Spring 2012

InStep for the Commonwealth

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Feature story:

The Blueprint for Improving Patient Care

Nursing-Sensitive Indicators

In Step for the Commonwealth

The years 2010 and 2011 were marked by many milestones at the University of Kentucky. We celebrated the College of Nursing's 50th anniversary and currently are celebrating the 25th anniversary of the PhD Program and 10th anniversary of the DNP Program. At UK HealthCare, we opened Pavilion A and began the transition to our replacement facility. The new pavilion provides a wonderful environment for our interdisciplinary teams to care for the most complex and critically ill patients from across the Commonwealth. Pavilion A at Albert B. Chandler Hospital, Chandler Hospital, UK Good Samaritan Hospital, Kentucky Children's Hospital and our diverse ambulatory sites provide excellent learning laboratories for our nursing students and other learners on the interdisciplinary team. As we work toward an environment conducive to interprofessional education, we also continue to work toward a clinical leadership model that leverages the strength of the collaboration of interdisciplinary teams to produce the best possible clinical outcomes.

The college and UKHC are working as close partners to accomplish the recommendations of the 2010 IOM report, "The Future of Nursing." One of the recommendations is to increase the number of baccalaureate-prepared nurses. Our shared goal is to increase the percentage of BSN-prepared nurses at UKHC by 5 percent to 7.5 percent annually. Additionally, we work closely to ensure that new BSN graduates have the technical and cognitive skills necessary for success in today's complex environment.

The IOM recommendations around increasing doctorally prepared nurses and interdisciplinary partnerships are well underway. The BSN-DNP and the MSN-DNP Options continue the work of ensuring an excellent clinical and leadership experience for doctoral students. This work is essential as all health care providers are expected to function at their highest levels within interdisciplinary teams. The cooperative work between the college and UKHC is further manifested by the study of supply and demand of key specialty providers. One example is the college's intent to provide a crosswalk for primary care pediatric nurse practitioners to become acute care pediatric nurse practitioners — a critical resource for Kentucky Children's Hospital's growing volume and complexity of patients.

Our pride in UK and the contribution of nursing to the success of our dynamic care model is palpable in our third edition of In Step. Nursing continues to provide clinical leadership, contribute to new knowledge and educate some of the best students. We hope the stories resonate with you and provide insight into our work, our vision and our realization of expectations for the nurses of tomorrow. As our health care landscape continues to change and the pace of change accelerates, we intend to provide a learning and practice environment that will support the care model of the future.

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New Patient Care Facility
Enhances Patient-Driven Care

WRITTEN BY
Christina Noll

PHOTOGRAPHS BY
Lee Thomas, Richie Wireman and
UK HealthCare Marketing

LEARN MORE!

As part of UK HealthCare's plan to become a premier regional medical center, the new patient care facility at UK Albert B. Chandler Hospital is changing minds about how health care should best be delivered. More importantly, it's also changing lives. The facility is designed to support patient care for the next 100 years, concentrating on cancer, trauma, neurosciences, organ transplantation and pediatric subspecialties.

The new Pavilion A, which includes the latest innovative features and is a benchmark for beautiful and functional design, is certainly impressive. But what about this new patient care facility is so vastly different from other medical centers and how exactly is it revolutionizing patient care at UK? The answer can be found in patient outcomes.

"The major difference is that we have created platforms of care that more closely resemble a service line-type approach to care," explains Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, UK HealthCare. She cites the example of how in the past ICU beds were nested together in an ICU tower, which caused a lot of moving of patients and handover from one caregiver to another. "Not only was the patient physically moving a lot, but handovers create risk for error and can create an extension of stay. New caregivers would constantly be relearning about the patient, and that, plus physically moving the patient, takes more time," says Dr. Swartz.

Now, each patient care floor is focused on a specialty service, such as neurosciences or trauma and acute care surgery, allowing staff with special skills and experience to be focused in a particular area. All patient floors are designed to accommodate acute, progressive and intensive care patients, minimizing the need to transfer patients to other areas. The result is more of a team atmosphere where nurses share skill sets as a cohesive unit, centered on the patient.

> "Buildings provide a setting, an opportunity, the mechanics of care; health care is about human interaction, the human-to-human touch that brings healing, comfort and confidence at times of uncertainty and pain. This new building and its technology are tools in the hands of talented people who will be using it to provide advanced specialty care, which UK HealthCare is uniquely equipped to offer."
>
> —Ann Smith, MPA, FACHE, Chief Administrative Officer, Chandler Hospital

The real impact of the care delivery model in the new facility is about the professionals providing the care. "Buildings provide a setting, an opportunity, the mechanics of care; health care is about human interaction, the human-to-human touch that brings healing, comfort and confidence at times of uncertainty and pain. This new building and its technology are tools in the hands of talented people who will be using it to provide advanced specialty care, which UK HealthCare is uniquely equipped to offer," says Ann Smith, MPA, FACHE, chief administrative officer, Chandler Hospital.

Being patient-centered is exactly what it's all about. "Patient care is a team job, and having all the members on one team and focused on a specific patient population offers a unique opportunity for clear collaboration, issue resolutions, development of education, guideline development, and staff engagement," says Lisa Fryman, BSN, RN, trauma nurse coordinator/interim administrator for trauma and acute care surgery at Chandler. "This model has the opportunity to impact these changes in a timelier manner, thus having a positive impact on patient outcomes."

Phillip Chang, MD, medical director of trauma and acute care surgery, UK HealthCare, agrees. "The new model of care breaks the traditional academic barriers set up by specialties but instead focuses on the patient and his/her disease process," he says. "We look at process improvement with the patient's care and experience at the core. Everything we do is aimed at providing our patients the best care in the most convenient and comfortable fashion."

"It isn't the building so much as the teams we've been able to form for patient-centered care," says Dr. Swartz. "Having some oversight by our interdisciplinary team helps drive the outcomes and makes all of us more effective."

The interdisciplinary team is at the core of the new clinical leadership model, which allows specialists from various disciplines to come together to achieve a common goal. It allows physicians, administrators and nursing leaders to collaborate and manage teams so that multidisciplinary viewpoints can be shared in the decision-making.

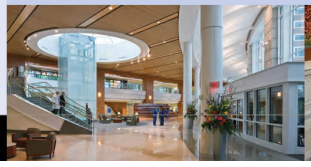
The new patient care facility only enhances the model, making every caregiver's job easier by keeping patients in the same geographic location. Nurses, physicians and other caregivers can be more efficient and become more familiar with their colleagues, which leads to better communication and better care. "We look at process improvement with the patient's care and experience at the core. We also look at staff satisfaction, efficiency, safety and other measures," says Dr. Chang.

A good example of how the model is working can be found with the trauma triad, which typically consists of a physician (medical director), a nurse (nursing director) and someone in an administrative role. This increases the quality, safety and service — the overall patient experience — through efficiency and teamwork. "The best thing about this facility is that it allows us to be very clearly cohorted," says Ms. Fryman. "Cohorting the trauma patients, for example, allows staff who are specialized in trauma care to focus on their patient population." The same is true for neurology, cardiac care and other specialties.

Dr. Chang elaborates, saying, "The enhanced team concept that comes from improved co-location helps bring back the small-scale, personalized feel in an otherwise complex hospital system." UK HealthCare might be the largest provider in the region, but the care delivered is absolutely personal.

Medical care isn't the only thing with a personal feel — the new patient care facility itself was designed with a focus on the people who receive care, as well as those who provide care. Some of its features include large and private patient rooms built with space divided into zones to accommodate not only the patient, but caregivers and family, as well. "This has allowed us to provide patient care in an environment totally focused on the patient," says Rita Bush, MSN, RN, CCRN, NE-BC, nursing director of critical care services/trauma acute care surgery at Chandler. "In addition, it allows physicians, nurses and ancillary teams to work with the patients and meet where the work is being done."

"Improved comfort and privacy are some of the most tangible and concrete examples of how the new facility has improved patient care at UK," says



Lisa Fryman, BSN, RN, Trauma Nurse Coordinator/Interim Administrator, Trauma and Acute Care Surgery, Chandler

Rita Bush, MSN, RN, CCRN, NE-BC, Nursing Director, Critical Care Services/Trauma Acute Surgical Services, Chandler

Phillip Chang, MD, Medical Director of Trauma and Acute Care Surgery, UK HealthCare

Dr. Chang. "What's transparent to the patients is a redesigned workflow that aims to improve care and the patient experience."

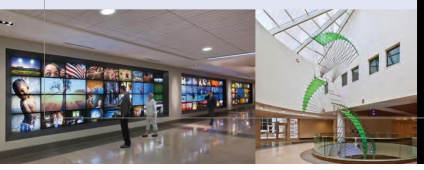
Every inch of the new patient care facility was designed with safety and quality of care in mind, including bedside computers enabling nurses to spend more time with patients, improved access to supplies and equipment, provider workstations outside patient rooms that give nurses line-of-sight patient views, and patient lifts for special needs.

When it came to providing the very best in health care, every piece of equipment, down to the chairs selected for visitors, was carefully chosen for this facility. Ms. Bush explains how input from those closest to patient care was key. "The state-of-the-art equipment in the rooms was selected by the staff who work in the environment and is designed with patient and staff safety and comfort in mind," says Ms. Bush.

Built in phases, Pavilion A will be fully completed in six to ten years. Prior to opening the first two patient floors in May 2011, the new facility had been in the planning stages for several years. To say it is state of the art is a given, but the facility was also designed with the healing effects of beauty in mind. The finished areas evoke a natural setting that is uniquely Kentucky with water features and native plantings. As part of the donor-supported UK Arts in HealthCare Program, Pavilion A features art in all forms, including works of commissioned artists in key public locations, a core collection of art with a Kentucky connection, music therapy and a performing arts program for all UK HealthCare patients.

The next phase of Pavilion A is set to open in early 2012 and will include eight advanced operating rooms and a hybrid operating room. When fully completed, the new patient care facility will be a stunning 1.2 million-square-foot, 12-story building with 512 private patient rooms, a wireless network and cell phone access throughout. In addition, the LEED certified facility (Leadership in Energy and Environmental Design, an internationally recognized green building certification system) will house diagnostic and intervention centers and a surgical suite with 27 operating rooms.

The new patient care facility illustrates the vision for all UK HealthCare facilities. "The work being done in hospitals must always focus around the patients," says Ms. Bush. "It is about what is best for the patient and family. When we focus on why we as employees are really here, we make the best decisions." Truly, this sentiment is at work at UK HealthCare.



The Healing Power of Knowledge

One very important and special part of this spectacular new patient facility and the new team-based approach to patient care is the Don and Cathy Jacobs Health Education Center. Located on the first floor concourse of Pavilion A, it serves as a central resource to help patients and their families find factual, evidence-based answers to often confusing and complex medical questions.

"In realizing the importance we play in meeting the health care needs of Kentuckians, Don and Cathy Jacobs made a substantial contribution to establish the Don and Cathy Jacobs Health Education Center," says Michael Karpf, MD, UK's executive vice president for health affairs. "The purpose of the Health Education Center is to offer education, training and literature to patients, families, nurses, physicians and other caregivers as well as members of our community with a goal of improved health care outcomes."

"The center's main objective is to involve patients and families in their care, empower them with knowledge of how to obtain the best possible health outcomes and prevent adverse events by creating cultures of safety and quality through patient-centric education," says Judi Dunn, BSN, RN, patient education manager at UK HealthCare and current BSN-DNP student at the UK College of Nursing. "It is a beautiful, healing place where patients, families, visitors, students, clinicians and the community are invited to obtain trusted and up-to-date information about any health topic in a variety of learning modalities."

The state-of-the-art center offers resources for every level of understanding, including pamphlets with pictures, books, audio books, videos, interactive computer programs, models, posters, health applications for smart phones and tablet computers, newsletters, health and wellness displays, anatomical models and more. All are available free of cost. Personal assistance is provided by caring medical librarians and nurses, so patients and their families can find the information they need to be well-informed participants in their health care decisions, something health care providers believe makes a tremendous difference.

"The Patient Education Center has provided access and availability to our patients and the people who care about them so that they can learn more about the process, the disease and home care. And it helps to allay some of their fears," says Colleen Swartz, DNP, MBA, RN, NEA-BC, UKHC chief nurse executive.

Indeed, multiple studies show that educated patients are more highly engaged in the healing process. "The more the patients understand their illnesses, the better they could participate in their own care, which leads to better outcomes," agrees Phillip Chang, MD, medical director of trauma and acute care surgery, UKHC.

Recommendations from The Joint Commission of Accredited Hospital Organizations, the Institute of Medicine, and Agency for Healthcare Research and Quality state that health care systems must make effective patient education and communication an organizational priority. It is of utmost importance to provide written resources that patients can understand and use. Clinicians should also be trained in health literacy principles so that they provide clear verbal communication and ensure learning has occurred by using "teach back" or "show back" techniques.

A Nurse Patient Education Certification Course is offered through the center to educate nurses on the most effective way to teach. These patient education-certified nurses develop work processes and mentor nurses on their units to adopt best practice patient and family education.

The Health Education Center also serves as the central repository for all patient education for the entire UK HealthCare enterprise. Information technology is used to support clinicians with patient education resources at point-of-care that meet The Joint Commission, patient safety and core measures standards. This online patient education program is integrated into the electronic medical record across UK HealthCare and consists of simple instructions in English and Spanish that are easy to understand. The goal is to create a patient portal for access to education in video or written format from home.

In addition to health education resources, the center offers a business center with computers, printers and free Internet access, as well as free copying and faxing. Private viewing rooms are available for video, DVD and Internet programming.

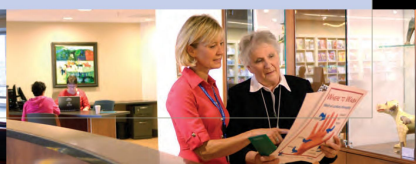
The new center is also home to the UK Arts in HealthCare collection of whimsical Kentucky folk art, curated by the Kentucky Folk Art Center. More than a dozen pieces of art are on display, including several sculptures, all with a Kentucky theme.

It is hoped that the center will continue to play a valuable role in patient and family educational opportunities, even as the new health care facility continues to expand in coming years. "With the Jacobs' generous gift, the new Don and Cathy Jacobs Health Education Center is poised to serve generations of Kentucky families in their mission to achieve greater health and well-being," says Dr. Karpf. Indeed, the center is already a vital part of the new patient-centered model.

"I see the results every day of empowering patients and families with the knowledge they need to be able to make informed health decisions, recover, manage chronic diseases and maintain the best health possible," says Ms. Dunn. "People come back to visit time after time to show their gratitude and tell their stories of how the information they received from the Don and Cathy Jacobs Health Education Center made all the difference in the world to their health care experience."

