at Cincinnati Children’s. “The overwhelming sense of pride and commitment to excellence for the children and families of Kentucky was truly inspiring. It has been an honor and a privilege to work with such a talented group of professionals.”

With expert guidance from Cincinnati Children’s, UKHC hopes to resume some surgeries right here in Lexington and intends to work toward having cardiac subspecialists performing diagnostics and therapeutic interventions with the support of Cincinnati Children’s subspecialists when necessary.

“It is vital that we provide these services to the children and families in the Commonwealth who need this complex advanced subspecialty care,” says Dr. Cofield. “By resuming the pediatric cardiothoracic surgery program, we are making good on our promise to the community and fulfilling our mission in patient care in Kentucky.” ■

Photos courtesy of Cincinnati Children’s Hospital

LEFT: Angela Lorts, MD, with heart transplant patient

RIGHT: Cincinnati Children’s Pediatric Cardiology nurse and patient



Candy Brinegar, BSN, RN

Candy Brinegar, BSN, RN, one of three procedural coordinators for endoscopy services at UK HealthCare® (UKHC), is faced every day with the challenge of coordinating the many procedures and resources for patients who have been admitted to the hospital and patients who are scheduled to come in as outpatients.

Patients and their families, she says, expect their procedures to run smoothly and be timely. Sometimes, however, that isn't the case.

"Endoscopy is different because a patient can come in as a healthy person and leave as someone who's not," explains Brinegar.

Brinegar balances her time between Albert B. Chandler Hospital—where patients can undergo more advanced procedures such as endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasounds—and Good Samaritan Hospital—where patients have more routine procedures, such as screening colonoscopies and esophagogastroduodenoscopy (EGDs). Brinegar sees anywhere between 20 and 40 cases a day.

"It can be difficult keeping up with what's happening in both locations, but the procedural coordinators work together as a team and communicate very well, making it easier on everyone," says Brinegar.

Brinegar earned her associate degree in nursing from Morehead State University in 1994 and her bachelor's in nursing from Chamberlain College of Nursing in 2014. She previously worked in endoscopy for St. Claire Regional Medical Center in Morehead, Kentucky. Early in her career, she worked in an intensive care unit. One day, a friend in endoscopy at St. Claire needed help, and Brinegar jumped at the opportunity.

"When she started training me, I fell in love with it, and I never wanted to leave. I'm definitely a procedure nurse by heart," explains Brinegar.

After nearly 10 years of working in Morehead, Brinegar was itching to provide more complex care and came to UK in 2009. Now, she and two other endoscopy procedural coordinators share the immense responsibility of running the procedural area, assigning appropriate staff to cases and coordinating resources to ensure patient safety and maximum efficiency. She's now a certified gastroenterology nurse by the Society of Gastroenterology Nurses and Associates.

Through it all, Brinegar remains grounded and determined. "I know I'm doing this for a reason when patients come in for very routine screenings simply because they're 50 years old and they're due for a colonoscopy," says Brinegar. "Often times they come in not expecting anything of it, but we find something. It happens quite a bit, but if we catch it early enough, it can be truly life-altering for them."

"Candy continuously demonstrates excellent leadership qualities by facilitating efficient and effective workflow solutions in an extremely high-volume unit," says her direct supervisor, Gwen Fitzpatrick, MBA, MSN, RN, patient care manager of hospital endoscopy. "She portrays a can-do attitude and provides assistance to multiple stakeholders, including patients, their families and the staff."



Christeen Broaddus, BSN, RN

On May 9, 2014, Christeen Broaddus, DNP, APRN, AGACNP-BC, graduated from the University of Kentucky College of Nursing with her doctor of nursing practice (DNP) degree. Six short hours later, she gave birth to her third child, Finley—a surprise to many, but not to Broaddus.

"I scheduled my birth on the same day because I knew my friends and family would already be in town—I was multitasking!" explains Broaddus, laughing. "I always joke that I wore two gowns in one day."

That same kind of thinking is what allows her to thrive in her role as an acute care nurse practitioner for internal medicine at UK HealthCare® (UKHC) with the Division of Hospital Medicine (DHM). Broaddus' sole responsibility in DHM is to work with the attending, carrying the admissions and triage pager to admit a diverse range of patients into the hospital. In this unique role, she only works to admit patients, rather than provide continuity of care on a care team. This does not limit her patient interaction; rather, she works with a larger patient population.

"I really enjoy doing something different every day I come into work," says Broaddus. "I might not get to see the same patient day to day, but I'm able to see a wide variety of interesting cases and take care of so many when they initially get admitted."

Originally from Phoenix, Broaddus came to Lexington in fifth grade. She marked nursing off her list as her mother already had her master's degree in nursing. "I thought that role had been taken in my family," says Broaddus. "But after having many different majors in college, I discovered that nursing was my passion."

Broaddus earned her associate degree in nursing at Eastern Kentucky University in 2007 and her bachelor's in nursing from the UK College of Nursing in 2008, two years after she married her husband. The following year, she entered the DNP program with one baby at home. By the time she graduated, she had three.

"Now, for the first time, my life is truly settling down," she says. "I'm able to spend more time with my family and really focus on my job."

"Christine is an integral part of our hospitalist team here at the University of Kentucky," says Lacey Buckler, DNP, RN, ACNP-BC, APRN, NE-BC, assistant chief nurse executive for Advanced Practice and Strategic Outreach and director of Cardiovascular Nursing Services for UKHC.

"Her admissions consultations are essential in helping us determine a plan of care for the patient from the first day of admission through the duration of their hospital stay, getting them back to better health as soon as possible."



Kelsey Jobe, BSN, RN

It was the warm embrace of a patient's daughter that Kelsey Jobe, a nurse in UK HealthCare's® (UKHC) emergency department, will always remember. The daughter's tears flowing after her mother had passed, Jobe was reminded of life's unpredictability. "She was my age," says Jobe, now 26. "I couldn't imagine going through that at my age."

Although physically and emotionally exhausting, it's moments like these Jobe is reminded of why she comes to work every day. "It's not easy, but it's so worth it. I know this is where I'm supposed to be."

Originally from Georgia, Jobe moved to western Kentucky while she was still in high school. She aspired to be a nurse for as long as she could remember. The University of Kentucky, she said, was the only place she applied. "I wouldn't want to be anywhere else."

Jobe graduated with her BSN from the UK College of Nursing in 2013. "I loved it so much that I decided to go back to school afterward. I loved clinicals and working at the bedside, and I love this university."

Jobe is currently working toward her DNP at UK to be an acute care nurse practitioner with the hopes of entering a leadership role in a hospital setting that will impact patient populations at a larger scale. Occasionally, she says, she will fill in for the charge nurse, manning the department. From coordinating patient care to overseeing the nursing staff, the charge nurse is looked to for overall direction in the department.

"I love emergency room nursing because you have to think quickly," says Jobe. "There's an essence of teamwork here that I've never experienced anywhere else."

Not only is Jobe back in school, but she is president of the Bluegrass Chapter of the Emergency Nurses Association (ENA) after having served as the president-elect for the past year. The organization, with more than 40,000 members representing more than 35 countries around the world, advocates for patient safety and excellence in emergency nursing practice.

When it comes to Jobe's leadership, Enterprise Director of Emergency Services at UKHC Patricia K. Howard, PhD, RN, CEN, CPEN, NE-DC, FAEN, FAAN, has much to say.