TOP: Marty Blair, BSN, RN

BOTTOM: (left) Don and Cathy Jacobs; (far right) Judi Dunn, BSN, RN, Patient Education Manager, UK HealthCare and Jo Barbee, Patient Education Assistant



UK HealthCare Nurse Promotions and Transitions to Leadership Positions

July 1, 2010 – December 1, 2011

Lara Blake, BSN, RN
Service Line Manager, Chandler Hospital, Perioperative Services

Alicia Carpenter, MSN, RN
Clinical Nurse Specialist, Chandler Hospital, Nursing Administration

Teresa Chase, MSN, RN
Staff Development Specialist, Chandler Hospital, Nursing Practice Improvement

Kathy Cisney, MSN, RN, APRN, ACNS-BC, CWOCN, C. Ped.
Staff Development Specialist, Chandler Hospital, Nursing Practice Improvement

Linda Clements, MSN, RN, CCNS
Clinical Nurse Specialist, Chandler Hospital, Nursing Administration

Kathy Daniels, MSN, RN, CNOR
Perioperative Services Director Associate, Chandler Hospital, Perioperative Services

Julia deVerges, BSN, RN
Perioperative Services Director Associate, Good Samaritan Hospital, Perioperative Services

Jennifer Forman, BSN, RN
Patient Care Manager, Good Samaritan Hospital, 4 Main, Medical/Surgical Telemetry

Pat Garrett, BSN, RN
Utilization Review Team Lead, UK HealthCare, Utilization Review

Lynn Gentry, BSN, RN
Patient Family Services Manager, UK HealthCare, Continuum of Care Services

Susan Gray, BSN, RN, CPAN
Staff Development Specialist, Chandler Hospital, Nursing Practice Improvement

Jane Hammons, BSN, RN
Patient Care Manager, Chandler Hospital, 5 South and 5 West Acute Care

Linda Holtzclaw, MSN, RN
Staff Development Specialist, Chandler Hospital, Nursing Practice Improvement

DeeDee McCallie, BSN, RN
Patient Care Manager, Chandler Hospital, 6 East and 6 South Progressive Care

Gwen Moreland, MSN, RN, NE-BC
Nursing Operations Administrator, UK HealthCare, Maternal Care and Neonatal ICU Services

Judy Niblett, BSN, RN, NE-BC
Patient Care Manager, Chandler Hospital, 2 Medicine ICU and Central Monitoring Station

Carol Noriega, MSN, RN, CEN
Staff Development Specialist, Chandler Hospital, Nursing Practice Improvement

Donna Norton, MSM, BSN, BS, RN
Perioperative Services Enterprise Director, UK HealthCare, Perioperative Services

Kate Osman, BSN, BS, RN
Staff Development Instructor, Chandler Hospital, Nursing Practice Improvement

Kim Pennington, MHA, BSN, RN
Nursing Operations Administrator, UK HealthCare, Gill Heart Institute

Leah Perkins, BSN, RN
Patient Care Manager, Pavilion A, Neuroscience Services Tower One

Matthew Proud, BSN, RN, CEN
Patient Care Manager, Chandler Hospital, Emergency and Trauma Services, Adult Emergency Center

Sherry Rankin, ADN, RN
Patient Care Manager, Good Samaritan Hospital, 5 Main Medical/Surgical

Trish Seabolt, MN, MA, RN
Informaticist, UK HealthCare, Informatics, Information Technology

Katherine Semones, BSN, RN
Patient Care Manager, UK HealthCare, Hospital Command Center

Katie Shreve, MA, BSN, RN
Patient Care Manager Assistant, Kentucky Children's Hospital, Neonatal ICU

Suzanne Springate, BSN, RN
Nursing Operations Administrator, Kentucky Children's Hospital, Inpatient Pediatric Care

Darlene Spalding, MSN, RN
Senior Nurse Administrator, Good Samaritan Hospital, Administration

Carla Teasdale, MSN, RN
Informaticist, UK HealthCare, Informatics, Information Technology

Heather Vance, BSN, RN
Patient Care Manager, Pavilion A, Neuroscience Services Tower Two

Laura Williams, Master's Certificate in Health Informatics, BSN, RN
Informaticist, UK HealthCare, Informatics, Information Technology

Lisa Butcher, BSN, RN
Patient Care Manager, Kentucky Children's Hospital, Acute Care Pediatrics

Jamie Cross, BSN, RN
Patient Care Manager, Chandler Hospital, Clinical Decision Unit

Jessica Hutchins, BSN, BA, RN
Patient Care Manager Assistant, Kentucky Children's Hospital, Acute Care Pediatrics

Jami Kyle, BSN, RN
Clinical Manager Senior, UK HealthCare, Internal Medicine and Divisions-Cardiology

Janine Lindgreen, MSN, RN-CCRN, TNCC
Clinical Nurse Specialist, Chandler Hospital, Nursing Administration

Julia Mercer, BSN, RN
Control Desk Manager, Chandler Hospital, Perioperative Services

Katherine Poteet, ADN, RN
Clinical Manager Senior, UK HealthCare, Internal Medicine and Divisions-General

Patricia Robbins, BSN, RN
Service Line Manager, Chandler Hospital, Perioperative Services

Crystal Spears, BSN, RN
Service Line Manager, Chandler Hospital, Perioperative Services

Robin Stovall, MBA, ADN, RN
Nurse Clinic Manager, UK HealthCare, Rehabilitation Medicine

Anita Taylor, BSN, RN
Patient Care Manager, Chandler Hospital, NCC Inpatient Obstetrics

Good Samaritan nurses earn Pathway to Excellence® designation

The nurses at UK Good Samaritan Hospital have achieved Pathway to Excellence designation from the American Nurses Credentialing Center (ANCC). This recognition is one which community hospitals may choose to seek as a way of evaluating and improving their nursing practice. This is an important preliminary step we needed to take toward a combined effort on the part of UK Albert B. Chandler and UK Good Samaritan hospitals to seek Magnet designation for all hospital nursing in the future.

UK College of Nursing
Promotions and Transitions

Frances Hardin-Fanning, PhD, RN

Frances Hardin-Fanning, PhD, RN, completed her PhD from the UK College of Nursing in 2011 and was promoted to assistant professor in a tenure-track position. A three-time alumni of the college, Dr. Hardin-Fanning joined the faculty in 2005 as a lecturer in the undergraduate program. In 2009 she received the college's Louise Zeeger Nursing Faculty Award. Her research focuses on nutrition in Eastern Kentucky, including the effects of a Mediterranean-style dietary pattern on cardiovascular disease risk.

Nora Warshawsky, PhD, RN

Nora Warshawsky, PhD, RN, assistant professor, is the interim coordinator of the Population and Organizational Systems Leadership Track in the DNP Program. She holds a joint appointment with UK HealthCare. In her practice role, she collaborates with clinical nursing leaders to strengthen the quality of the nurse work environment. Dr. Warshawsky received her PhD in 2011 from the University of North Carolina at Chapel Hill.

Terry Lennie, PhD, RN, FAHA, FAAN

Terry Lennie, PhD, RN, FAHA, FAAN, associate dean for PhD Studies and co-director of the RICH Heart Program, has been promoted to professor. Dr. Lennie joined the UK College of Nursing in 2003. He teaches in the PhD Program and advises PhD students. He is internationally known for his program of research that focuses on the development of scientifically based interventions to optimize nutritional intake in patients with cardiovascular disease, with a special focus on heart failure. He recently received a $1.6 million grant from the NIH, National Institute of Nursing Research to study non-pharmacologic interventions to reduce symptoms of heart failure. Dr. Lennie and his team of co-investigators will test the effects of a six-month intervention of dietary sodium reduction combined with supplementation of lycopene and omega-3 fatty acids on heart failure symptoms, health-related quality of life, and time to heart failure rehospitalization or death.

Dorothy Brockopp, PhD, RN

Dorothy Brockopp, PhD, RN, professor, retired in December 2011. She held a joint appointment in the Department of Anesthesiology in the College of Medicine.

Dr. Brockopp received her BSN, MSN and PhD from the State University of New York at Buffalo. From 1999-2007 she served as assistant dean for undergraduate studies and provided leadership in establishing an exceptional traditional BSN Program. Dr. Brockopp has also taught and advised students in the DNP and PhD programs. From 2003-2007 she served as chair of UK's President's Commission on Women. Brockopp's research on behavioral issues related to chronic and life-threatening illness has appeared in a variety of journals and she has presented extensively. Dr. Brockopp served for seven years as a research consultant for Albert B. Chandler Hospital. Since 2007, she has served as the evidence-based practice consultant at Central Baptist Hospital in Lexington. Her contributions were recognized in 2011 when she received the Sigma Theta Tau International Evidence-Based Practice Award.

Lynne Hall, DrPH, RN

Lynne Hall, DrPH, RN, Marcia A. Dake Professor of Nursing Science, retired in October 2011. She held a joint appointment in the College of Medicine Department of Behavioral Health and the College of Public Health. Dr. Hall completed her BS and MSN from Clemson University and her DrPH from the University of North Carolina (UNC). Prior to joining the UK College of Nursing faculty in 1985, Dr. Hall completed a two-year post-doctoral fellowship in maternal/child health from UNC. Her research on the health of mothers and their young children has been reported in a variety of journals and she has presented at numerous regional, national and international conferences. In 1996 Dr. Hall assumed the role of assistant dean for research and director of graduate studies for the PhD Program. In 2007 she was named associate dean for research and scholarship. Her unwavering commitment to preparing the next generation of nurse scientists was recognized in 2008 when she received the William B. Sturgill Award for Outstanding Contributions to Graduate Education from the University of Kentucky Graduate School.

Congratulations

Kathy Wheeler, PhD, RN, APRN

Congratulations to Kathy Wheeler, PhD, RN, APRN, assistant professor, who was inducted as a fellow of the American Academy of Nurse Practitioners in 2010.

UK College of Nursing
Upcoming Events

LEARN MORE!

2012

March 1-3

Commission on Collegiate Nursing Education Site Visit

The UK College of Nursing will host a five-member Commission on Collegiate Nursing Education (CCNE) team and a representative from the Kentucky Board of Nursing for an on-site evaluation March 1 through March 3. The evaluation is focused on the baccalaureate degree program in nursing, master's degree program in nursing, and Doctor of Nursing Practice Program. The college's self-study, completed in preparation for the on-site evaluation, is available on the college's website at **http://academics.uky.edu/ukcon/pub/NewsEventsPublications/Pages/Publications.aspx**

March 15

College of Nursing Caring Society Reception

5:30-7 p.m., University of Kentucky Art Museum

Donors who have supported the College of Nursing are invited to a reception hosted by Dean Jane Kirschling. The Caring Society recognizes donors who have given or pledged $5,000 to the college or have included the college in their estate plans. Donors will have the opportunity to enjoy a wine-and-cheese reception and view the first traveling exhibition in the U.S. dedicated to the multi-layered work of Aboriginal artist and activist Richard Bell, one of Australia's leading and most controversial artists. This event is complimentary and paper invitations will be sent in early 2012. **If you are interested in learning more about how to become a member of the Caring Society, please contact Aimeé Baston at abaston@email.uky.edu or (859) 323-6635.**

March 21-April 5

College of Nursing Phonathon

Your support is vitally important to our mission of excellence in nursing education, research, practice and service in an ever-changing health care environment. We hope you will answer the UK student's phone call and say, **"Yes! I want to invest in future nurses!"**

College of Nursing website home page:
www.uknursing.uky.edu

March 30

College of Nursing Student Scholarship Showcase

This annual event showcases undergraduate and graduate nursing student scholarship. Podium and poster presentations are open to all interested College of Nursing students and UK HealthCare BSN Residents. For more information call the College of Nursing receptionist at (859) 323-5108 and check the news section of our website at **http://academics.uky.edu/ukcon/pub/NewsEventsPublications/news/Pages/Default.aspx**

April 13

UK College of Nursing Celebration of PhD 25th Anniversary and DNP 10th Anniversary

Watch for more information on our website.

May 4

Graduate Student Hooding Ceremony and Reception

10 a.m., Singletary Center for the Arts

Dean Jane Kirschling, faculty and staff invite you to attend the hooding ceremony and reception in honor of the December 2011 and May 2012 MSN, DNP and PhD graduates. Please feel free to join us for this special event.

BSN Pinning Ceremony

1 p.m., Singletary Center for the Arts

Dean Jane Kirschling, faculty and staff invite you to attend the pinning ceremony in honor of the May 2012 BSN graduates. Please feel free to join us for this special event.

May 10-11

8th Annual Faculty Development Workshop

Hilary J. Boone Center, UK

This workshop brings together all levels of educators to network, validate and enrich nursing education. Topics will include clinical reasoning, writing across the curriculum, effective strategies for teaching online, case method instruction, test questions, evidence-based practice and integration of genetics. The workshop is intended for both undergraduate and graduate nursing faculty, staff development, and other interested nurses. More information is available in the Continuing Education Live Events section of the college's website at **http://academics.uky.edu/ukcon/pub/ContinuingEducation/LiveEvents/Pages/default.aspx**

The Evidence Is Clear

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas

An environment that encourages nurse inquiry creates opportunity

While optimal patient health has always been the goal in nursing practice, there's never been a greater interest in measuring the relationship of one on the other. Evidence-based practice is a key foundational element in health care today and it's easy to see why. Patients are older and sicker. Medical issues are more complicated. As health care costs continue to rise, so does the demand for proof, backed by science, that a treatment, intervention or practice isn't just a good way to go. It's the best way.

"Hospitals are constantly challenged to demonstrate the value contribution of nursing to the care model and really quantifying it," says Chief Nurse Executive for UK HealthCare, Colleen Swartz, DNP, MBA, RN, NEA-BC. "Best practice based on the evidence and data has a positive impact on everything — from patient satisfaction to nurse satisfaction to satisfying the value proposition in the cost of care. We all need to have a more inquisitive, scientific approach to justifying our care model and our practices of care."

Nursing leadership at UK HealthCare and the College of Nursing not only welcomes the scrutiny, they're encouraging it. Over the past six months, the college and UK HealthCare have been working on a plan to foster and support nurse inquiry throughout the enterprise. Suzanne Prevost, PhD, RN, COI, associate dean for practice and community engagement for the College of Nursing explains: "Nurses in the college and in the hospital have been involved in evidence-based practice for probably 10 years now, but in recent months we've become much more intentional about examining how that process works and how we can promote it to an even greater extent."

Last summer, the group began working with consultants at Touchpoint Associates to talk about a model to encourage and support nursing inquiry. They began by asking the big questions, says Dr. Prevost. "If evidence-based practice was occurring in the most efficient and productive manner, what would it look like? What would be the steps in the process? Which people would be involved? What type of resources and support systems would nurses need to make that process occur efficiently and productively?"

> "We want to help nurses take their ideas and insights and form them into clinical questions that can be measured, then help lead them step by manageable step through the evidence-based inquiry process — and they're all manageable steps."
>
> —Robyn Cheung, PhD, RN, UK HealthCare

Nora Warshawsky, PhD, RN, assistant professor, College of Nursing, came to Kentucky in August to accept a joint appointment to teach at the college, pursue her research in the nurse work environment and work on nurse manager development for UK HealthCare. Dr. Warshawsky says the newly created dual role allows her to incorporate research into practice initiatives and will give her a perspective that's useful for both sides of the street. Dr. Warshawsky, who is the interim coordinator of the college's DNP Population and Organizational Systems Leadership Track, is currently working on a study related to nurse managers. She says that the nurse manager is an important determinant of staff nurse satisfaction. "The studies have mostly been done from the perspective of the staff nurse. Few studies have examined the role of the nurse manager from their perspective."

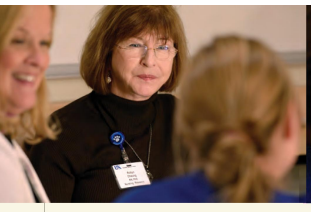
Practice Improvement Facilitator Robyn Cheung, PhD, RN, UK HealthCare, joined the medical center in fall 2011. A core element of her position is to support medical center nurses to find answers to their clinical questions, and when possible, to connect them with nursing faculty who have similar interests. Dr. Cheung wants to start by demystifying the whole notion of research, particularly for nurses on the front lines of care. "People hear a word like 'research' and immediately think bench research or randomized controlled trials," she says. She prefers the term "inquiry," something nurses do naturally. "Nurses come across things every single day and wonder — maybe not even consciously — 'Does this work?' 'Is another way better?' 'Why are we using this supply?'" The key, she says, is taking those questions to the next, evidence-based level. "We want to help nurses take their ideas and insights and form them into clinical questions that can be measured, then help lead them step-by-step through the evidence-based inquiry process — and they're all manageable steps."

Dr. Prevost points to the projects many nurses are working on now in quality improvement throughout the enterprise. "Most of these aren't formal research but they do produce data about our patient populations that can help us make better decisions down the road."

Inquiry: Critical Care

Last year, Kathy Stephenson, MSN, RN, CSNL, nursing division director, UK Good Samaritan Hospital, and other critical care nurse leaders from UK Albert B. Chandler Hospital needed help in creating a research proposal for a grant. Dr. Prevost put the group in touch with Susan Frazier, PhD, RN, associate professor, College of Nursing, a highly regarded scholar whose own research focus is on cardiopulmonary responses to critical illness and injury. Realizing the need for more time to work on the grant, the group turned its attention instead to a new protocol in critical care for managing pain and sedation in mechanically ventilated patients. "That's my patient population, so I was especially interested," says Dr. Frazier. The protocol itself, designed by an interdisciplinary team at the medical center, was implemented at Good Samaritan earlier this year. Ms. Stephenson and nurse leaders at Chandler wanted to research its efficacy on outcomes, both for patients and for nurses. Dr. Frazier helped the team frame the research and come up with the outcomes for measurement. Next, she'll work with them to get IRB approval so they can begin collecting the data. "Hopefully, some of the people involved in data collection, especially the staff nurses who are working on academic degrees, will be able to use or build on the experience in their studies," says Dr. Frazier. At the end of 2011, the group was putting together an interdisciplinary team to participate in the research initiative, including staff clinicians at Good Samaritan who Ms. Stephenson says are excited about the possibilities. "We've been part of UK HealthCare for four years now, and it has been wonderful to have the resources of the clinical enterprise and the College of Nursing to draw on." As a nurse educator and scientist, Dr. Frazier says the close working relationship between the college and the medical center is a plus for her, too. "The people in critical care have been very instrumental in helping my students in their research projects and me in my research trajectory. At the same time, we've been able to help them optimize the way they care for patients. It's a very nice collaboration."

Above left: Kathy Stephenson, MSN, RN, CNML and Jeremy Flynn, Pharm.D.
Above right: (clockwise from top right) Jeremy Flynn, Pharm.D.; Pam Branson, MSN, RN; Kathy Stephenson, MSN, RN, CNML; Theresa Crossley, BSN, RN, CNML; Susan Frazier, PhD, RN; Doug Oyler, Pharm.D.; Katherine (Nicole) Jordan, BSN, RN; and Leah Hughes, BSN, RN



"The evidence that we have available to use to support our practice increases exponentially each year," says Dr. Prevost. "It's a real challenge just for nurses to stay abreast of what the latest research is and what results are out there."

Inquiry: Elopement

Elopement is a serious risk for hospitals, especially for those with elderly patients whose judgment may be impaired or patients whose behavioral health or medical issues affect sound decision-making. For hospitals located near populated streets and commercial areas where it's easier to slip away or blend in unnoticed, the risks are even higher. Like most hospitals around the country, Good Samaritan's elopement policy was focused primarily on response. "Nurses at Good Samaritan thought we could do better," says Dr. Swartz. Their interest was the genesis, she says, for the development of a new elopement assessment recently trialed at Good Samaritan and Chandler.

Clinical risk manager for UK HealthCare, Paula Holbrook, JD, ADN, RN, led the multidisciplinary effort to look into elopement policy enterprise-wide, a far-reaching project that began more than a year ago. "Our overarching goal was to provide safe, compassionate care that mitigated our risk." A secondary goal, she reports, was to come up with an assessment that would allow staff to identify those at risk and put safeguards in place to prevent elopement. Ms. Holbrook coordinated research and an in-depth literature review to evaluate the evidence on elopement from a variety of perspectives, from nursing care to risk management to security practices. Her team then assembled the research and devised a scale to identify practices that had the most rigorous evidence behind them.

Eventually, an interdisciplinary group from both hospitals began forming to work on different aspects of elopement policy with representatives from nursing, behavioral health, emergency, security, legal, risk management and patient safety all playing a role. Lisa Thornsberry, MSN, RN, director of acute care, Good Samaritan Hospital, was involved from the start. "As we went through the process, we found a great deal [of information] on what to do after an elopement but very little on early identification and prevention." To help develop the patient assessment and intervention piece, the team called on Joanne Matthews, MSN, RN, psychiatric clinical liaison nurse, UK HealthCare, and lecturer, College of Nursing, for her input from a psychiatric perspective. By July, the group had a one-page elopement assessment and algorithm ready for trial. Mrs. Thornsberry says her staff was enthusiastic and positive about the new protocol, something that didn't surprise Ms. Matthews. "If you put something in place that nurses want and make it feasible and doable and they can see the benefit to their patients, that's a satisfier," she says. To play a key role in an inquiry that advances nursing practice is a satisfier, too. "UK is a great place for nurses," says Mrs. Thornsberry. "The resources and support for evidence-based investigation make it a very exciting place to work."

Inquiry: Pediatric Sedation

Kentucky Children's Hospital began its pediatric sedation service in the late '90s to provide anxiety and pain relief to children undergoing painful and diagnostic procedures. The service, an innovation at the time in what is still the relatively new field of pediatric sedation, has been a major contributor to the national research in the field over the years. Cheri Landers, MD, associate professor, Department of Pediatrics, UK College of Medicine, and director of pediatric sedation, Kentucky Children's Hospital, and Carrie Makin, BSN, RN, pediatric sedation coordinator at Kentucky Children's Hospital, are among those contributing.

Before 2005 when Ms. Makin became the children's hospital's first pediatric sedation nurse, the physicians handled the service on their own. "We depended on nurses, but there wasn't a nurse as a member of our team," says Dr. Landers. "The formal data isn't there to measure it, but I think our efficiency suffered and our numbers suffered when we were doing it alone."

As a team, Dr. Landers and Ms. Makin developed a "dashboard" based on what they found works best but would like to see the rigor of evidence-based research to confirm it. "What we're doing has been adapted from anesthesia providers, but these aren't always readily adaptable to sedation outside the operating rooms."

Currently, there are no benchmarks for pediatric sedation, something Ms. Makin and Dr. Landers are working to see changed. Both are active in the Society for Pediatric Sedation (SPS), the international organization dedicated to fostering safety, quality and a multidisciplinary approach to pediatric sedation. Ms. Makin, who serves on the SPS board, worked on a peer-reviewed national grant proposal that would allow the group to develop a consensus statement to help set pediatric sedation benchmarks. The grant was approved, and the first consensus meeting, held in Baltimore in November 2011, brought together a multidisciplinary group of sedation practitioners from across the nation, including Ms. Makin and Dr. Landers.

Ms. Makin, a two-time winner of the Dorothy Brockopp Nursing Research Award, says she's grateful to UK HealthCare and particularly to Dr. Swartz for their support. "She has been a great mentor for me and has encouraged me to forge ahead with all the projects we have going on." No doubt there will be more. Ms. Makin was recently asked to edit the nursing section for the SPS newsletter and has just finished her first article. "Much of what I know about being a pediatric sedation nurse has been self-taught because there's just not much written about it in the literature," she says. "Now it seems, I might be the one who can write it."

Left: Patti K. Howard, PhD, RN, CEN, CPEN, FAEN, and Robyn Cheung, PhD, RN

Right: Robyn Cheung, UK HealthCare practice improvement facilitator, assists UK HealthCare nurses in finding answers to their clinical questions and connects them with nursing faculty who have similar interests.

Bottom right: Carrie Makin, BSN, RN, and Cheri Landers, MD, are on the Pediatric Sedation Team at Kentucky Children's Hospital.

Inquiry: Nurse Satisfaction

Last summer, Shayne Stratton, BSN, RN, manager of nurse recruitment, UK HealthCare, approached UK HealthCare's Professional Development Council about forming a nurse retention subgroup of the council to investigate ways to support and encourage experienced staff nurses, especially at the two- to four-year level where turnover can be high. "We want to retain nurses and clinical experts at UK HealthCare by discovering ways to keep them engaged and satisfied in the workplace."

Several years ago, a committee made up largely of nurse managers and directors was formed to talk about the same thing, but it was concluded they really weren't the right participants to have at the table. "We wanted this new retention group to be made up of staff nurses and to be completely run by staff," says Ms. Stratton, who was thrilled by the groundswell of interest. "Several volunteered right away, and I'm getting calls from other nurses who want to participate. It's exactly what the council hoped would happen!"

Dr. Warshawsky will support the new task force as it examines the evidence on what is satisfying to nurses, particularly those with two or more years in clinical practice. One piece of evidence it'll examine will be recommendations from a focus group study commissioned by the medical center that targeted senior staff nurses at Chandler and Good Samaritan. "Leadership received some good feedback centered on nurse retention and satisfaction, which the retention group will also be looking at," says Ms. Stratton, noting that many of the suggestions that came out of the focus group have now been implemented, including clinical nurse experts and charge nurses to support clinicians at the bedside, rounding for outcomes and financial reimbursement before, rather than after, completing a certification.

"We haven't done a great job of communicating changes that have come about based on nurse input," says Ms. Stratton. Says Dr. Warshawsky, "Nurses are busy and have a lot going on. They don't always know what or how change comes about, only that it does." That, some say, could be one reason why nurses nationwide often rank their power to change or impact hospital affairs very low on the National Database of Nursing Quality Indicators (NDNQI®) practice environment scale. "That was one of our biggest areas for improvement in the 2009 NDNQI survey," says Dr. Warshawsky. One caveat, she says, is that low nurse participation in the 2009 survey limited its value as a true gauge. Participation in the 2011 NDNQI survey, however, was very high and that's good news. "Whether results are good or bad, you want to know that the data reflect the opinions of the group because then your strategies to improve the work environment will be more meaningful."

Evidence-based nursing practice is about more than just clinical interactions between nurses and patients, says Dr. Prevost. "It's about taking an evidence-based approach in every decision we make, whether it's how to staff a unit, how to make a purchasing decision or even how we teach our students at the college." Dr. Prevost says getting more nurses engaged in evidence-based inquiry is key. "The end result is better results for patients," she says. "That's always the highest goal."

"Whether results are good or bad, you want to know they're reflecting the opinions of the group because then your strategies to improve the work environment will be more meaningful."

—Nora Warshawsky, PhD, RN, UK HealthCare and Assistant Professor, College of Nursing

All Tracks Lead to DNP

WRITTEN BY
Kate McNatt

PHOTOGRAPHS BY
Lee Thomas

LEARN MORE!

PICTURED LEFT TO RIGHT: Melanie Hardin-Pierce, DNP, RN, ACNP | Patricia B. Howard, PhD, RN, NEA-BC, FAAN | Sharon Lock, PhD, RN, APRN | Nora Warshawsky, PhD, RN | Peggy El-Mallakh, PhD, RN | Martha Biddle, PhD, RN, APRN, CCNS | Leslie Scott, PhD, RN, PNP-BC, CDE

Although students in the BSN-DNP Option have courses that focus on their particular specialty, they all take the same core courses. Both the three-year BSN-DNP Option and the two-year MSN-DNP Option lead to the prestigious DNP degree. All tracks offer distance learning, which helps students complete the program with minimal travel to campus and the option to complete their clinical requirements close to home.

The College of Nursing is breaking new ground with BSN-DNP Option that offers six specialty tracks

As health care becomes more complex, the demands on advanced nursing practice are growing as well.

In October 2010, the Institute of Medicine (IOM) reported that the number of nurses prepared with a doctorate must double by 2020 to meet the nation's needs. In response to the IOM comprehensive report on medical errors and report on health professions education, the American Association of Colleges of Nursing (AACN) published a position statement on the practice-focused doctoral degree in 2004, calling for a transition date of 2015 for the preparation of advanced practice nurses at the Doctor of Nursing Practice (DNP) level of education.

High standard. Short timeline. But the UK College of Nursing is already positioned to deliver.

The UK DNP Program is celebrating its 10th anniversary, and now there are two ways to enter the program. In addition to a post-Master of Science in Nursing (MSN) entry point, the school offers a post-Baccalaureate (BSN) entry option. Both culminate with the DNP degree.

"I am very proud that UK nursing faculty members continue to lead as early adopters in BSN-to-DNP education," says Dean Jane Kirschling, DNS, RN, FAAN, College of Nursing. "The DNP curriculum optimizes the nurse's ability to work in a very complex health care environment."

In the BSN-DNP Option, students choose from six specialty tracks to expand their knowledge base and skill set in the specialization that most interests them. Although each track focuses on a population with targeted health problems, all the tracks share a curriculum of core courses.

"Regardless of their population focus, it is extremely important today for nurses to understand how to assess the evidence we have for the best approach to care, how to apply it and how to evaluate it," explains Patricia B. Howard, PhD, RN, NEA-BC, FAAN, associate dean for MSN and DNP studies at the College of Nursing.

1 Adult-Gerontology Acute Care Nurse Practitioner Track

Melanie Hardin-Pierce, DNP, RN, ACNP, has been working at the College of Nursing since 1995 and is a board-certified acute care nurse practitioner. As the Adult-Gerontology Acute Care Nurse Practitioner Track coordinator, Dr. Hardin-Pierce knows that what sets UK's program apart is an emphasis on the critical care management of adult and geriatric patients in high-acuity settings, which includes preparation for intensivist and hospitalist roles.

"We also emphasize outpatient care of our 'chronically critically ill' patients so students are truly prepared to be successful in their careers as frontline providers," she says.

Adult-gerontology acute care nurse practitioners focus on assessment, diagnosis and management of acute health problems. Graduates are prepared to care for acutely and critically ill adults. As members of a multidisciplinary health care team, practitioners work in intensive care, progressive care, other hospital units, specialty clinics and specialty physicians' offices.