"Kelsey has a passion for emergency nursing that is evident in her excellence in clinical care, precepting and serving in a relief charge nurse role," says Dr. Howard. "She is an emerging leader, exhibiting a strong commitment to the profession through her involvement in the Emergency Nurses Association at the local and state levels."



Vicky-Lynn Gooch, BSN, RN

"My colleagues often tell me my superpower is making people cry," says Vicky-Lynn Gooch, BSN, RN, one of six wound, ostomy and continence nurses at UK HealthCare® (UKHC).

Gooch is referring to her patients who most likely have an ostomy—a temporary or permanent surgically created opening of the body for waste to be released. It's typically the result of an illness such as cancer, Crohn's disease, ulcerative colitis or a blockage or perforation of the bowel. To catch the waste, an ostomy bag is placed over the wound, or stoma.

"It can be overwhelming for patients even if it was planned, and a lot of times they aren't ready to talk about it," she explains. "We give them space to get sad, confused or frustrated. But then it's our job to encourage them through education. We have to teach them how to take care of their stoma once they leave."

Gooch enrolled in the UK College of Nursing Second Degree Option in 2006 after working for nearly 10 years as a massage therapist. She graduated in 2008 and worked for five years as an oncology nurse at the Markey Cancer Center, where she witnessed firsthand the important role of wound nurses.

"I was able see the body heal itself over the course of few days, weeks or even months, and how a nurse could play a role in its healing and the overall confidence of the patient," says Gooch.

She later received her wound certification from the University of Emory in Atlanta in 2014. Now, she empowers patients to own their ostomies. "We maintain our communication with them after they leave to ensure their confidence at home," she explains.

As a member of UKHC's Magnet Nurse Excellence Team—a committee dedicated to maintaining the highest institutional honor awarded to UKHC in 2016 from the American Nursing Credentialing Center (ANCC) for nursing excellence—Gooch also plays a part in a subgroup for Structural Empowerment. The group encourages nurse involvement in decisions at an organizational level, as well as professional development and community health outreach.

"The Magnet Nurse Excellence Team wants all nurses to understand their individual contributions to achieving and maintaining Magnet status," she says. "This year the Structural Empowerment subgroup would like to focus on supporting RNs to achieve certification in their specialty areas—this certification recognizes and validates the expert knowledge our staff has achieved and our ongoing professional development."

"Vicky-Lynn is an asset to the UK enterprise," says Cori Matsakis, BSN, RN, patient care manager for Wound Care Services. "Her wealth of knowledge in her role in the Wound Care Department is invaluable. She is a natural leader and an avid patient advocate."



WRITTEN BY
Sally Evans

PHOTOGRAPHS BY
Shaun Ring Photography

Preparing Workforce-Ready Nurses Through

SIMULATION LEARNING EXPERIENCES

Ten thousand square feet, four simulation rooms—including a newly renovated Neonatal Intensive Care Unit (NICU) room—and 10 exceptional faculty and staff make up the College of Nursing Clinical Simulation and Learning Center (CSLC), where students learn to deliver complex, compassionate care.



The magic happens on the fourth floor in the College, where students engage in 25 hours of hands-on simulated learning opportunities to enhance their clinical patient-care experiences in an academic medical center, putting them ahead of the curve as practice-ready graduates across the continuum of care.

“We are so fortunate to have the CSLC and simulation specialists who are experts on debriefing and dedicated exclusively to running clinical simulations,” says Pat Burkhart, PhD, RN, FAAN, professor and associate dean of undergraduate faculty affairs.

The CSLC, which opened in 2001, added simulation rooms in 2008 for medical-surgical, pediatrics, psychiatric, obstetric, leadership, high acuity, health assessment and fundamental nursing courses. More recently in spring 2016, the center opened its new NICU simulation room—a replica of a room designed for the new NICU at Kentucky Children’s Hospital (KCH), which will open in spring 2018.

When KCH began designing and planning the new NICU, there wasn’t a question of where it would build a mock room. “UK HealthCare® (UKHC) had previously built the adult acute care and intensive care simulation rooms in the CSLC, and at the time we were looking for a new way for students to engage in pediatric bedside practice,” says the center’s director, Jennifer Dent, DNP, MSN, RNC. “So when KCH approached us about building its mock NICU room in the CSLC as a NICU simulation room, we didn’t hesitate to take advantage of the opportunity.”

The strategic partnership, says Dr. Dent, gives nurses, doctors and other professional bedside staff from UKHC the ability to test the NICU room prior to its construction, noting the equipment, general flow and other factors essential in providing effective patient care. It also saves the hospital construction costs, including the expenses of building and tearing down mock rooms often in a remote location.

“The NICU simulation room gives students in the College of Nursing a *real-life experience* much like what they will experience in a clinical setting,” says Dr. Dent.

The result? Practice-ready nurses who improve patient outcomes and save lives.

In fact, Greg Williams, MBA, CSLC’s simulation technology and instruction specialist, says the students learn the exact same policies and procedures taught to staff RNs at UKHC. “Because so many of our students have clinicals at UKHC or practice there after they graduate, their experiences in the simulation rooms directly translate to their future careers.”

The new NICU simulation room, as well as the others, have the same functional flowmeters, suction units, IV equipment, state of the art hospital beds, patient lifts, vital monitors and flat screens as the actual NICU in KCH. These features and more prepare every student for what they will find at the bedside after graduation—even the view from a patient room at UK Albert B. Chandler Hospital, which is painted on the wall in two of the CSLC simulation rooms.

Also in the CSLC are nine high-fidelity simulators, or mannequins: three adult, two obstetric, two adolescent, one infant and one newborn. In addition to the four simulation rooms, there are five classrooms and five competency rooms, which are used by undergraduate students to take their competency exams once a semester. The CSLC is also used by graduate students, UKHC staff, the College of Medicine and for Advanced Trauma Life Support (ATLS) Certification and State Registered Nurse Aide (SRNA) Training.

THE NEED FOR A NEW NICU



Critically ill newborns require special, complex treatment. The UKHC Neonatology team, composed of doctors, advanced practice providers, nurses, respiratory therapists, social workers, pharmacists, case managers and dietitians, works to treat unique problems faced by at-risk newborns and babies born early, or “preemies.” To help these babies thrive, the Neonatology team realized it needed a new NICU.

The limited space and privacy in each room has been difficult, says Shannon Haynes, MSN, patient care manager for the NICU at KCH. “If someone were to take a tour of the NICU today, they’d see how crowded we are in handling these babies and comforting their families. Nurses often bump into each other and the equipment, and if a patient codes (needs sudden critical care), we have to ask all families in the room to leave, regardless of which patient they’re visiting.”

The current NICU on the fourth floor of Pavilion HA comprises 11 nurseries with 66 beds, providing Level IV care (the most advanced newborn health needs) and intermediate care for newborns.

The new NICU will be located on the first floor of Pavilions HA and H, with 70 private rooms, including 20 Level IV beds, 38 Level III beds for severely ill newborn care and 12 Level II beds for intermediate newborn care. It will have six communities, or neighborhoods, with different Kentucky animal themes such as a gray squirrel, hummingbird or a fawn providing parents with an easy way to navigate the unit.

“It used to be that caring for 50 babies at a time was the norm, but we frequently have 60 babies at a time now,” reports Haynes.

The transition from multiple-patient rooms to single-patient rooms combined with an additional 50,000 square feet will ensure that NICU nurses and other health care providers have the space they need to provide top-quality patient care in a fast-paced, critical care environment.