"They are highly skilled individuals who must have a keen understanding about technology and evidence-based treatment of patients to provide tertiary restorative and preventive care to patients and their families. We prepare them to be leaders at the highest level of clinical practice," explains Dr. Hardin-Pierce. Students in the program are surrounded by faculty who are all board certified and who actively practice in acute care settings.

Stanley Tibong, BSN, RN, CCRN, is a second-year student in this track and currently works in a critical care setting. "I like to care for critically ill patients and be able to implement the best possible care using evidence-based practice to improve on their outcomes."

After graduation, Mr. Tibong plans to continue to work in critical care and become a part-time educator as well.

"I chose UK because of the outstanding faculty and the fact that it is the first school to offer the DNP Program, so it has more experience," he says. He adds that the program is challenging but the faculty is very helpful and instills confidence while pushing for high standards.

2 Adult-Gerontology Clinical Nurse Specialist Track

Martha Biddle, PhD, RN, APRN, CCNS, has been a nurse for 24 years and has always worked in critical care. As the Adult-Gerontology Clinical Nurse Specialist Track coordinator, Dr. Biddle says her students have the desire to work in many areas of care, enjoying bedside nursing as well as systems and management.

"Our students are able to adopt practice across a variety of settings, ultimately influencing outcomes in multiple areas in the health care delivery system," she says.

Adult-gerontology clinical nurse specialists provide advanced clinical care along with patient and staff education. They serve as consultants for complex health care problems and design evidence-based interventions. Specializations are available in cardiovascular health, oncology, critical care, complementary practice and other areas.

"Students in this track become experts in evidenced-based nursing practice, with the focus on helping people make transitions from one level of care to another," Dr. Biddle says. "Oftentimes, their patients will have both acute and chronic health problems."

Tara Leslie, BSN, RN, a student in this track, says that after taking a position in a cardiovascular ICU, she had her first experience working with a clinical nurse specialist—and had her first exposure to the concept of evidence-based practice.

"I quickly decided that I wanted to have a more significant impact on patient outcomes," she says.

For the past two years, Ms. Leslie has been working with heart failure patients, and as a result, developed a special interest in assisting this population. "I would like to direct my focus toward the comprehensive heart failure management program that integrates the newest technologies and evidence-based practices," she says.

Ms. Leslie says she has had a very positive experience in the program. "My advisor has been very involved and has provided excellent guidance throughout the program. It has been a solid base to build my career upon.

3 Pediatric Nurse Practitioner Track

"I love working with children because you become a part of their lives and can have an impact on helping them grow and mature," says Leslie Scott, PhD, RN, PNP-BC, CDE, the Pediatric Nurse Practitioner Track coordinator. She became a certified diabetes educator in 1989 while a BSN-prepared nurse and has been a primary care pediatric nurse practitioner since 1997.

"I've had one child as a patient since she was 9 months old, and she is now a senior in high school," she says. "Watching her grow and helping her learn how to self-manage her diabetes has been very exciting."

A pediatric nurse practitioner specializes in health care for infants, children and adolescents. They practice in a range of settings, including children's hospitals, physicians' offices, schools, and other acute and primary health care settings.

These advanced practice nurses educate and counsel caregivers about management of common childhood illnesses, child safety and health promotion strategies. They learn to diagnose health problems, perform physical examinations and evaluate treatments for acute and chronic health problems, focusing on everything from normal growth and development to advising children on how to manage chronic conditions.

"Students become experts in the management of common health conditions as they occur in children," says Dr. Scott. "We go very in-depth during our training process on the growth and maturation of children and how it impacts a child's health and wellness. That is where our training and expertise lie—in finding the subtleties and abnormalities as they occur."

A second-year student in this track, Andrea Jones, BSN, RN, SANE, chose pediatrics because she enjoys working with children. "Everyone has been encouraging and has helped me through the program," she says. "I work full time and go to school part time, and they work with my schedule, so this works for my life."

Currently, the pediatric nurse program focuses on primary care, but that may be expanding. Treatment of children with acute care problems and care in intensive care settings requires a knowledge base and skill set that differs from that of a pediatric nurse practitioner prepared to work in primary care. Therefore, the college's faculty and UK HealthCare administrators have agreed to add an Acute Care Pediatric Nurse Practitioner Track to the existing options. This track will require prior pediatric nurse practitioner certification and is under development.

4 Population and Organizational Systems Leadership Track

Nora Warshawsky, PhD, RN, has been a nurse for nearly 30 years in nursing management and quality management positions. Dr. Warshawsky's current position in the College of Nursing is interim track coordinator for the Population and Organizational Systems Leadership Track of the DNP Program.

Instead of focusing on the care of individual patients, this track is concentrated on the study of populations. Students can choose to specialize in public health or executive leadership. Graduates can expect to hold leadership roles within health care organizations, health care systems, national organizations and professional organizations.

Graduates from this track define actual and emerging problems, and they design aggregate-level health interventions. They work with diverse stakeholders for inter- or intra-organizational achievement of health-related goals. They are able to design patient-centered care delivery systems or public policy-level delivery models.

Amanda Green, BSN, RN, says that this track has helped broaden her knowledge base and gain valuable leadership tools.

"I chose this track because of my desire to work with the entire health care team as well as the patient," she says.

5 Primary Care Nurse Practitioner Track

For 10 years, Sharon Lock, PhD, RN, APRN, has been the coordinator for the Primary Care Nurse Practitioner Track.

"Our graduates are expertly prepared to care for patients from birth to death," says Dr. Lock.

Students in this track focus mainly on primary care health promotion, disease prevention and the care of patients with acute health problems. Students will choose to specialize as either family nurse practitioners or adult-gerontology nurse practitioners.

Family nurse practitioners provide primary care to patients of all ages and become experts at diagnosing and treating common health problems, promoting wellness and helping patients learn effective self-care. They work in a variety of settings, including clinics, physician offices, urgent care and community health settings. (UK's family nurse practitioner subspecialty is ranked 16th nationally by U.S. News and World Report.)

Adult-gerontology nurse practitioners work in internal medicine or any practice that sees adults, such as physicians' offices, primary care clinics or health department clinics.

Eric Afuseh, BSN, RN, a third-year student in the program, likes the variety this track provides.

"I like being able to take care of patients from birth to death, when they are sick and when they just need screening or preventive medicine," he says.

Sarah Lester, BSN, RN, is in her third year of the program. "I attended UK for undergrad and grew to know and love UK nursing," she says. "I was highly inspired and influenced by some of my nursing instructors and wanted to surround myself with the best of the best.

"I can definitely say that the DNP Program has been challenging, but everyone has been so supportive. The faculty members are visible and dedicate themselves to our success. My dream job would be to work either in a primary care student health clinic or in the neurosciences clinic at UK."

6 Psychiatric/Mental Health Nursing Track

Throughout her career, Peggy El-Mallakh, PhD, RN, has focused on people with chronic mental illness. In her role as the Psychiatric/Mental Health Nursing Track coordinator, Dr. El-Mallakh helps her students become experts at caring for clients with mental health needs and psychiatric disorders, which include schizophrenia, anxiety disorders, mood disorders such as bipolar disorder and depression, and substance abuse.

Students in the Psychiatric/Mental Health Nursing Track focus on the family across the lifespan. Dr. El-Mallakh says this option equips nurses with skills encompassing the full spectrum of psychiatric care, from independent practice to consulting on psychiatric conditions in a variety of health care settings.

"When I am counseling a student as to specializations, I look at what their passion is, what population they are really interested in, including which age group, and help them find the career where they can really make a difference," she says.

Jenna Buchanan, BSN, RN, is enrolled in the Family Psychiatric/Mental Health Track. She says her experience in the program has exceeded her expectations.

"I have been able to focus my capstone project on something I am passionate about," she explains. "I have also been able to work with my wonderful advisor and track coordinator to set up my clinical rotations with the patient populations that are of interest to me."

Additionally, Ms. Buchanan says that her professors have made her experience worthwhile. "Being enrolled in the DNP Program, you have the opportunity to work closely with your professors and really get an enriched and well-rounded doctoral nursing education."

Ms. Buchanan is currently completing her clinical hours at the Lexington Veterans Affairs Medical Center, which has helped her define her career path.

"My desire to assist people who have served our country has grown since I have been there," she says. "I can see myself working in this setting with this population and really enjoying it."

"Right now, we are one of the few programs offering the BSN-DNP. We were the first DNP program in the country, so we have more experience than any other school. We have six faculty who teach in the Primary Care Nurse Practitioner Track, and all of us practice in some way. We've been nurse practitioners for many years, and our students definitely benefit."

—Sharon Lock, PhD, RN, APRN

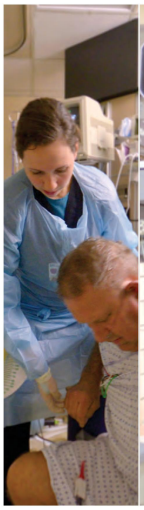
The Blueprint for Improving Patient Care

[NURSING-SENSITIVE INDICATORS]

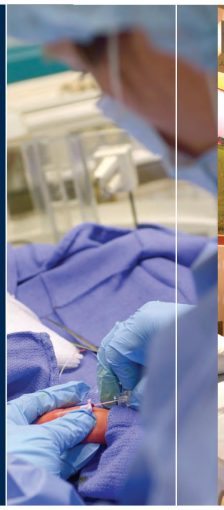
WRITTEN BY
Rena Baer
PHOTOGRAPHS BY
Lee Thomas

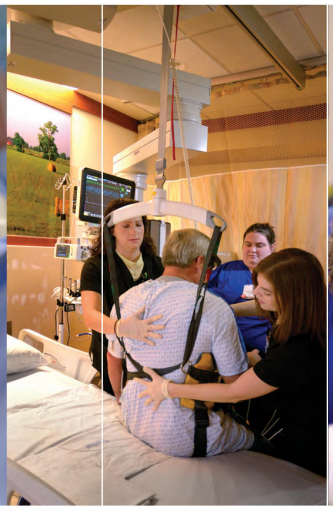
"Nursing-Sensitive Indicators provide a measurement, a ruler you might say, for tracking nursing care."

—**PAUL DEPRIEST,** MD, MHCM, UK HEALTHCARE CHIEF MEDICAL OFFICER



UK HealthCare is in the midst of an initiative designed to analyze, improve and track areas where the quality of nursing care makes a difference in patient outcomes. The Nursing-Sensitive Indicators Program is driven by a desire to standardize the best nursing practices at UK, improve outcomes and quantify the improvement with concrete data.





"Nursing-Sensitive Indicators provide a measurement, a ruler you might say, for tracking nursing care," says UK HealthCare Chief Medical Officer Paul DePriest, MD, MHCM. "This is valuable for nurses because they can see specific complications they have some influence over that can be prevented by standardized care."

The data gleaned through Nursing-Sensitive Indicators allows UK HealthCare to track its own progress in decreasing and eradicating these complications, as well as meet the growing national push to compare the quality of care at hospitals, says Cecilia Page, MSN, RN-BC, CPHIMS, PMP, FACHE, executive director of informatics at UK, who is leading the overall program coordination, as well as the information technology aspect of the program.

"This program is fundamental to continuously improving the quality of nursing practice at UK. We baseline our current performance, compare ourselves to industry benchmarks and implement innovative nursing practice solutions to improve patient outcomes," she says.

UK HealthCare adopted its program from the American Nurses Association's (ANA) Nursing Quality Indicators initiative. In 1998, the ANA developed the National Database of Nursing Quality Indicators (NDNQI®) so that the ANA could continue to build on data from earlier studies and further develop nursing's body of knowledge related to factors that influence the quality of nursing care. The connection between nurse staffing and patient outcomes had already been identified, but continual data collection and reporting was needed to evaluate the quality of nursing and to fulfill nursing's commitment to evaluating and improving patient care, according to the ANA.

NDNQI's mission is to assist nurses in their efforts to improve patient safety and quality of care by providing national, comparative, research-based data on nursing care and the relationship of this care to patient outcomes.

"This set of nationally recognized indicators has been identified as the best indicators of quality nursing care," says Suzanne Prevost, PhD, RN, COI, associate dean for practice and engagement, UK College of Nursing. "They are indicators where good nursing care makes a difference."

THE INDICATORS INCLUDE THE FOLLOWING:

- catheter-associated urinary tract infection (CAUTI) rates
- peripheral IV infiltration rates
- central line-associated bloodstream infection (CLABSI) rates
- falls/fall injury rates
- hospital/unit-acquired pressure ulcer rates
- pain assessment/interventions /reassessment cycles
- assault/injury rates
- ventilator-associated pneumonia (VAP) rates
- physical-restraint prevalence

Starting earlier this year and continuing through April 2012, UK HealthCare has been addressing one of these indicators each month, deploying a carefully thought out, methodical strategy to reduce the incidence of these conditions.

An additional month will be spent covering nursing staff skill mix, nursing hours per patient day, nursing turnover rate, RN certification/education and RN satisfaction. While the Nursing-Sensitive Indicators are primarily focused on the quality of nursing care impacting patient outcomes, these additional metrics evaluate the quantity of nursing provided in patient care, says Mrs. Page. They include metrics such as hours of nursing care provided for a patient, the skill mix of licensed versus non-licensed personnel providing care, and the education level of nursing personnel.

"The latter is a large focus on the 'Future of Nursing' document recently published by the Institute of Medicine and Robert Wood Johnson Foundation," says Mrs. Page. "The desire is to promote higher levels of education by the profession of nursing thereby enhancing the quality of care and promoting optimal health outcomes."

The implementation of each indicator starts with a selected committee that consists of not only nurses but also staff management, a nurse educator, an informaticist and an expert on that indicator. The committee reviews current practices and researches the best evidence-based practices. After identifying any gaps between current and ideal best practice, a plan is designed, laying out specific nursing protocols and key interventions to use best practices based on current research. A blueprint for documentation and collection of data is developed to go along with the changes to ensure adherence and to monitor progress. Next, the staff is educated about the indicator and the changes that will take place both in patient care and in documentation. The final and ongoing step is measuring and analyzing the data, including each unit keeping a scorecard, which leads to seeing what can be done to continually improve care.

"This is both a targeted program to measure outcomes and an aggressive educational campaign," says Dr. Prevost.

The educational component includes a detailed explanation of the pathophysiology of the condition and exactly what nurses can do to influence the outcome, says Mrs. Page. This is necessary because, as part of health care changes, nurses are also being asked to take on a bigger role in patient care. "These protocols will be nurse-driven. Rather than waiting to be directed by the physician, nurses will rely on their critical thinking skills and function in a more active and collaborative role. We want to emphasize the role of nursing in patient advocacy and in clinical decision-making in the plan of care."

For example, the prolonged use of urinary catheters is correlated with a higher infection, or CAUTI, rate and can lead to complications. Prior to the adoption of these guidelines, catheter removal had been a physician-driven order. But now, after a physician has signed off on the protocol, nurses can follow a very specific algorithm to make that determination, says Dr. DePriest. This helps assure the timeliest removal of a urinary catheter in a systematic way, which decreases the potential for a related infection.

"We are being challenged to build processes that deliver the safest outcomes and are most efficient," he says. "Standard work is the way to get the best outcomes in the most effective way."

Diana Weaver, PhD, RN, FAAN, senior nursing advisor at UK HealthCare, says Nursing-Sensitive Indicators are all about standardizing behaviors and approaches to patients. "Nurses have always known what is good for patients, but now it's clinical procedure."

For example, she says, patient falls can increase complications and lengthen hospital stay; therefore, nurses assess all patients for their fall risk and employ fall prevention protocol when necessary.

Another example is the prevention of pressure ulcers, commonly known as bed sores, she says. Pressure ulcer avoidance is highly correlated with nursing actions, such as turning patients on a regular schedule and employing appropriate skin-care measures and assuring adequate nutrition. Pressure ulcers are costly to treat and may increase the patient's risk for infection with the need for a longer hospital stay.

As part of the effort to eradicate pressure ulcers, mattresses have been replaced, but it is incumbent upon the nurses to make sure patients are turned. "We've built an entire protocol around clinical evidence that supports this practice.

"This program is fundamental to continuously improving the quality of nursing practice at UK. We baseline our current performance, compare ourselves to industry benchmarks and implement innovative nursing practice solutions to improve patient outcomes."

– **CECILIA PAGE,** MSN, RN-BC, CPHIMS, PMP, FACHE, EXECUTIVE DIRECTOR OF INFORMATICS AT UK

Cycles for Improvement

This methodology provides a standardized framework for the improvement actions focusing on each Nursing-Sensitive Indicator. The cycle is ongoing as innovations and improvements are incorporated into practice.

[ANALYSIS]	[BUILD/ DESIGN]	[DEPLOY]	[MEASURE]	[SUPPORT]
Current state practice assessment	Future state design	Unit-based education	Data analysis by Nursing-Sensitive Indicators	Accountability-based practice
Data evaluation	Evidence-based practice	Change management	Daily and monthly aggregate scores	Continued reassessment for improvement
	Identify GAP			
	Design best practice for UKHC			
	Create a checklist or toolkit			
	Hardwire (EMR, P&P, Protocols)			

"At UK HealthCare, our goal is zero percent for pressure ulcers," says Dr. Weaver.

UK HealthCare Patient Care Manager DeeDee McCallie, BSN, RN, CCRN, who oversees the catheter-associated urinary tract infection (CAUTI) initiative and will oversee the physical restraint initiative, says watching nurses connect the dots and form an understanding of how their actions directly impact their patients has improved their delivery of care.

"We have experienced a culture change at UK HealthCare," Mrs. McCallie says. "There's been a lot more individual accountability and ownership. Nurses ultimately want to do a good job. Now they know if they do A, B and C, they will protect the patients from D, E and F.

"The Nursing-Sensitive Indicator Program has not only equipped nurses with new knowledge, but it also has enhanced their clinical skill set."

The UK College of Nursing curriculum is also placing more focus on these indicators, starting in the students' sophomore year, says UK College of Nursing Lecturer Jessica Wilson, MSN, RN, APRN.

"Nursing students want to help people," says Mrs. Wilson. "My job is to empower students to know they can make a difference in patient outcomes."

Mrs. Wilson says the indicators are defined for students and examples of nurse-driven protocols at UK HealthCare are provided. Classroom, lab instruction and clinicals also provide hands-on opportunities to put them into practice. For instance, as part of a lab, a simulated patient scenario known as "the little room of errors" is set up like a hospital room, with a mannequin in the bed, and students have to go through and identify the places they can intervene to ensure the safety of the patient, such as putting up the side rails, making sure medication isn't left lying around and checking the "patient" for pressure ulcers. During clinicals, nursing students will also go into a real patient's room and assess the environment for the potential for errors.

"They become more aware of identifying any issues or risks and more aware of how they can intervene with patients," says Mrs. Wilson.

In the last semester of their senior year, nursing students do a clinical rotation, working 36 hours a week with a practicing nurse, says Darlene Welsh, PhD, RN, assistant professor, UK College of Nursing. During the rotation, they are asked to submit a log where they look at Nursing-Sensitive Indicators data from their particular unit.

"They have to tell us about how the Nursing-Sensitive Indicators are being tracked, the protocols being used to prevent negative outcomes, the interventions being taken and the data being gathered," says Dr. Welsh. "Then they have to give us recommendations on how they would improve practices. They are taking what they learned in the classroom and applying it."

Dr. Welsh says this assignment helps nursing students envision themselves in the role of a professional nurse. "They are not just doing tasks; they are seeing the whole picture and what they can do to improve it," she says.

UK HealthCare Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, says that the Nursing-Sensitive Indicators focus attention on the importance of day-in and day-out nursing. "These indicators are very sensitive to the conduct of nursing care," she says. "They are our contribution to the care model and they show the things nurses do that make a difference."

The challenge UK HealthCare faces over most hospitals in the state and region is that it resides in the top 10 percent nationally in patient acuity levels, even when compared with other academic medical centers. UK HealthCare comprises UK Good Samaritan Hospital, UK Albert B. Chandler Hospital and Kentucky Children's Hospital. Within the latter two facilities are trauma, cancer and transplant centers, a congenital heart program, and a neonatal intensive care unit, all of which draw the most acute patients from surrounding hospitals that usually aren't equipped to handle such cases. "We have to have very high standards," Dr. Swartz says. "Our responsibility is to be a resource and provide nursing care for all those complex cases. We have to be about quality, safety and service. We need exemplary outcomes."

The more ill the patient, the more important it is to follow evidence-derived standard treatment protocols, says Dr. DePriest. Any of the conditions related to Nursing-Sensitive Indicators can be devastating to someone whose health is already severely compromised. "At UK HealthCare we have to provide the best care 24/7," he says. "We employ the most highly trained and specialized nurses in the profession, and it behooves us to track their superb performance with Nursing-Sensitive Indicators."

The reason for implementing one indicator each month rather than all at once is to give nurses the opportunity to digest the information and integrate changes into their practice. "We've given ourselves enough time to be scientific and make sure the steps are imbedded in practice," Dr. Swartz says.

Part of imbedding the protocols in practice is also teaching proper documentation and improving the quality of documentation in medical records.

"We have to be able to track the data," says UK HealthCare Nursing Quality Improvement Coordinator Jill Blake, MSN, RN. "A big part of this is making sure we capture what we need and get it into the system."

Managing that process includes incorporating and measuring data along every step, from providing quality care predicated upon evidence of best practice, to documenting the care provided, to then managing the data in a way to produce information and feedback to the care providers (benchmarking).

"We needed to benchmark ourselves, so we switched to NDNQI, where we can submit the data and compare our performance with other like organizations," says Mrs. Blake.

Another critical success factor has been using software capabilities to drive standardization by hardwiring the electronic documentation practices into the nurses' routines, says Mrs. Page. What helps is that the documentation systems have been programmed to remind and alert nurses when something has been overlooked.

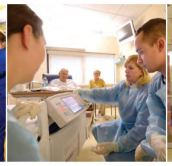
"We are driving better nursing practice with the utilization of technology," she says.

With the data collected, UK HealthCare will be able to chart its own progress — including comparing units within the medical center — as well as determining how the data compares to other hospitals and academic medical centers. The overall goal is to continue to improve care processes, she says.

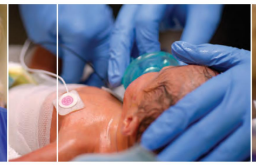
Jeff Norton, co-director for the Center for Enterprise Quality and Safety at UK HealthCare, says there's a whole alphabet soup of agencies and organizations that are trying to measure safety and quality at hospitals and that it's a Herculean task to rank and compare them in a manner that makes sense. Nursing, though, has its own separate structure, and Nursing-Sensitive Indicators are very specific and well defined, he says.

"Still, the main question really is: Are we better today than we were yesterday?" he says. "It comes down to raw numbers, and the goal is zero when it comes to avoidable, controllable problems. We don't want to get too wrapped up in which ruler we use. Let's just drive to zero as fast as we can."









How are Nursing-Sensitive Indicators Reported?

Dissemination of results is critical and occurs at every level: real-time at the patient level on the electronic status boards, daily on an analytics tool for the nurse managers, and monthly to benchmark aggregate performance at the unit level. Performance is shared with nursing staff as the owners of nursing practice on their respective units.

"The Nursing-Sensitive Indicator Program has not only equipped nurses with new knowledge, but it also has enhanced their clinical skill set."

—**DEEDEE MCCALLIE,** BSN, RN, CCRN, UK HEALTHCARE PATIENT CARE MANAGER

Hands-On Care:

NURSES PLAY KEY ROLE IN DEVELOPMENT OF INNOVATIVE NEW PROTOCOLS

WRITTEN BY Rebekah Tilley | PHOTOGRAPHS BY Lee Thomas

Renee Broaddus, RN, RNC-NIC
NAS Nurse Champion

The baby looks like any other newborn you would find in the hospital nursery: a normally sized, full-term baby with soft skin, downy hair and that newborn smell. Except this baby is profoundly unhappy. She arches and screams inconsolably. She sucks frantically yet feeds poorly. She sweats, breathes rapidly, sneezes, yawns, and grows lethargic before starting another round of high-pitched, desperate screaming. Her little limbs move so frantically that the soft skin on her face and elbows is rubbing off, and she has a horrible diaper rash from constant diarrhea.

Over the past five years, there has been a dramatic increase in the number of infants treated at Kentucky Children's Hospital suffering from neonatal abstinence syndrome (NAS), in which babies are born addicted to the same drugs their mothers were taking while pregnant, and begin feeling the effects of withdrawal the moment the umbilical cord is cut. Kentucky Children's Hospital handles many of the most acute cases in the central and southeastern regions of Kentucky with as many as two-thirds of their NAS population transferring from outside hospitals.

"Over the last year or so anywhere from 10 to 15 percent of our NICU (Neonatal Intensive Care Unit) patients have been here for neonatal abstinence syndrome," says Lori Shook, MD, professor of pediatrics with the UK College of Medicine and a neonatologist with the children's hospital. "And that's their primary diagnosis, meaning that's why they were admitted for."

[illegible] of NAS patients in the NICU [illegible], it became apparent that a formal [illegible] focusing on the unique needs of NAS [illegible] needed to be developed.

"Everyone had their own opinion on how to take care of these babies," says Dr. Shook. "One person would do it one way, and two days later someone would come along and change it. We didn't have a cohesive goal, and babies were just here too long. And now, as we say in the home world, we're all pulling the same way in the harness."

Assembling the "Pit Crew"

With Dr. Shook in the lead, Kentucky Children's Hospital approached the challenge with a unique multidisciplinary Neonatal Abstinence Task Force that sought to combine the best in chemical and developmental care to most effectively and comfortably wean NAS babies off their drug addiction.

[illegible] of the Neonatal Abstinence [illegible] Force is a [illegible]cism of a growing national [illegible] conversation regarding changes needed in the [illegible] industry to handle a diverse patient [illegible] population, [illegible] the increased [illegible] number of [illegible] within the medical [illegible] community. [illegible] most recently [illegible] at the 2012 Harvard University [illegible] School graduation address, [illegible] Atul Gawande, MD, associate professor of surgery at Harvard Medical School and associate professor with the Harvard School of Public Health, who argued in his address, "We train, hire and pay doctors to be cowboys. But it's pit crews that people need."

This is precisely the approach the children's hospital NICU is taking to deliver the best care possible to its NAS population.

"We brought a group of health care professionals together representing nine different disciplines, including a pediatric pharmacist, occupational therapist and advanced practice professionals to develop a more standardized approach to neonatal abstinence syndrome patients," says Chief Nurse Executive Colleen Swarts, DNP, MBA, RN, NEA-BC, UK HealthCare. "Before there was a lot of variability in their care, and now, as a result of this collaboration, we have a consistent approach and are seeing a dramatic improvement in outcomes for these babies."

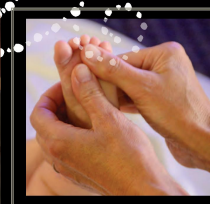
And it all starts with the NICU nurses.

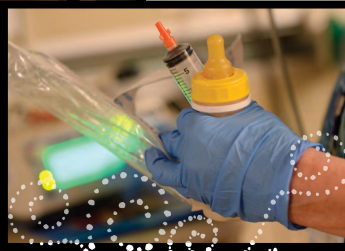
Nurses Key in Protocol Development

After the establishment of the Neonatal Abstinence Task Force, a group of its members visited Thomas Jefferson University Hospital in Philadelphia, one of the longest-standing neonatal drug treatment programs in the country, to study its techniques, which would help guide the development of new protocols at Kentucky Children's Hospital affecting NAS patients.

NICU Patient Care Manager Kathy Isaacs, MSN, RN, RNC-NIC, believes that this opportunity to observe both the nursing and provider aspect of NAS patient care in action at Thomas Jefferson University Hospital helped tremendously in developing a multidisciplinary protocol for the NAS patient population.

"The visit helped us envision the whole treatment picture, to give it a voice and move it through on a much bigger volume than just one discipline





UPPER-LEFT & BOTTOM: Donna Wood, LPN, uses a swing with side-to-side motion to soothe a baby. This motion is more comforting to NAS babies than a more traditional swing with front-to-back motion. Ms. Wood is one of the NAS Nurse Champions. **UPPER-RIGHT:** Katie Shreve, MA, BSN, RN, and Kathy Issacs, MSN, RN, RN-NIC, discuss an infant's progress.

working on it and trying to get others on board," says Ms. Isaacs. "Once we were able to create that multidisciplinary approach, it really helped because we were then able to organize every piece of intervention that touches a baby. I've been amazed at the level of dedication that the multidisciplinary staff have for these babies."

Patient Care Manager Assistant Katie Shreve, MA, BSN, RN, was part of the group that visited Thomas Jefferson University Hospital and after returning to Lexington sent out an email asking for volunteers from the NICU nursing staff to see if any were interested in helping to develop a rapid response protocol for NAS infants.

"I ended up getting a response with the greatest blend of seasoned nurses and new nurses combined," Ms. Shreve says. "This project has really allowed these different generations of nurses to work together strongly. We call them our NAS Nurse Champions."

The nurses at the bedside are the first to identify and evaluate NAS babies using a quantitative scale developed in the 1960s and 1970s by Loretta Finnegan, MD. The Finnegan Scale measures the severity of various NAS symptoms such as sleep patterns, Moro reflex, sweating, tremors, vomiting and loose stools. The score provides the basis for the baby's chemical treatment.

Starting with a standard dose of 0.4mg/kg/day of morphine, divided among feedings, NAS babies are scored every six hours and their morphine increased until their symptoms are lessened enough for them to be comfortable.

"We go for scores of less than eight out of a possible score of over 30 because that tells us the baby is having minimal withdrawal symptoms," Dr. Shook explains. "After you stabilize a baby at less than eight, you let the baby sit for a while, get itself together, feed and grow for a few days and then you start the slow withdrawal process."