Haynes also noted the addition of two twin rooms that both contain two incubators, so families will not have to balance time between newborns. Furthermore, each room will have infant feeding areas so mothers can more easily manage breast milk and do not need to visit a separate lactation room away from their babies.

“Developing the new NICU was and still is an extensive process,” says Gwen Moreland, DNP, RN, NE-BC, assistant chief nurse executive at KCH. “Members of our multidisciplinary team—facilities personnel, advanced practice providers, nurses, social workers, pharmacists, patient care facilitators, nutritionists, fellows and more—were sent to Tampa for a conference focused on NICU design. There, we also toured three facilities that have private room NICUs with different layouts. We talked to staff at each location, discussing and studying their experiences with each particular environment.”

The UKHC team collaborated with architects for many months while receiving feedback from bedside professionals throughout the process. The hospital distributed surveys to staff and families, held small focus groups and individually spoke with moms who previously had babies in the NICU.

“Listening to their experiences allowed us to reflect and ask ourselves, ‘What needs to change? What should we build on?’ so that we could create a family-friendly, patient-centered state-of-the-art NICU,” says Dr. Moreland.

Zaki-Udin Hassan, MBBS, MBA, director of Health Care Simulation and director of Liver Transplant Anesthesia for UKHC, says this interdisciplinary approach between the College of Nursing and health care professionals is an important step in learning to practice as a team without compromising patient care. “Recent data shows those trained using simulation-based training not only perform better in patient care but also retain these skills for a longer period of time.”



MAKING THE TRANSITION

Taking care of these patients are 165 NICU nurses. Robbie Scharold, BSN, RN, May 2016 College of Nursing graduate, knew that working in the KCH NICU was his future. The simulation rooms in the Clinical Simulation Learning Center, he says, were the key to getting there.

“It’s different when you have to think through patient scenarios instead of answering questions on a test,” says Scharold.

“It molds your thought process and trains you to approach specific patient and family situations. After using the simulation rooms, I can tell I’m more comfortable and prepared to care for my patients.”

He recalled one instance in his undergraduate career when he couldn’t remember how to address a patient’s needs while in simulation. “When that would happen, Dr. Dent or Mr. Williams would be right there with us to walk

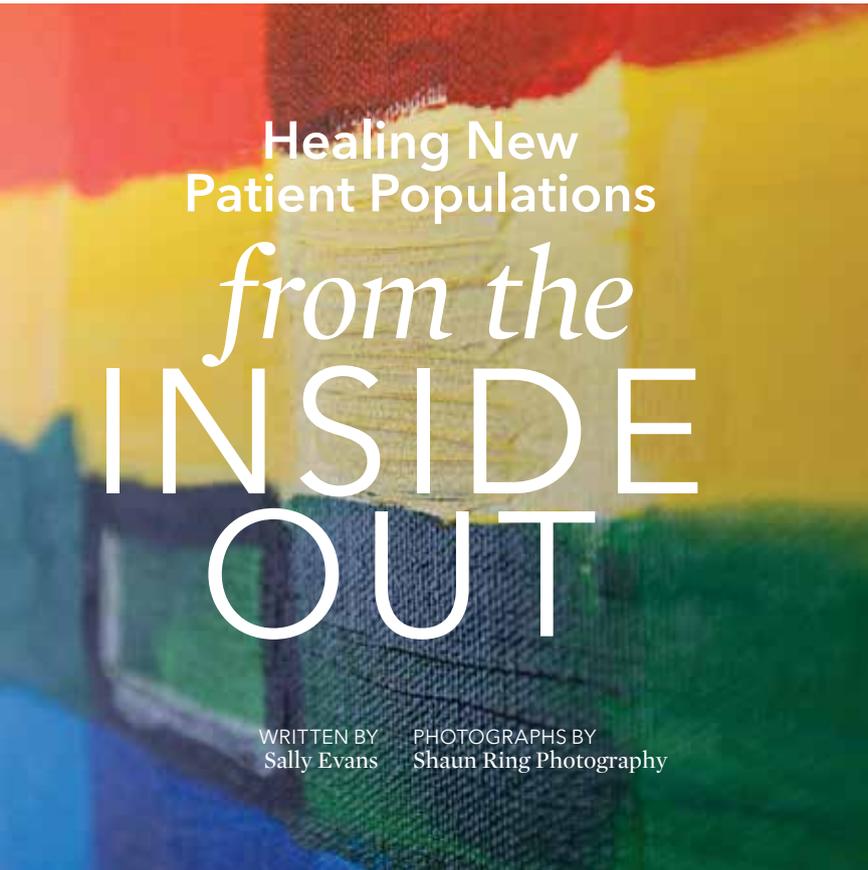
us through the procedure. Their support was vital to our learning process; it engrained in us correct methods to use at the bedside.”

Another former UK nursing student who now works in the KCH NICU, Cassidy Graham, BSN, RN, is excited for the first cohort of College of Nursing students to work alongside her after they’ve experienced the NICU simulation room. “It’s much easier to care for your patients when you’re confident in your team. Although the NICU simulation room was built after I graduated, I trust that nurses joining me from UK will have the skills they need to adequately take care of these babies.”

Now, as our students smoothly transition from practicing in simulation rooms to working more than 40 hours per week at the bedside, we can be sure that patients will be met with a pinpoint-sharp nursing class equipped with skills to make thoughtful, efficient decisions and an expert-level knowledge of UKHC policies and procedures.

With the hopes of becoming a neonatal nurse practitioner, Scharold feels more confident than ever that he and his team will meet the demands of the new NICU come 2018. “We’re excited for this change, but most of all—we’re ready,” he says. ■





Healing New
Patient Populations

from the
**INSIDE
OUT**

WRITTEN BY
Sally Evans

PHOTOGRAPHS BY
Shaun Ring Photography





INSIDE OUT

Approach

“Every patient, every time,” is not simply a mantra at UK HealthCare® (UKHC)—it’s something every staff member takes to heart, a learned and perfected habit of providing compassionate, competent care in the face of growing diverse populations. But as the health care landscape is continually in flux, so too are the requirements to meet the needs of patients—more unique than ever before.

“It’s imperative that we, as health care professionals, take an inside out approach to diversity and inclusion and set clear expectations amongst ourselves first,” says Tukea Talbert, DNP, RN, hospital assistant administrator for UKHC. “If we begin by relating to each other’s differences, it will be easier to relate to our patients, resulting in better outcomes for everyone. It really starts with education, and that’s where our partners at the College of Nursing come in to play.”

The UK College of Nursing and UKHC have developed several internal initiatives to increase and support diversity in the nursing workforce that better mirror changing patient demographics. Rather than seeing past differences, both are celebrating and nurturing them to reach new populations.



“Students will gain more from a diverse learning environment, and new dialogues that may have never been considered will
SPARK AS A RESULT.”



“UK HealthCare and the College of Nursing are at a turning point in history,” explains Terry Allen, interim vice president of the Office of Institutional Diversity for the University of Kentucky. “They are using their resources to implement a new standard of education and patient care through inviting diversity and creating a sense of belonging, or inclusivity, for all individuals in the College, the hospital and the health care system.”

Among the actions being taken in the College are new diversity and inclusivity goals as part of its new 2015-2020 Strategic Plan; the resurrection of its Diversity and Inclusivity Advisory and Ambassadors Councils; and a pilot run for gender-inclusive restrooms. At the bedside, UKHC introduced its new enterprise goals for fiscal year 2016-2017, which now include specific targets to increase diversity in the workforce. It’s also reaching a new population of LGBTQ* patients through its new designation from the Human Rights Campaign (HRC) and its new Transform Health Committee.



“IF WE BEGIN BY RELATING TO EACH OTHER’S DIFFERENCES,
it will be easier to relate to our patients, resulting in better outcomes for everyone.”



WHY DIVERSITY *in Nursing?*

Nurses, at the forefront of patient care, are situated in a unique position to lead and build supportive, accepting spaces that will foster healthy work communities and improve health care delivery. To do so requires they look at an individual's entire background—whether that be his or her language, cultural traditions, sexual orientation, past experiences or something else that is part of his or her complete story.

Otherwise, says Jenna Hatcher, PhD, MPH, RN, associate professor and director of diversity and inclusivity in the College, “We severely limit ourselves in building a community of mutual respect, and, therefore, in reaching our patients at a deeper, more compassionate level.”

“Our patient population is constantly evolving to be more diverse, and it is our responsibility to provide them with caretakers who not only look similar, but who can understand and appreciate their cultures, values and experiences,” says Kathy Isaacs, PhD, RN, director of Nursing Professional Development at UKHC. “It takes more than technical skills—it takes empathy. For our patients and for each other.”

*“It takes more
than technical skills—
IT TAKES EMPATHY.
For our patients and
for each other.”*

**“WE KNOW FOR A
FACT THAT PATIENT
OUTCOMES ARE
POSITIVE *when we
mirror the diversity of
individuals we treat.*”**



Dr. Hatcher agrees. “We know for a fact that patient outcomes are positive when we mirror the diversity of individuals we treat. The world we live in and the communities in which we reside are getting smaller, so we have a lot of work to do.”

Together, the College and UKHC are taking it one step further than acceptance; they are providing an inside out sense of belonging for staff and patients alike.

SETTING THE STAGE *in Academia*

In fall 2015, the College launched its new 2015-2020 Strategic Plan that focuses on five goals, each with several strategic objectives. Included in one goal is the target to “improve diversity and inclusivity across learning and working environments,” through the retention and recruitment of a more racially and ethnically diverse student body, faculty and staff and by establishing and maintaining an inclusive and safe environment.



“We’re investing in a culture that values individuals for who they are and what they contribute, rather than looking solely at test scores or GPAs,” says Dr. Hatcher.

Spearheading these goals are the newly resurrected Dean’s Diversity and Inclusivity Advisory Council and its complement, the Dean’s Diversity and Inclusivity Ambassadors Council.

“It’s our way of gathering the best and the brightest to receive critical input on the most pressing diversity challenges we face as a College,” says Dean Heath, PhD, APRN-BC, FAAN. “It’s about having the courage to admit there might be an issue and working collaboratively to affect change,” she says.

While the advisory council is composed of both new and former members, including five members of the community, the ambassadors council is composed of students, staff and faculty who are within the College every day and see firsthand what goes on.



*“It’s our way of gathering
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DIVERSITY CHALLENGES
WE FACE AS
A COLLEGE.”*

(About the Dean’s Diversity and
Inclusivity Ambassadors Council)



Allen, a member of the advisory council, lauds the College for its structured and concerted effort at diversity and inclusivity. “Students will gain more from a diverse learning environment and new dialogues that may have never been considered will spark as a result. I can only image the impact this will have on future patients they will serve.”

In her role as director of diversity and inclusivity, Dr. Hatcher also organized the first faculty- and staff-wide Unconscious Bias Training in the College and at the university. The goal was to get members to make a conscious effort in recognizing and overcoming their biases toward each other, students and peers with new perspectives.

Dr. Heath says it was an eye-opening experience for many and reinforced the College’s commitment to inclusive educational environments with equitable structures in place to broaden its thinking and engagement. She says it will be employed in the College’s faculty and staff retreat for years to come.

With help from Lance Poston, director of LGBTQ* Resources at UK, the College also implemented the first university-wide gender-inclusive restrooms, meaning students, faculty and staff are encouraged to use the bathroom of the gender with which they identify. Signage around the third floor restrooms clearly designates the space as a safe place for members of the transgender community. “It will essentially serve as a pilot run for other colleges on campus. The university as a whole will learn by example from the College of Nursing. For that, we commend them,” says Poston.

Although there is much work to be done in the College, Drs. Heath and Hatcher are confident these initiatives—with proper structure and continued support from the academic and health care communities—will flourish. “We are only beginning,” she says.

FROM THE CLASSROOM to the Bedside

“Having similar diversity and inclusivity initiatives in place at UKHC eases a nursing student’s transition and builds on his or her ability to serve all different kinds of people at a much higher, advanced level,” says Dr. Isaacs.

That’s why when UKHC was brainstorming its Enterprise Goals for Fiscal Year 2017, it employed a new set of goals to improve diversity and inclusivity in the workplace. Its aims are to increase the number of minorities in faculty, management, executive and administrative job categories along with increasing women among faculty.

“Not only are we setting goals, but we have several organizations that work to support diverse staff and patients in achieving the highest quality care,” says Dr. Talbert. One of which, she mentions, is the National Black Nurses Association (NBNA). The organization provides a forum for African American nurses to advocate for and implement strategies to outwardly ensure access to high-quality health care for persons of color.

UKHC also earned the Healthcare Equality Index (HEI) from the HRC—the largest LGBT civil rights advocacy group—for the second year in a row. The HRC developed the HEI to “meet a deep and urgent need on the part of lesbian, gay, bisexual and transgender Americans: the need for equitable, knowledgeable, sensitive and welcoming health care, free from discrimination.”

Of the 2,060 health care facilities rated in the U.S. on their commitment to LGBT equality and inclusion, 496 were designated a 2016 Leader in LGBT Healthcare Equality as they meet four core criteria in LGBT



*“Our mission is to provide
LGBTQ* patients of all ages
with **A HEALTH CARE
HOME** so that they may
receive evidence-based,
quality care in a safe place.”*



patient-centered care: patient non-discrimination policies, equal visitation policies, employment non-discrimination policies and training in LGBT patient-centered care. UKHC was one of five hospitals in Kentucky to achieve this title.

“We’re very proud of this accomplishment,” says Dr. Talbert, who worked side by side with other team members as well as Poston and the Office for Institutional Diversity to achieve this status. “The HRC is a very reputable organization, and its recognition and support have only inspired us more.”

Similar to the College’s approach in encouraging transgender individuals to use the restroom of their choice, Keisa Fallin-Bennett, MD, MPH, clinic director of the UK Department of Family and Community Medicine, created the Transform Health Committee—a partnership of UKHC providers who have the shared goal of meeting many of the unique medical needs of lesbian, gay, bisexual and transgender individuals in the state.

Composed of approximately 30 providers, nurses, mental health specialists and more, its mission, says Dr. Fallin-Bennett, “is to provide LGBTQ* patients of all ages with a health care home so that they may receive evidence-based, quality care in a safe place.”

“Both the College of Nursing and UK HealthCare are approaching inclusivity in new ways that affirm an individual’s right to be exactly who they are. Whether it’s a student, professor, nurse or patient, every individual should feel safe to be their authentic self,” Poston says.