Using rapid cycle changes in protocol has allowed Dr. Shook and task force members to improve protocols for these infants, accelerating their ability to begin weaning them off their addiction. And they rely heavily on feedback from the nursing staff regarding what is and is not working. The NICU practices primary nursing, so nurses are already uniquely positioned to follow patients all the way through their program of care and suggest changes in protocol. At monthly NAS team meetings, they can bring up any issues they see and make recommendations.

"This is an ongoing and evolving treatment plan," says Ms. Shreve of the role nurses have played in the NAS protocol development. "Everyone on the team gets the opportunity to come to the table, so we all get an opinion on where we need to be going with things. The nurses have a very good gauge on what is working and not working. I think we've been able to create a supportive environment in which the nurses feel they can communicate their observations openly so we can take care of any issues immediately rather than waiting for a big problem to develop."

Ms. Shreve recounts how in the early stages of protocol development, they started by following the protocol used at Thomas Jefferson University Hospital, which gave NAS babies therapeutic doses of morphine every six hours. "When that didn't work, the nurses let us know, and we were able to change that to what it is now—every three to four hours," Ms. Shreve explains.

Hands-On Comfort

In addition to providing valuable feedback on protocol development, including how often scoring should take place and the frequency of dosages, the NAS Nurse Champions of the NICU are uniquely positioned to advise and administer non-chemical soothing techniques to this patient population.

One of the first recommendations by the NAS Nurse Champions was to move the NAS infants, as soon as they were identified and their withdrawal symptoms under control, from the fast-paced, brightly lit nurseries on the fourth floor NICU to the less stimulating environment of the third floor NICU.

After a few hours at a high-energy concert, full of light and sound and people and activity, the average adult can become completely over-stimulated. "NAS babies have that to the hundredth degree because of their drug addiction," says Ms. Shreve. "It's just like a withdrawal that an adult would endure except they can't communicate what's happening to them."

Under the old protocol, NAS babies would be admitted into any NICU nursery that it made sense to put them at the time. Often this wasn't good for either the NAS babies or other babies in the NICU population. Certain NICU infants cannot tolerate being next to a screaming, crying, withdrawing NAS baby, and conversely the beeping, lights and activity of the fourth floor NICU environment would agitate the NAS babies even more than they already are.

"[illegible] especially on, [illegible]," Ms. Shreve explains.

The nurseries of the third floor NICU are ideally hold patients who are stabilized and just waiting to grow large enough to head home. The environment is much quieter and home-like than the fourth floor NICU and gives NAS babies the less-stimulating environment they need, especially at the beginning of their treatment.

Given their symptoms, infants suffering from NAS are particularly fragile and require a great deal of extra attention, and their care can take a huge emotional toll on the nursing staff. The standard of care in the NICU setting calls for a maximum 3-to-1 patient-nurse ratio, and the new protocol calls for only one of those patients being a baby suffering from NAS. "Nurse burnout is also combated by the sheer number of nurses serving as NAS Nurse Champions. There are 10 bedside nurses serving on the team, so if one feels as though she needs a break, there are plenty of other champions to help provide continuity of care for these babies," says Ms. Shreve.

"Drug babies are not the easiest babies to work with," explains Staff Nurse Renee Broaddus, RN, RNC-NIC, one of the NAS Nurse Champions. "They cry a lot, they are difficult to console and [illegible] hypertonic [illegible] baby you sit in your lap and [illegible] quietly next to you. These babies [illegible] think you have to know that in order [illegible] can spend the time needed to [illegible] care. Frequently a majority of your [illegible] working to comfort them, when [illegible] other patients to care for as well. [illegible] volunteers can come into play."

"The crying and the fussing and the tremors really get to the nurses the most," says Neonatal Clinical Nurse Specialist Lisa McGee, MSN, RN, CCNS. "To see them in that state and not be able to console them appropriately."

Ms. McGee and other members of the team spent a good deal of time researching and presenting evidence-based reasons for specific behavioral and developmental treatments that have proven to help soothe NAS infants, including swaddling, massage and swings. According to research, NAS babies respond much better to side-to-side swings rather than the traditional front-to-back motion swing. Because of their research, the NICU was able to get funding for side-to-side swings.

"Seeing the medications in our protocol work and the behavioral actions that we do really make a difference for a lot of the babies — providing a [illegible] [illegible] providing swaddle [illegible] [illegible] is appropriate for [illegible] rewarding for the [illegible]," Ms. Broaddus says.

One of the most phenomenal results of this initiative is that we have empowered the nurses to be able to say, 'This is what we need to be able to provide better care for these babies,'" says Ms. Shreve enthusiastically. "It's not just treating them with drugs, but treating them with more developmentally appropriate care."

In September 2011, a number of the NICU nurses, including some of those specializing in NAS infants, took part in Certified Infant Massage Instructor training, a proposal that was developed directly from the NAS protocol initiative.

"We read more and more about massage therapies with small babies, and a number of the staff thought it might be a good thing for the drug babies," says Ms. Broaddus, a 40-year veteran in the NICU. "Sometimes you just can't find something that is calming to them. Sometimes anything that causes stimulation is just way too much. But we had evidence that this type of therapy would allow them to be calmer in their environment."

Simple massage techniques are comforting to both baby and mother. Massage has been found to help with bonding and developing mothers' confidence to comfort their babies.

Know Your Baby

The importance of providing individualized, personal care by a primary nurse provider cannot be overstated. NAS babies are developmentally the same as newborns not suffering from NAS. During their stay in the NICU, they reach many of the same developmental markers as their peers including recognizing faces and smiling. They are also unique individuals who have their own personalities and preferences. With the lower assignment ratios and primary patient assignments, NICU nurses get to know their NAS infants, which becomes increasingly important as the weaning process matures and the program of care relies less and less on the quantitative Finnegan Scale.

"It does make a huge difference to have that one-on-one time with those babies," Ms. Shreve says. "They just really need that extra attention. They are so easily stimulated in negative ways that it's great that we can now give them stimulation in developmentally appropriate, positive ways that make them feel good rather than just worn out."

"Different babies like different things," says NAS Nurse Champion Brittany VanDeCar, BSN, RN. "Some of them like the swing. Some of them like to sleep only in their bed. You just get to know the baby and get to know their little quirks and what works for them."

In addition to providing individual comfort to these suffering babies, NAS nurses are often in a position to ease the transition between NICU and home. Particularly for the mothers of these infants who are themselves going through major life changes and drug treatments that are very difficult, Ms. Broaddus hopes that being able to share comfort techniques with the recovering mother will help with mother and baby bonding and developing mothers' confidence in their ability to comfort their babies.

"We want to keep these babies within the hospital setting with a consistent group of people so you know their little nuances, you know what does and does not work for that baby," says Ms. Broaddus. "It's important to know what's going on with the family, what you can do to help the maternal bond with that baby or how you can facilitate that baby going to foster care and the family feeling more comfortable when that happens. Working with a baby consistently gives us more bits and pieces to hopefully work toward an earlier discharge for these babies and a calmer, better hospital stay."

Already the NICU nursing staff has been able to teach massage techniques to mothers and other family members to give often tentative, uncertain parents a way to soothe and provide comfort to their baby. As Ms. Isaacs describes, it is positive for the parents as well as fulfilling for the nursing staff.

"The nurses feel very empowered that they have another tool in their toolbox to assist parents in helping their baby feel better and to be soothed in an environment where a lot of the touch historically has been negative touch," says Ms. Isaacs. "Now they have created another avenue for positive touch that is just amazing."

Going Forward

Dr. Shook undertook this project with a goal of a start-to-finish program of care for NAS infants, including working with their ultimate care providers to facilitate their going home. She is currently setting up a system where parents, foster parents or other caregivers come and live in with the baby for a few days before going home. "We're looking to make that possible, hopefully by this spring," says Dr. Shook.

While the protocol developments were undertaken by a multidisciplinary group of professionals representing the best health care available, it is the NICU nurses whose hands guide the baby and family through the difficult first hours, through the weaning process and ultimately to a long-anticipated homecoming.

"The less time in the nursery for the baby, the better," Dr. Shook says. "Babies aren't supposed to grow up in a nursery; they are supposed to grow up in a home. And the nursing staff are the linchpins in caring for these babies and getting them ready to go home."

Lexington Forms New Chapter of National Black Nurses Association

PHOTOGRAPH BY
Richie Wireman

In September 2011 African-American nurses from across the Lexington area came together to explore the development of a National Black Nurses Association (NBNA) Lexington Chapter. More than 30 nurses attended the dinner meeting, sponsored by Dr. Judy "J.J." Jackson, UK's vice president for institutional diversity, Dr. Colleen Swartz, UK HealthCare chief nurse executive and Dr. Jane Kirschling, UK College of Nursing dean.

Based on the strong interest that was expressed, a planning committee was formed, including President Dareni Lowe, BSN, BA, RN, UK HealthCare (UKHC), patient care manager 8 South/8 West, Acute Care Services; Vice President Penne Allison, MSOM, BSN, RN, UKHC director of Emergency Services; Jitana Benton-Lee, MBA, BSN, RN, CNML, practice manager II/clinical manager senior, University Health Services; Jennifer Hatcher-Keller, PhD, RN, assistant professor, UK College of Nursing; Arica Brandford, JD, BSN, RN, nurse at Central Baptist Hospital; and Bonnie Brown, BSN, RN, UKHC patient care manager, 8 East/Renal Dialysis, Acute Care Services.

NBNA's membership includes approximately 150,000 African-American nurses from the United States, the Eastern Caribbean and Africa and has 76 chartered chapters nationwide. The nearest chapter is the Kyanna Black Nurses Association of Louisville, Ky., Inc.

NBNA's mission is to provide a forum for collective action by African-American nurses to "investigate, define and determine what the health care needs of African Americans are and to implement change to make available to African Americans and other minorities health care commensurate with that of the larger society" **(www.nbna.org)**. For more information, contact Ms. Lowe at **dareni.lowe@uky.edu.**

3rd Row: Dean Jane Kirschling, (UK College of Nursing), Innocent Akwa (UK HealthCare), Sharon Coles (UKHC), Tracy McFarland (Saint Joseph Hospital), Ashlei Hardin (UKCON), Dareni N. Lowe (UKHC), Tyra Rowe (Central Baptist Hospital), LaJava Chenault (VP Nursing SJH, Saint Joseph East, Saint Joseph-Jessamine), Jenna Hatcher-Keller (UKCON)

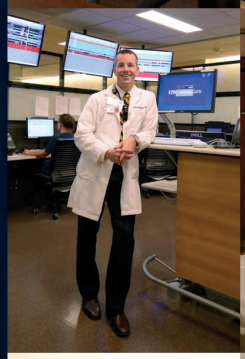
2nd Row: DeShayna Davis (UKHC), Arica Brandford (CBH), Tiffany Kelly (UKCON), Jitana Benton-Lee (UKHC), Rita Dunn (UK), Bonnie Brown (UKHC), Shayne Stratton (UK Nurse Recruitment)

1st Row: Dr. Judy Jackson (UK), Krystal Beatty (UK), Griselda Akwa (UK Good Samaritan), Raven Bartlett (UKCON), Angela Quincy (UKHC), Pam Dunson (Central Baptist Hospital Human Resources), Colleen Swartz (UK HealthCare Chief Nurse Executive)

MEN

Getting in on a Rewarding Career Path

WRITTEN BY: Rena Baer | PHOTOGRAPHS BY: Lee Thomas



At the University of Kentucky's College of Nursing, the enrollment of men has doubled in the past 10 years, growing from 6 percent in 2001 to 12 percent in 2011.

Over the last two decades, the number of men joining the nursing profession has dramatically increased. Even so, according to the 2011 report by the Institute of Medicine, "The Future of Nursing: Leading Change, Advancing Health," males still only make up 7 percent of the RN workforce. A piece of good news: At the University of Kentucky's College of Nursing, the enrollment of men has doubled in the past 10 years, growing from 6 percent in 2001 to 12 percent in 2011.

Dean Jane Kirschling, DNS, RN, FAAN, UK College of Nursing, says she is pleased with the increase and hopes to see the number of men choosing a nursing career continue to rise, particularly as the demand for nurses keeps growing. By 2020, nursing shortage projections range from a quarter million to a half million as baby boomers age, live longer and expect better health care.

"The reality is that nursing is a predominantly female discipline," she says. "We are making a concerted effort to diversity, with both males and minorities, and a very important part of the mix is making sure we meet the need for nurses."

Choosing Nursing

The reasons men get into nursing are as varied as the reasons women get into nursing, but few men grew up thinking they would become nurses. For many male nurses, particularly ones who have been in the profession several years, it wasn't even on their radar when they entered college.

1 TERRY LENNIE
PhD, RN, FAHA, FAAN

Terry Lennie, PhD, RN, FAHA, FAAN, who is associate dean for PhD studies at UK's College of Nursing, says he headed off to college nearly three decades ago planning on studying computer programming. "Nursing was not commonly considered a career option for men back then." To help pay for his schooling, he worked in a nursing home because the hours fit around his school schedule.

One of his co-workers, a nursing assistant, told him how good he was with the residents and suggested he go into nursing. Dr. Lennie took the woman up on her advice and changed his major. As he progressed through school, the scenario repeated itself twice. As an undergraduate, he was prompted by a nurse to go on and get his master's degree, and then as a graduate student, a professor recognized Dr. Lennie would make a good researcher and educator and encouraged him to get his doctorate. He did, becoming the first male doctoral student at the University of Wisconsin's School of Nursing. "I happened upon nursing but have never regretted choosing it as my career," he says. "Every day brings something different, a new challenge."

Dr. Lennie says he'd like to see more men seek advanced nursing degrees, pursuing opportunities in academia, where they can become role models for the next generation.

2 ERIC AFUSEH
BSN, BS, RN

Like Dr. Lennie, Eric Afuseh, BSN, BS, RN, who works in an intensive care unit at UK Albert B. Chandler Hospital, was studying computer science when he decided to become a nurse in his late 20s. He had come to the United States from Cameroon, West Africa, through the Diversity Visa lottery to become an American citizen. In Cameroon, he had received a bachelor's degree (BS) in math and a minor in computer science. He continued his education in Lexington, earning his associate's degree in applied science (AAS), with several computer science certifications, at Bluegrass Community and Technical College and went to work at Electronic Data Systems and then Lexmark. After he was laid off from Lexmark, he began studying for the Graduate Record Exam and also got his certification as a nursing assistant so he could work at Cardinal Hill Rehabilitation Hospital while pursuing a master's degree in computer science at UK.

Mr. Afuseh says he soon realized he got a lot more satisfaction from working with patients than from working with computers.

"There was a lot of fulfillment at Cardinal Hill [Rehabilitation Hospital]," he says. "The patients were often getting a second chance at life and were accepting some very challenging changes, and I got to support them."

He rethought his career path, then applied and was accepted into the Second Degree BSN Option at UK's College of Nursing. He has since completed the BSN Program and has been working in an intensive care unit at UK for almost three years now.