“We’ve come a long way in cultivating inclusivity, but our work is never done,” says Dr. Talbert. “UKHC and the College must continue to work collaboratively to educate and cultivate an environment with a sense of belonging and understanding that our differences are not only necessary, but welcomed. It only takes one nurse to make a difference in a patient’s stay, and we have the ability to change our way of seeing and thinking to make their time in the hospital even the slightest bit brighter—from the inside out.” ■

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A JOURNEY OF HEALING & HOPE

PATHways: A Program for Opioid-Dependent Mothers

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
Shaun Ring Photography

IT ALWAYS STARTS WITH PAIN.

Sometimes it's physical pain—the kind that stabs and keeps you awake despite your exhaustion.

Sometimes it's emotional pain—the kind of that is so crushing that you try to drown it out any way you can.

Sometimes it's the pain of a broken spirit.

Whatever the cause, opioid addiction is a national crisis and Kentucky is on the front lines.

According to the Substance Abuse and Mental Health Services Administration, there were 2.5 million people age 12 and older in the United States meeting the criteria for opioid abuse or dependence in 2014.

Opioid addiction affects all populations—it is immune to socioeconomic status, moves quickly and can take over a person's life within a very short time. It hits women especially hard and can lead to unplanned pregnancies—a potential crisis during which infants can undergo opioid withdrawal as their first experience in this world. In 2000, the Kentucky Injury Prevention Research Center reported 19 cases of neonatal abstinence syndrome (NAS) in the Commonwealth. Babies born with NAS often cry obsessively, sweat profusely and shake uncontrollably while undergoing detoxification in the Neonatal Intensive Care Unit (NICU). This tragic condition has increased at an alarming rate and, in 2014, 1,060 babies in Kentucky were born with NAS—a terrible statistic provoking many to harshly judge their opioid-dependent mothers.

But each one of us is more than the worst thing we've ever done.

2.5 MILLION
PEOPLE

12 and older

meet the criteria for
opioid dependence

In 2014:

1,060 BABIES

born in Kentucky with NAS

(neonatal abstinence syndrome)

MEET MEGAN

When Megan was 18, she got pregnant. She later miscarried and secretly blamed herself for losing the pregnancy. To help with the cramping following her miscarriage, she was prescribed Percocet—an opioid painkiller. She said the mental pain was worse than the physical pain, but the prescription allowed her to feel physically and emotionally “normal,” for a little while at least. The price for those moments of normalcy was astronomical. Megan spent the next 10 years struggling with an addiction that slowly and methodically destroyed her life.

During this time, Megan was in and out of 28-day programs and spent time in jail and prison.

However, she was sober when she got pregnant with and gave birth to her first child, who was in and out of her life in the years that followed. She hated herself for using, hated herself for not being a good mother

and most everyone she encountered reflected that hatred and condemnation back onto her.

When she found herself pregnant again—this time as an active user—she sought an abortion.

“I always said I would never bring another child into this world,” she said. “I didn’t want to traumatize another child in their younger years like I had already done to my son.”

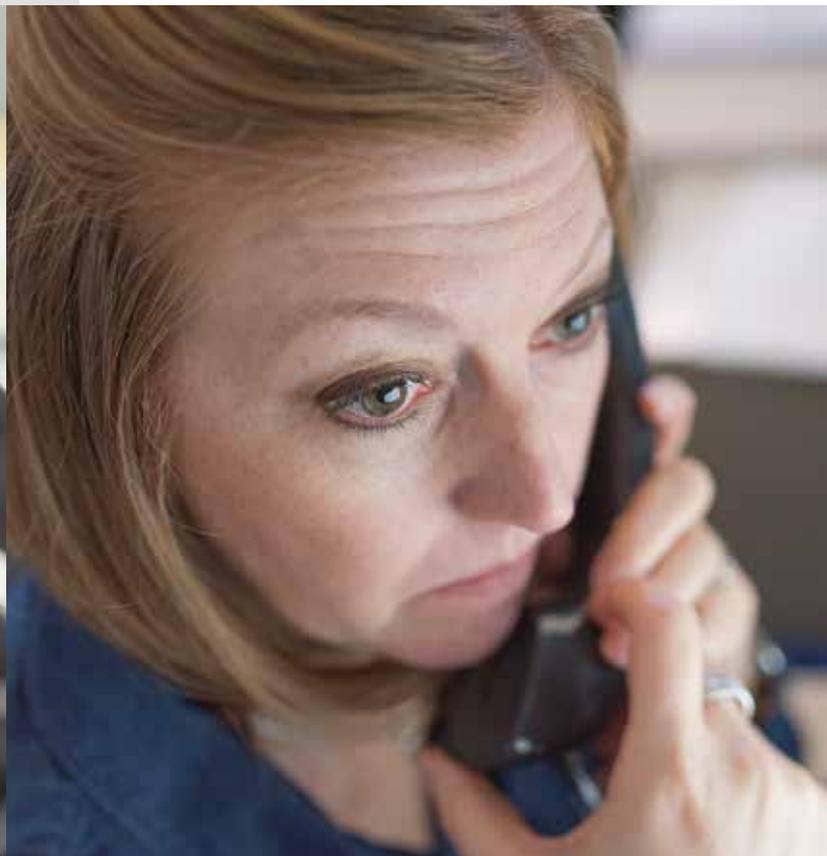
Still, a doctor talked her into considering adoption and referred her to PATHways (Perinatal Assistance and Treatment Home)—a voluntary comprehensive substance abuse and group prenatal program at the UK Polk-Dalton Clinic established in 2014. Megan called and set up an appointment, though she was still undecided about whether she should terminate the pregnancy.

PATHways addresses the emotional needs of expectant mothers within a group model with peer-support, life skills training and by building trust with women who may have never had someone truly care about them in their lives.

Many have staggering histories of childhood trauma—some have witnessed parents being murdered, others are survivors of sexual assault and many of them have parents who suffer from substance use disorders and passed the familial disease to them.

PATHways schedules prenatal appointments, empowering them to take an active role in their own pregnancy, participate in group counseling and develop relationships with peers and care providers.

The development of PATHways was an unexpected outcome of research toward preventing preterm birth. UK College of Nursing Associate Professor and Assistant Dean of Research Kristin Ashford, PhD, WHNP-BC,



FAAN, who has spent her research career looking for ways to prevent preterm birth, discovered a new trend in group prenatal care that decreased the risk of preterm birth.

Dr. Ashford, in collaboration with John O'Brien, MD, division director of the UK Department of Maternal Fetal Medicine within the Department of Obstetrics and Gynecology, was awarded a Health Care Innovation Award grant from the Centers for Medicare & Medicaid Services to research this prenatal group model further—this time matching women by due date and high-risk categories for preterm birth, such as diabetes, psychosocial stressors and tobacco users. She asked Nancy Jennings, BSN, RN, PATHways perinatal recovery facilitator at UK HealthCare® (UKHC), to head the tobacco user group. Jennings suspected that in addition to

tobacco users, there might be a few women with other substance abuse issues like marijuana.

“Boy were we wrong!” recalls Jennings. “We ultimately found out we were having a huge opioid crisis in our state and that we couldn’t address this in the traditional group prenatal format because so many other services and support were needed.”

Dr. Ashford gave Jennings the ability to modify the original grant into a substance abuse group. They quickly gathered an interdisciplinary team to wrap additional care around these women.

Under the leadership of Agatha Critchfield, MD, Maternal Fetal Medicine physician with the Department of Obstetrics and Gynecology at UK HealthCare Women’s Health, the team included a peer-support specialist, social worker, childbirth educator, smoking cessation counselor, psychiatrist, addiction medicine specialist, neonatologist and NICU physician. When needed, women were referred to the Child Advocacy Today (CAT) Service legal clinic.

“Once we pulled the team together, we provided prenatal education and tried to focus first on their pregnancies,” says Jennings. “We work really hard to treat them as a pregnant woman first. And then try to manage the other parts of their lives related to their substance abuse disorders.”

The treatment starts as soon as they call in to set up an appointment. Whether they are referred by outlying obstetrician offices, by the ER during active withdrawal or by word of mouth, Linda Berry, BSN, RN, OBRN-lead and PATHways nurse coordinator is the first person expectant mothers talk to when entering the program.

“The first thing I do is thank them for having the courage to call,” says Berry. “Many of these women have been turned away from health care for many years. Every place they’ve gone has been punitive; they’ll go to jail or get ‘fired’ from their OB practice for using. Until proven otherwise, my assumption is the majority of these women are actively using. Even if they already have children, they probably have not had quality prenatal care, they’ve most likely never had child birth education, they’ve never had anybody treat them with respect or someone with whom to celebrate their pregnancy.”

“

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Linda Berry, BSN, RN, OBRN-lead
and PATHways nurse coordinator

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As a certified Kentucky peer-support specialist, Sarah Bell is in recovery herself and for four years worked at UK Good Samaritan Hospital, where she observed the ever-increasing need for programs that combined prenatal care with substance abuse recovery.

“There were only two or three treatment centers offering recovery for these patients,” says Bell.

“Many pregnant women detoxed at the hospital but then were sent back into the world with no place to go—no treatment centers, no medication-assisted treatment. The vast majority would use again, and they would come back and deliver in active addiction, which is really difficult for everyone to see.”

In a similar way that depressed people take antidepressants and diabetics take insulin, opioid abuse disorder patients are now being prescribed a therapeutic dose of opioids to prevent them from going into full blown withdrawal—called medication-assisted treatment (MAT).

PATHways has partnered with UKHC physicians who have qualified for special training and certification from the Center for Substance Abuse Treatment to prescribe buprenorphine for mothers who need to make MAT part of their recovery. Many providers are learning that an abstinence-based model is not ideal when it comes to opioid-use disorders.

“It’s cruel to make abstinence the expectation,” says Bell. “If you can use medication to keep someone functioning—to keep them alive—it is worth it. Medication-assisted treatment keeps the women coming back and helps us provide a more comfortable environment. Our patients never worry a police officer will show up and arrest them because they are asking for help.”

In addition to MAT, the PATHways team wraps layers of services around their patients to help them take steps on the road to recovery. They address their physical needs with MAT, setting up appointments for dental care and even providing substantial “snacks” at group appointments that are often meals for patients who are sometimes malnourished.

PATHways care also provides a new sense of comfort for patients. Jennings describes one woman in the PATHways program who suffered a chronic ear infection for years that had never been properly treated. One night, the pain was so great she called 911 to be taken to the hospital, as her mother wouldn’t take her to the doctor. Years later, after receiving proper care through the PATHways program, she told Jennings, “No one has ever cared about my ear being infected before.”

Opioid-dependent women often find themselves in abusive relationships. “Is there any better victim for domestic violence offenders than someone who is addicted to drugs?”

Megan said taking opioids therapeutically was a huge mental hurdle for her to get over. She felt that she couldn’t say she was “sober” since she was taking a substance. It felt like a crutch. But as time went by, she found the medication to be a helpful tool in working toward her recovery.



Agatha Critchfield, MD,
Maternal Fetal Medicine, UKHC



says Karen Bassetti, PATHways social work case manager, UKHC. “Our mothers are often financially and emotionally dependent on the men in their lives. They have a very low sense of self-worth, and we see many of them in domestic violence relationships.”

Domestic violence is one of many hurdles PATHways participants often face. Many battle co-diagnosis with mental health conditions like depression or bipolar disorder. They often struggle to find transportation to their appointments—most have between a one- and two-hour commute to get to Lexington and don’t have access to well-maintained cars filled with gas. Many are crushed with shame and guilt for losing custody of other children due to their opioid addiction. Most have family members who don’t understand why they just can’t quit.

“Not only do these patients use drugs as their coping mechanism, it’s also a very complex disease that affects both the brain and body,” says

Dr. Ashford. “A common feature of opioid-use disorder is losing the ability to control your actions and continuing to use despite knowing the serious consequences.”

PATHways supports these women even in their darkest days.

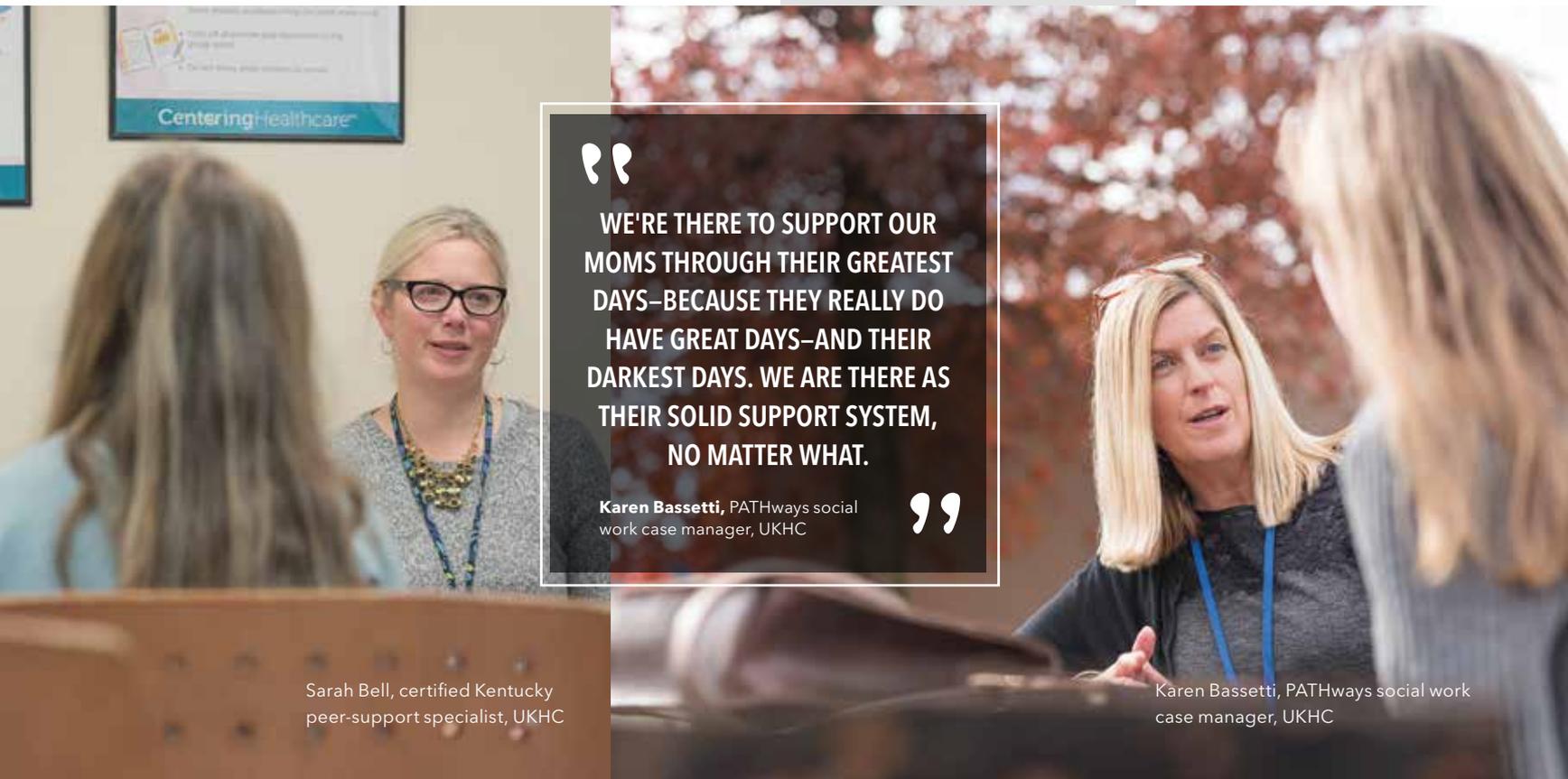
“One of the things I love about this program is that it is uplifting,” says Bassetti. “Even when our moms relapse, we are still there to help her figure out what happened, why she relapsed. We’re there to support our moms through their greatest days—because they really do have great days—and their darkest days. We are there as their solid support system, no matter what.”