Mr. Afuseh says that coming to the United States and starting a new career in nursing was like starting life over. Now enrolled in the College of Nursing's BSN-DNP Option, his goal is to work with people of all ages in family practice. He says his computer knowledge comes in handy, but patient care and nursing are where his heart is, and he is thankful he went in this direction.

3 CHUN (JERRY) PANG
BSN, RN

Chun (Jerry) Pang, BSN, RN, who playfully refers to himself as the best male OB nurse at Chandler Hospital (he is the only male OB nurse at Chandler), says he did not plan at all to get into nursing. "My original plan was to be a pharmacist and that was the reason why I came to Lexington," he says. "I applied to the pharmacy school and went through a two-day interview but was not accepted after all. Then a friend of mine who was a nurse suggested I try nursing. So I applied and I got in; the rest is history… Not getting into the pharmacy school was probably one of the best things that has ever happened to me.

"I've come to realize that a pharmacist can prepare and dispense the best drug to treat my patient's condition, but seeing her getting better at the bedside means more to me."

4 MATTHEW PROUD
BSN, RN

For younger nurses, like Matthew Proud, BSN, RN, patient care manager in the Adult Emergency Center at Chandler Hospital, nursing always had been an option. Mr. Proud, who graduated from UK in 2002, wanted to do something in the health care field and figured out early on that medical school was off the table because of the length of the obligation. An aptitude test he'd taken indicated nursing or teaching would be a good fit, and already interested in medical care, he decided to give the former a try. "Nursing absolutely has been a good fit," he says. "I don't know what I'd be doing if I weren't doing this."

5 JAMES GRAU
UK BSN Nursing Student

UK nursing student James Grau started college knowing exactly what he wanted to do. "My grandmother and aunt were nurses, and I had been looking into it for a while. It was just a question of fine-tuning my vision," says Mr. Grau, who plans to pursue his CRNA. "This is my chance to give back to people and impact their lives."

6 GRAIG CASADA
MSN, RN

Graig Casada, MSN, RN, nurse recruiter at UK, says the stigma of being a man in nursing is no longer present. Gender biases and stereotypes have all but vanished, and the field of nursing for men and women has been elevated and amplified from a job to a profession.

"Fifteen years ago most men were choosing nursing as a second career," says Mr. Casada, who himself started out as a claims adjuster for State Farm Insurance. "Now a lot more men are choosing nursing as a first career and are staying in it."

Why Be A Nurse?

The appeal of nursing, Mr. Casada says, is very broad — job satisfaction, stability, flexibility and opportunity for career growth are among the many benefits found in the nursing profession. "And the economic downturn has made nursing as a sustainable career choice even more appealing," he says, adding that UK also pays for advanced nursing degree attainment as well as offering outstanding benefits.

"UK HealthCare offers the whole package," he says. While the whole package is a big plus, what many men seem to appreciate most are the endless career options, educational opportunities and potential for advancement in nursing that allow them to find just the right fit.

7 CHIZIMUZO T.C. "ZIM" OKOLI
PhD, MPH, RN

Chizimuzo T.C. "Zim" Okoli, PhD, MPH, RN, College of Nursing, is a third-generation nurse, starting with his grandfather, who was an army nurse in Nigeria, and continuing with his mother and now him. "She asked me to think about nursing, and I did," he says. "I decided I liked its holistic approach."

A thinker by nature, Dr. Okoli also took philosophy courses, obtaining a double undergraduate major, then going on to get master's degrees in nursing and public health (all from UK), which led to working at Eastern State Hospital for a year. There, he became interested in not just treating patients but also in changing approaches to treatment. He went back to school and topped his education off with a doctorate in nursing, again from UK. His love of research and learning led him into education at UK, where he is now an assistant professor and director of the Tobacco Prevention and Treatment Division, Tobacco Policy Research Program.

The continuous educational opportunities in nursing have been vital, Dr. Okoli says, in meeting his boundless curiosity. "A good nurse is one who is not satisfied with the status quo and wants to learn and improve their practice and care," he says.

8 BRIAN ELY
MSN, RN, CRNA

Brian Ely, MSN, RN, CRNA, chief nurse anesthetist at Chandler Hospital, says he eventually became a nurse anesthetist because it fit his self-described type-A personality. "Nurse anesthetists are a certain breed," he says. "They are very autonomous, high-strung people. Very perfection-oriented."

Mr. Ely, who spent seven years working in the ICU at Chandler, says during his 20-year career he has almost always gravitated toward fast-paced areas of nursing that would allow him to have more opportunities to make decisions while still being hands-on with patients. "It's rewarding," he says. "Especially those days when you know you've made a difference."

9 KHAY DOUANGDARA
BSN, BS, RN

Making a difference is the prime reason Khay Douangdara, BSN, BS, RN, an emergency room nurse at Chandler Hospital who is working on his MSN, became a nurse. "I love interacting with patients," he says. "You can help them when they are in crisis and in pain; you can also make them smile or even laugh. That's a rewarding thing for me."

Mr. Douangdara says he wants to go on and teach at the college level so that he can share what he's learned. "I want to help students realize what they can do to help people," he says. "It's scary being a new nurse, and I want to help them be confident in what they do."

BEING A MALE IN NURSING

When it comes to being a male in a predominantly female profession, men in nursing want other men to realize it's not an issue.

"My advice would be: You are going to be nurses, not male nurses," says Mr. Pang, an OB nurse. "Treat your patients with respect. Present yourself professionally. Give your patients a good first impression, as if it were your last chance to impress them. Incorporate your own philosophy into your patient care. Be you and don't be afraid to be different. Actually, embrace your difference!"

Mr. Proud also says it is not a male-female thing. "It's about taking care of people," he says. "You have to have that instinct. You can always help fix people, but you also have to help people through the process. The basis of nursing is taking care of people."

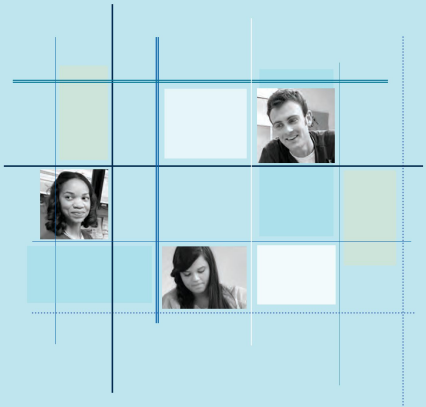
But Mr. Proud does acknowledge differences between the sexes. "You can't generalize, but there's definitely a different feel when there's an all-female staff," he says. "It's not a sexist comment. There's just a different dynamic when both men and women are present."

Many men seem to gravitate toward the faster-paced, higher tech, more autonomous fields of nursing such as in the emergency department, anesthesiology, and ICU, says Dr. Lennie. "I know I am stereotyping, but men often want situations where they make more decisions and act quickly. But now, given the higher patient acuity throughout the hospital, that can be found all over.

"Men sometimes bring different approaches to things," says Dr. Lennie. "Men have a lot to offer the nursing profession. There's a place for them when it comes to caring for patients and advancing the profession. Nursing is high tech and high touch. Men and women provide both aspects equally well."

a Year in the Life

ERIN | KAITLYN | ANDY



In 1984, Dr. Patricia Benner published a landmark study called, "From Novice to Expert: Excellence and Power in Clinical Nursing Practice." In the now-classic work, Dr. Benner applied the Dreyfus Model of Skill Acquisition to nursing practice to identify the five stages of development nurses undergo on their journey from novice to expert. In 2002, the College of Nursing and UK HealthCare were among six pilot sites that developed the pioneering BSN Residency, based in large part on recommendations and findings associated with Dr. Benner's work. The BSN Residency Program is a mandatory one-year orientation and support program for new baccalaureate nursing graduates employed as staff nurses on clinical units at UK HealthCare. The program was designed to help them make the transition into practice through education, hands-on learning, peer support and group projects. To date, approximately 713 nurses at UK HealthCare have gone through the BSN Residency. Shayne Stratton, BSN, RN, manager of nurse recruitment, UK HealthCare, calls the BSN Residency a powerful recruitment tool for UK HealthCare hospitals, crediting the residency program with keeping the average first-year BSN new graduate turnover rate at just 10 percent, significantly lower than the national average of 27 percent.

2010 | **WE FOLLOWED THREE** University of Kentucky College of Nursing BSN graduates from the Class of 2010 through their first year of professional nursing practice at UK HealthCare. ***Buckle up.*** | 2011

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas

Erin Byrd

UK ALBERT B. CHANDLER HOSPITAL CLINICAL DECISION UNIT (CDU)

Erin Byrd's, (BSN, RN) transition from student to professional nurse was [illegible] by working as a nursing care technician, going through a SNAP externship at UK [illegible] and completing the required Synthesis course during her senior year at the College of Nursing.

ERIN BYRD, BSN, RN, WASN'T GETTING A RESPONSE. THE PATIENT, AN ELDERLY MAN IN UK ALBERT B. CHANDLER HOSPITAL'S CLINICAL DECISION UNIT (CDU), WASN'T REACTING TO ANY OF THE USUAL CUES. Ms. Byrd, a first-year nurse and recent graduate of the UK College of Nursing, was barely halfway through her 14-week orientation at the hospital and making rounds on her own for the first time. (The Clinical Decision Unit is a 24-bed transitional unit, providing care to patients at all levels. It serves primarily to begin the inpatient care of patients admitted from the Emergency Department and to facilitate swift acceptance and evaluation of interfacility transfers.)

Her nurse preceptor during orientation, always nearby, was able to step right in. "My heart was beating so fast!" says Ms. Byrd in an interview early last spring. In what seemed like seconds, she says, the room was alive with physicians, nurses and others working to help the patient. She remembers administering an IV under her preceptor's watchful eye, her own heart pounding. "She told me to push it in slowly since sometimes a patient can come out quickly, arms swinging." A stroke alert was called and everything began to accelerate. "I kept thinking, 'What if this had happened and it was just me on my own? Would I know what to do?'" Ms. Byrd recalls rushing to get the bed ready for the patient's transport to have an emergency CT scan done.

Adrenaline pumping, she and her preceptor were busy unplugging equipment to get the bed ready for the move when out of nowhere comes a voice. "What are you all doing?" asks the patient, now fully awake. Ms. Byrd says all she could do was look at her preceptor in astonishment. And her preceptor — what did she do? "She said, 'Welcome back, sir,'" recalls the impressed preceptee. "It's good to see you."

"Things do happen fast in CDU, and you have to be able to think on your feet, " says Ms. Byrd's nurse manager, Jamie Cross, BSN, RN, patient care manager.

You never know who or what the day will bring, says Ms. Byrd, who still carries her high-acuity textbook from nursing school around with her but admits there's never a chance to look at it.

"In school, there's time to study and really think about what you're learning. Here, there isn't. You need to act and make decisions and sometimes really fast."

Experts in nurse development say time management is often a challenge for the first-year nurse. Ms. Byrd believes it. "Just trying to figure out what to do next is complicated." She says her undergraduate experiences at Chandler as a nursing care technician, a SNAP extern (Student Nurse Academic Practicum) and a senior Synthesis student in the Emergency Department gave her a wealth of clinical experiences. (Synthesis is the final course in the BSN Program, which provides the opportunity to develop independence and competence in applying principles of care management and leadership to practice.) "But nothing could ever fully prepare you for what it's like." She's glad she and peers in her BSN Residency Program group have each other. "We talk, we compare notes and we're learning a lot, too," she says.

Every first-year nurse at UK HealthCare participates in the mandatory one-year BSN Residency Program. Novice nurses from similar units are placed together in small groups for education, support and projects to help them as they transition into practice. Ms. Byrd was asked for a word to describe her experience so far as an CDU nurse. She thinks a moment before answering. "Whoa," she says. "The word is definitely 'whoa.'"

THERE ARE EXCEPTIONS TO EVERY RULE AND RECENT UK COLLEGE OF NURSING GRADUATE KAITLYN KEINATH, BSN, RN, IS ONE OF THEM. For the irrepressible Ms. Keinath, that nagging feeling in the pit of her stomach isn't worry about getting a difficult assignment. It's worry that she *won't* get one today.

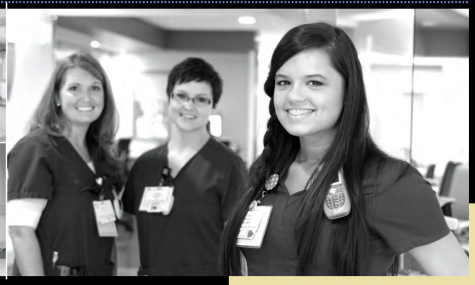
When we first talked to Ms. Keinath, she was still in orientation as a new surgical ICU nurse at Chandler. A few weeks earlier, she'd begged to be allowed to take care of a cardiac patient who'd been flown in for emergency surgery. "I really, really wanted an admit because they're scary and exciting, and when you're in orientation you might as well do the scariest things possible because you have someone there to watch over you."

Ms. Keinath had worked as a nursing care technician at a nearby community hospital all through school and loved it so much she ended up working almost full time, though her nursing professors discouraged it. "I couldn't stay away," she says. "I got smart there." She points to her recent assignment as an example.

Kaitlyn Keinath

UK ALBERT B. CHANDLER HOSPITAL INTENSIVE CARE UNIT (ICU)

"The protocol worked and the patient was successfully stabilized. I made a good clinical decision and I had backup... It was a really good feeling," says Kaitlyn Keinath, BSN, RN.



Once in the ICU, the recuperating cardiac patient was doing very well, she says, until an increasingly irregular heart rate began defying all attempts to control it. As physicians worked to regulate the patient's heart rate, Ms. Keinath, her senses on high alert, remembers a cardiac protocol she'd observed from her days working as a technician. "It called for a drug we don't typically use, but I mentioned it to the team anyway," says Ms. Keinath. She remembers holding her breath, afraid she'd been too bold. "But the doctor said, 'wonderful idea!' and asked me to call for it." The best part, says Ms. Keinath, was that the protocol worked and the patient was successfully stabilized. "I made a good clinical decision and I had backup," she says. "I wouldn't go so far as to say that I earned my wings that day — but I think I earned some trust. It was a really good feeling. I love this job; I really do."

Jan Davis, BSN, RN, now patient care manager for Trauma/Surgical Tower 100 in the new Chandler pavilion, was Ms. Keinath's first nurse manager before the unit's move to the new hospital. She remembers interviewing Ms. Keinath for the job and the enthusiasm she showed. "She knew what she wanted," says Ms. Davis, who believes many ICU nurses share a similar passion for the action and thrive on the energy and adrenaline it produces. But despite her confidence and clinical experiences, which included a SNAP externship in Medicine ICU at Chandler the summer before, Ms. Keinath was still a novice nurse and reminders of that were everywhere. For example, just a few days earlier, she'd paged a doctor to the ICU who, as it turned out, was already there working with someone else.