Building trust and feeling that unconditional support takes time but is crucial as delivery approaches. PATHways works with women to paint a realistic picture of what to expect at delivery. All PATHways patients know they will receive a visit from the Kentucky Department for Community Based Services after delivery and there is a possibility their baby will be placed in foster care.

Mothers on MAT will have babies that may go through withdrawal after delivery though the severity is unknown; the medication is metabolized differently in every patient and even twins have different substance levels in post-birth tests. PATHways works to empower mothers with tools both to decrease the chances of treatable withdrawal as well as to comfort their babies if they are treated for withdrawal—all while dealing with their own physical and emotional fallout after delivery.

“I got into some truly uplifting relationships with a few women there: Diana, Sarah, Nancy,” said Megan, who, as the months passed, decided to work toward keeping her baby rather than giving him up for adoption.

“I just began to want to live life and do something different. I didn’t want to be alone for the rest of my life. When I was using, even though I was surrounded by people, I was lonely.”



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Karen Bassetti, PATHways social work case manager, UKHC

Sarah Bell, certified Kentucky peer-support specialist, UKHC

Karen Bassetti, PATHways social work case manager, UKHC



Lori Shook, MD, professor of pediatrics at UK College of Medicine and neonatologist at Kentucky Children's Hospital



Mothers are given education on infant massage, kangaroo care and breastfeeding in groups. Lori Shook, MD, professor of pediatrics at UK College of Medicine and neonatologist at Kentucky Children's Hospital (KCH), also meets one on one with each mother to discuss what they can expect in their specific case.

In 2011, Dr. Shook was part of a team at UKHC that developed a new NAS protocol that brought NAS infant NICU stays down from 29 days to 23 days. The new protocol is also for infants with neonatal opioid withdrawal syndrome, an opioid specific subset of NAS. For PATHways program participants who are able to provide parent care, the average length of stay for their babies is 5.8 days.

"When I meet with the moms before they deliver, I always tell them their babies will love them. They know their mother's sound when they come out. They know their smell. They know their heartbeat. And the moms are who the babies want to be with," says Dr. Shook.

"It's really incredible. I think the most important thing that I've learned is that the presence of the mother is key to the baby's health," says Dr. Shook.

SINCE 2011
NAS PROTOCOLS:

NAS infant NICU stays
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DAYS DAYS

PATHways PARTICIPANT
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“**PATHWAYS BABIES ARE OFTEN BORN AND, RATHER THAN COMING TO NICU, BOTH MOM AND BABY ARE PUT ON THE ACUTE PEDIATRIC FLOOR WHERE MOM IS ABLE TO STAY IN THE BABY'S ROOM.**”

Lisa McGee, MSN, RN, neonatal clinical nurse specialist



Nancy Jennings, BSN, RN, PATHways perinatal recovery facilitator, UKHC

“We don’t see them!” says Lisa McGee, MSN, RN, neonatal clinical nurse specialist at KCH who works with nurses who have cared for an ever-increasing number of babies suffering with NAS. “PATHways babies are often born and, rather than coming to NICU, both mom and baby are put on the acute pediatric floor, where mom is able to stay in the baby’s room.”

“This time together allows the new mother to comfort, feed and care for her baby in a calm and quiet space,” says Gwen Moreland, DNP, RN, NE-BC, assistant chief nurse executive at KCH. “The goal is really to give the mother/baby couplet the best chance for a healthy start.”

Leading up to delivery, Megan says she was fearful of her baby going through withdrawal and how she would respond to it. “I was afraid of the guilt and shame. I didn’t know if I was mentally prepared for it when I went into labor. I was sober minded—my mind and my thoughts were clear—but I worried about the guilt.”

Her daughter was born after a textbook labor and delivery. Both she and her baby’s father took turns holding their son skin-to-skin to help soothe him through his mild withdrawal. When the baby wouldn’t latch, Megan faithfully pumped breast milk until her baby learned to latch on. And even when they had to leave the hospital before their baby was discharged, Megan and her partner tag teamed so they were with their baby around the clock until he was discharged five days after delivery.

“It made me feel like I had a purpose, which was to make her feel OK,” says Megan of the time she spent in the hospital with her daughter. “I was really, really worried how people would judge me, and how they would look at me while being on medicine and being pregnant. I never once felt that there. If anything, I felt more support. I never felt judged.”

Even in the best of circumstances, the “happily ever after” doesn’t start simply because mothers are allowed to take their babies home. Recovery for them is a life-long process, and there are many stressors following delivery that threaten a new mother’s sobriety. In addition to the hormone fluctuation and lack of sleep that new mother’s face, addiction recovery moms often have to find a new doctor to prescribe their therapeutic medications, they have to find a pediatrician for their baby, and, if they have custody of their baby, they are often worried that fighting with their parents or their baby’s father could be perceived as putting their child in jeopardy.



“Postpartum is a horrible time for relapse because of the psychosocial problems that can occur for these moms who had done so well for four to six months while in the program,” says Keisa Fallin-Bennett, MD, MPH, UK Family and Community Medicine.

She, along with Michael Kindred, MD, an addiction medicine specialist at UKHC, joined the PATHways team in 2016 to provide much needed postpartum comprehensive medical and substance abuse care. With Drs. Fallin-Bennett and Kindred now part of the team, PATHways is able to extend the lifespan of the program in an effort to prevent postpartum relapse. “There is a history of being reactive with this population,” says Bell. “Being proactive has never been on the radar. For PATHways to add that element is really critical, and it’s making a difference.”

Going forward, Drs. Critchfield and Ashford hope to take the lessons learned from the brave women enrolled in PATHways and standardize a treatment program that can easily be expanded to other clinics.

“We want to make treatment more geographically accessible in both Lexington and other established health care locations in eastern Kentucky, which will allow us to reach more mothers and babies,” says Dr. Critchfield.

One night recently, Megan ran to the grocery for 20 minutes while her mother watched her infant daughter. She felt that awful, disconnected feeling when you leave your new baby for the first time—the feeling was terrible yet shocked her with joy.

“I’ve never had these motherly instincts,” says Megan. “PATHways has brought incredible beauty to my life. I never wanted a family or to be clean. Now, I can get up and not have to go look for drugs. I can take care of my kids. My family trusts me again.”

Megan said PATHways offered her a chance when no one else would, and she owes everything to the unconditional care and support of the PATHways team and to God. It’s changed her mind about who she is as a person and what she wants for her future. She’s proud that since starting the PATHways program, she has successfully stayed sober, which only adds to her confidence.

“I am someone who deserves as much as the next person,” says Megan. “I’m a daughter, sister, girlfriend, friend and, most importantly, I am a mother of two very healthy, beautiful and full-of-life children. With that, I am going back to college to be a social worker. I want to dedicate my life to something I feel very strongly about and be a part of something as beautiful as PATHways. Hopefully one day I’ll give as much as they have given me.”



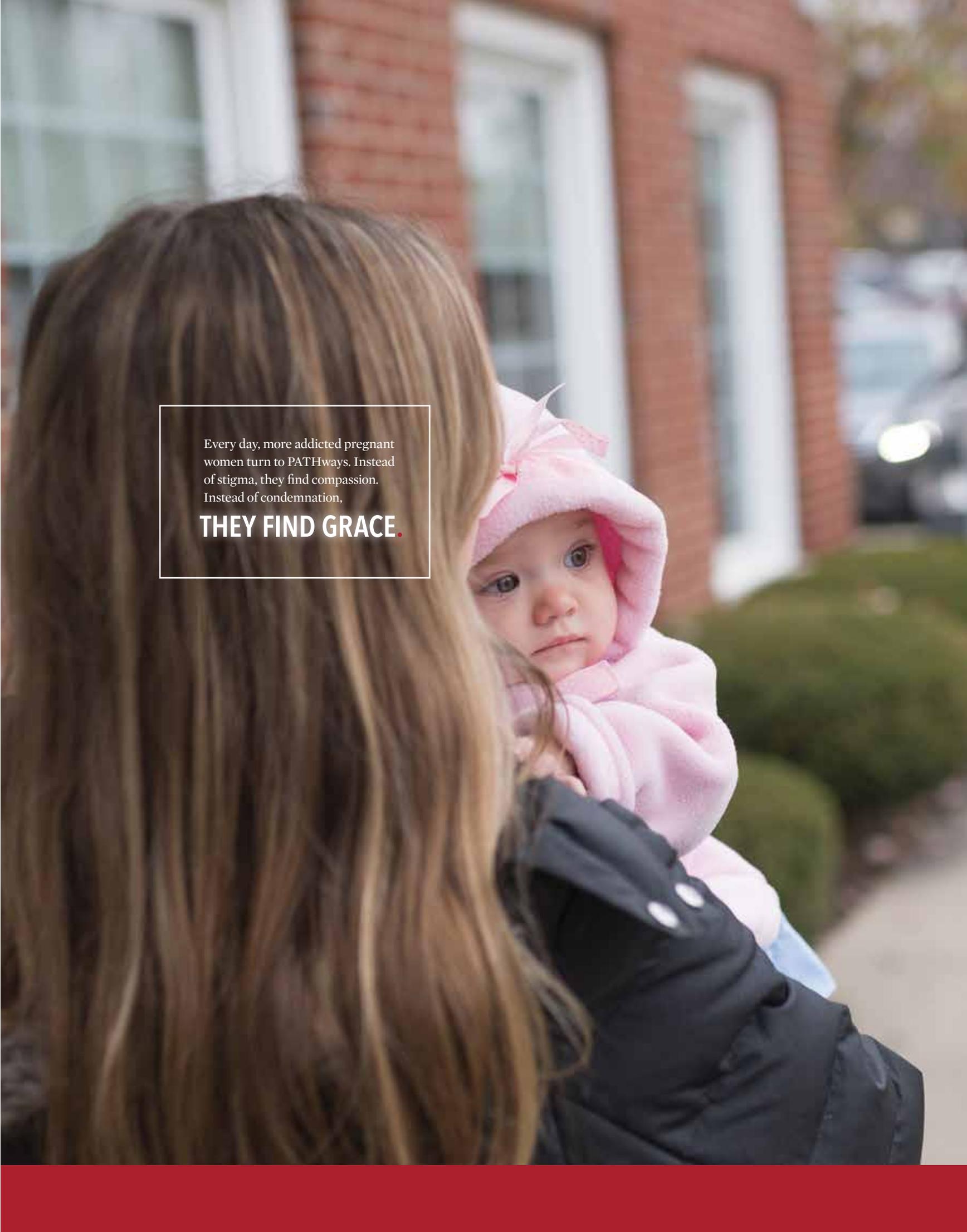
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Sarah Bell, certified Kentucky peer-support specialist

”

Keisa Fallin-Bennett, MD, MPH,
UK Family and Community Medicine

A photograph of a woman with long, straight brown hair seen from behind, holding a baby. The baby is wearing a pink winter hat with a bow and a pink jacket. They are standing in front of a brick building with windows. The scene is outdoors, and the lighting is soft, suggesting an overcast day. The woman's hair is the dominant feature in the foreground, framing the baby who is looking towards the camera.

Every day, more addicted pregnant
women turn to PATHways. Instead
of stigma, they find compassion.
Instead of condemnation,

THEY FIND GRACE.

InStep Credits



If you'd like to be involved with the College of Nursing Alumni Association, please contact Patricia K. Howard, president, at pkhoward@uky.edu.

InStep 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/



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A WORD FROM *an alum*

"As a bedside nurse, I knew that I always wanted to do more. I wanted to take the next step to be a leader, and I knew in order to do that I would need skills that could only be learned from the intensity and rigor of the UK College of Nursing DNP program. There are so many wonderful mentors in the College that are able to take nurses to the next level, which is why it was always my first choice."

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

Terry Allen (*BBA 1976*)

Kristin Ashford (*PhD 2007*)

Linda Berry (*BSN 2007*)

Laura Broughton (*BSN 2014*)

Lacey Buckler (*BSN 2003, MSN 2006, DNP 2013*)

Agatha Critchfield (*MD 2006*)

Jennifer Dent (*BSN 2003*)

Amanda Fallin-Bennett
(*BSN 2007, MSN 2009, PhD 2011*)

Keisa Fallin-Bennett (*MD/MPH 2005*)

Cassidy Graham (*BSN 2016*)

Zaki-Udin Hassan (*MBA 2016*)

Jenna Hatcher (*PhD 2006, MPH 2012*)

Shannon Haynes (*BA 1998, BSN 2001*)

Sarah Heck (*BBA 2007, MBA 2011*)

Kathy Isaacs (*MSN 2007, PhD 2014*)

Nancy Jennings (*BSN 1986*)

Lisa McGee (*BSN 1982, MSN 1995*)

Gwen Moreland (*BSN 1987, MSN 2010*)

Robbie Scharold (*BSN 2016*)

Colleen Swartz (*BSN 1987, MBA 2002, DNP 2011*)

Tukea Talbert (*BSN 1989, MSN 1994, DNP 2006*)

What is The Boomerang Society?

PHOTOGRAPH BY
Richie Wireman



The Boomerang Society is an annual giving recognition society formed to assist the College's Alumni Association in providing opportunities that may not otherwise be available. Gifts to the Boomerang Society support scholarships, professorships, research, education programs, internships, networking opportunities and more. Join us today and support the next generation of exceptional nurses from the Big Blue Nation and beyond!

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—Sarah Bell, certified Kentucky
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UK HealthCare is UK Albert B. Chandler Hospital; Kentucky Children’s Hospital; UK Good Samaritan Hospital; Markey Cancer Center; Gill Heart Institute; Kentucky Neuroscience Institute; and the clinical activities of the UK Colleges of Dentistry, Health Sciences, Medicine, Nursing, Pharmacy and Public Health.