AFTER THREE MONTHS IN ACUTE CARE AT KENTUCKY CHILDREN'S HOSPITAL, THE PROBLEM FOR ANDY STEEDLY, BSN, RN, IS HIS SLEEP SCHEDULE. The new BSN graduate had been working alternating day and night shifts since coming on board in January and was now exclusively assigned to nights. So how was he adjusting to a day that begins at 7 p.m.? "I'm still figuring that one out," he admits in our first interview last March, adding that some of the older, more experienced nurses tell him to stick to the same sleep schedule, even on his days off. He's trying.

He's also trying to adjust to the idea that at age 23 and a brand-new nurse, he's looked to as an authority. Anxious parents and grandparents are depending on him for answers. "If they ask a question and I don't know, I'll say, 'I don't know, but let me go ask somebody that might know.'"

Mr. Steedly's past clinical experiences have proven valuable, he says. He spent three years in adult medical/surgical at Chandler as a nursing care technician and, later, as a SNAP extern. He always wanted to work in pediatrics, though, and was able to do his senior Synthesis experience at Kentucky Children's Hospital. Thanks to the 220 practice hours it gave him, he was able to sail through his new nurse orientation in just five weeks.

Lisa Butcher, BSN, RN, patient care manager for acute care, Kentucky Children's Hospital, is Mr. Steedly's nurse manager. She says there are quite a few male nurses working in acute care at the hospital. "The kids really respond to the men, particularly the older kids," she says.

All in all, Mr. Steedly reports, his first three months as a nurse have gone very well. While he's not thrilled about being up all night, he loves going to work. "I look at my watch and think, it's 3 a.m.? Really?"

Ms. Butcher says Mr. Steedly's confidence and comfort level are right on track. "Andy is eager to learn and has fit in well with the people on his unit." She calls him an "all-around great person" and laughs remembering Halloween a year ago when he was a BSN student doing his Synthesis experience at the hospital. The tall and lanky Mr. Steedly came to work that day dressed as "Woody," the beloved cowboy character from the movie "Toy Story." A young patient, just 4 years old, was standing in the hallway when he noticed "Woody," his favorite character, walking toward him. "The little boy was overwhelmed," says Ms. Butcher. "He just stood there in the hall, tears streaming down his face he was so happy. It was perfect."

BY LATE SUMMER, ALL THREE FIRST-YEAR NURSES WERE EXCITED, EXHILARATED AND EXPECTANT. THEY WERE ALSO EXHAUSTED. The new pavilion at Chandler had opened a few months earlier and Ms. Keinath's unit had been busy moving patients, pumps, monitors, beds — everything — up elevators and down hallways to the seventh floor of the new hospital. "It's a really beautiful place, very aesthetically pleasing," says Ms. Keinath, who notes that the old unit was anything but. "It was like being in large custodial closet with just curtains and floor tape to designate which rooms were which."

Still, she says, it gave the unit a closeness and camaraderie she hoped they wouldn't lose. "Sure, we were hitting elbows with our neighbor, but we were also tight in a good way. We were like this little family. Everyone looked out for each other because you could see who needed help and could visualize what people were struggling with, you know?"

For Ms. Byrd, big changes were on the horizon, too. Her own unit would be dividing in early September and later that same month, she was leaving for Florida to be in a wedding — her own. "Life is busy right now," says Ms. Byrd, though the stress she'd been feeling about working without a preceptor and making decisions on her own was gone. "I'm much more confident than I thought I would be," she says. "We're really a team here, and everyone's willing to help each other out."

As for Mr. Steedly, he was still on 4-East at Kentucky Children's Hospital when summer rolled around but has volunteered to work in the hospital's new pediatric progressive care unit, where the children are sicker and the technology more advanced. "Working with patients at this level is a challenge," he says, "but I like that about it."

Mr. Steedly has also volunteered for a 12-week pilot program that would give him weekends off. "You could choose days or nights but since I'm still the low man on the totem pole, I ended up with nights. Weekends off will be nice, though."

While Mr. Steedly may be low on the totem pole in seniority, he appears to be high in the estimation of his colleagues and supervisors. On a night shift last spring, he was asked to fill in on another unit. "I think that's when I felt like a real nurse," he says. "I had to stand alone with staff I didn't know and care for patients I wasn't as familiar with. It was a great experience and a real confidence builder." And there were to be more honors coming his way in the weeks ahead. He was named team leader on a shift, an honor usually reserved for the most seasoned nurses. He also received a personal note from his nurse manager thanking him for choosing Kentucky Children's Hospital. "It was completely unexpected and really, really nice."

IN A FINAL INTERVIEW AT THE END OF HER FIRST YEAR, Ms. Keinath talks about her future. She says she's definitely going back to pursue her DNP and become an acute care nurse practitioner. "As much as I'm shocked to say it, I miss school a little bit," she says. "I had some really great professors at UK. So many of them are involved in evidence-based practice and nursing theory and are just so vibrant when they speak about nursing."

Brenda Holmes, BSN, RN, patient care manager for trauma/surgical services at Chandler, is Ms. Keinath's new nurse manager. She says Ms. Keinath would make a good nurse preceptor someday. "Her enthusiasm and energy are part of who she is," says Ms. Holmes. "If we get something different or interesting she's one of those nurses who can't wait to check it out."

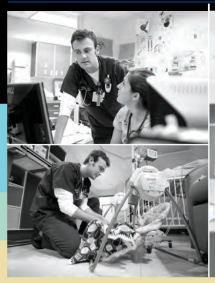
Mr. Steedly says he'll eventually pursue an advanced nursing degree, too, and thinks he might want to teach and become a clinical instructor in the pediatric unit someday.

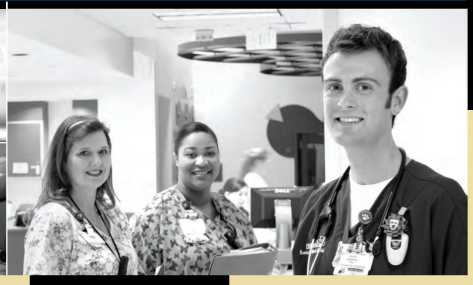
Ms. Byrd, now Mrs. Jacobs, has grown as a nurse and is an important, well-liked member of the team, says her nurse manager. Ms. Byrd says she'll likely continue her education though she's not sure when. What she does know is that high acuity nursing is in her blood. The word she'd choose now to sum up her first year of nursing? "Ah-ha," says Ms. Byrd without hesitation. And her high acuity textbook — is she still carrying that around? "No," she laughs. "But it is in my car."

Andy Steedly

KENTUCKY CHILDREN'S HOSPITAL

On a night shift last spring, Andy Steedly, BSN, RN, was asked to fill in on another unit. "I think that's when I felt like a real nurse," he says. "I had to stand alone with staff I didn't know and care for patients I wasn't as familiar with. It was a great experience and a real confidence builder."





Suzanne Prevost Becomes President of Sigma Theta Tau International

WRITTEN BY
Dr. Jane Kirschling

LARGE PHOTO BY
STTI

Other Leaders, UK's STTI Chapter Recognized

In November 2011, Dorothy Brockopp, PhD, RN, and Diana Weaver, PhD, RN, FAAN, were recognized for their exceptional contributions to nursing at Sigma Theta Tau International's 41st Biennial Convention in Grapevine, Texas.

In addition, Suzanne Prevost, PhD, RN, COI, began her term as the 29th president of the Honor Society of Nursing, STTI. Prevost will lead the 125,000-member, global organization for the next two years and will call on members to "Give Back to Move Forward" with technology. Prevost, in her Presidential Call to Action, explained, "Through global collaboration, we can bridge the gap between research and practice, share our wisdom across generations and join forces with like-minded organizations to address critical health care issues to populations around the world."

The University of Kentucky's Delta Psi Chapter was also recognized when it received, for the third time, the 2011 Chapter Key Award.

Exceptional Leaders

Recipient of the 2011 Evidence-Based Practice Award — Dr. Brockopp (evidence-based practice/research consultant, Central Baptist Hospital, and professor [now retired], UK College of Nursing) "*…has created a culture at Central Baptist Hospital of evidence-based inquiry. Through her leadership, mentoring and research expertise, she has supported improvements in patient care processes in every area, from the care of our smallest babies to our most complex adult patients. Dr. Brockopp has enabled staff nurses, nurse leaders and our clinical colleagues to develop nationally recognized protocols, attain grant funding and publish articles in peer-reviewed journals. She exemplifies the mix of caring and science we all want for our families when health care needs arise.*"— Karen S. Hill, DNP, RN, NEA-BC, FACHE, chief operating officer/chief nursing officer, Central Baptist Hospital.

Recipient of the Daniel J. Pesut Spirit of Renewal Award — Dr. Weaver (senior nursing advisor, UK HealthCare) "*…graciously accepted our nomination of her for the Spirit of Renewal Award. Her contributions to nursing development at all levels have been an extraordinary lifetime commitment. She always brings an expectation of the highest standard of professionalism, self-awareness, lifelong learning and self-reflection. The award call clearly defines and represents the many, many contributions Dr. Weaver has made during her career. Any professional who has had the good fortune to experience a relationship with Dr. Weaver as a friend, colleague, co-worker or apprentice has truly been touched by her gifts and we hope to promulgate just a little of her influence.*"— Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive, UK HealthCare.

The Leadership Journey, STTI's 29th President

STTI, the Honor Society of Nursing's vision—to create a global community of nurses who lead using knowledge, scholarship, service and learning to improve the health of the world's people—aligns perfectly with Dr. Prevost's nursing career. Her passion for nursing and for the honor society provides a solid foundation for the society's three stone pillars in the coat of arms representing service, professional endeavor and leadership. Dr. Prevost's career exemplifies each of these. Her unwavering commitment to her family reflects love—"Thorge." Her courage to move her family and career in support of her husband's career reflects courage—"Tharsos." And her willingness to share her time and expertise as the president of Sigma Theta Tau International reflects honor—"Time." She holds in highest regard her chosen profession and the ability of nurses worldwide.

The second of five children, Dr. Prevost spent her early years in Erie, Pa., where her father worked in a factory and her mother worked in a bakery.

During elementary school, her family moved to a small Appalachian mining community, where her father worked in a coal mine and a steel mill. Her German-Irish parents instilled in their children a strong work ethic and the importance of charitable giving.

Growing up in a working-poor family, Dr. Prevost developed a strong sense of motivation to acquire a good education and a stable career. Her strong faith in God, the related sense of optimism and a focused goal-orientation contributed to her success as a student. In high school, she felt a spiritual calling to help others by becoming a nurse. She followed the advice of a high school guidance counselor who told her that "the best nurses come from diploma schools." She went to South Side Hospital in Pittsburgh, Pa., and worked as a nursing assistant since she needed to support herself financially.

During her diploma program, she realized she was going to need a college degree to become a leader in the profession. So at the age of 20, Dr. Prevost graduated from the diploma program and enrolled in an RN-BSN program at Villa Maria College in Erie. She was an ICU staff nurse, working12-hour shifts every weekend for two years, to complete her BSN. She was inducted into Sigma Theta Tau in 1982 as an RN-BSN student. She knew early on that she needed to actively engage in the work of the profession and joined the American Association of Critical Care Nurses in 1983 and the American Nurses Association in 1985.

With her BSN degree in hand, Dr. Prevost decided to see the world as a traveling nurse. She relished the opportunity to see new places, meet people from diverse cultures and try out different models of nursing care. She met her husband, Frank, at a church service during her days as a traveler. She immediately knew he was her soul mate and they have been married for 28 years.

Early in their marriage, Dr. Prevost worked in the SICU at M.D. Anderson in Houston. It was there that she encountered a role model — a clinical nurse specialist. She immediately knew that she had to become an expert leader, just like the CNS. The Prevost family moved to Charleston, S.C., and she enrolled in the CNS program at the Medical University of South Carolina. While in her MSN program, she worked in the SICU and also gave birth to her two daughters, Liz and Emily.

Her husband's early career required several moves. The next move was back to Houston, where she worked as a CNS at Texas Heart Institute and enrolled in the doctoral program at Texas Woman's University. While there, Dr. Prevost developed a passion for elderly patients and clinical research. She completed her PhD in 1992 while working as a clinical nurse specialist on a geriatric assessment team within the Veterans Affairs and serving as an assistant professor at Northwestern State University in Shreveport, La.

With her doctoral degree, Dr. Prevost harnessed her passion and began a sustained pattern of scholarship that includes extensive publications in peer-reviewed journals, book chapters, and regional, national and international presentations. During this time, the seed was also planted for her work with STTI, serving as an international collateral grant reviewer.

In 1993 she accepted an appointment at the University of Texas Medical Branch as an associate professor. She started as the clinical nurse researcher, but the scope of her role expanded each year and included outcomes evaluation and nursing education. Dr. Prevost has fond memories of that time in her career, especially her experiences directing the advanced practice nurses and helping them to demonstrate the impact of their work.

In 1998, she was enticed by the opportunities that came with the National HealthCare Chair of Excellence in Nursing at Middle Tennessee State University in Murfreesboro, Tenn. This full-time faculty role was a unique position funded by a nursing home corporation. In addition to teaching, she worked closely with the corporation as a clinical consultant, educator and research facilitator.

Part of the decision to relocate was a quality-of-life move. The Prevost family left Houston for a small college town in Tennessee. They stayed there for 10 years to see their daughters through high school and most of their college years. Since her work was at a regional, teaching-intensive university, Dr. Prevost, by that time a professor, honed her skills as an expert teacher, informal leader and mentor. Her contributions to Sigma Theta Tau also accelerated during this time; for example, she served on the International Research Committee (1999-2003), served as chairperson of the International Evidence-Based Practice Task Force (2000-2003), and began serving on the board in 2003, including serving as secretary from 2003 through 2007.

In 2006 she was accepted as a Hartford Geriatric Postdoctoral Fellow with mentors at the University of Arkansas for Medical Sciences. Her goal was to increase her research skill set and geriatric network. Toward the end of the fellowship, Dr. Prevost decided to pursue a leadership position in an academic medical center, hence her move to Lexington, Ky., in 2008 to become professor and associate dean for practice and community engagement at the University of Kentucky College of Nursing. In this role, Prevost works closely with UK HealthCare, faculty, and staff to shape advanced practice nursing within our health system, Lexington, and the region. She also works tirelessly with students in our BSN-DNP and MSN-DNP options.

Dr. Prevost's overriding professional goal is to lead changes in care delivery that result in measurable improvements for patients and families. Clearly she has had the pleasure of pursuing and accomplishing this goal through various experiences as an advanced practice nurse, administrator, researcher and educator. Her work has greatly benefited the lives she has come into contact with, and her scholarship has extended the reach of her work to nurses around the world, including serving as the consulting editor for Nursing Clinics of North America since 2007.

She is uniquely positioned to build upon these past experiences to develop relationships across academic and practice environments to enhance care delivery and patient outcomes. This work will be enriched by her tenure as president of Sigma Theta Tau International as she collaborates with the society's global membership.

The abbreviated description of Dr. Prevost's leadership journey was extracted, with permission, from "Suzanne Prevost: Passionate about family, nursing and research-based practice," written by Dr. Jane Kirschling. For the complete article visit: ***www.reflectionsonnursingleadership.org/Pages/Vol37_4_Prevost_Kirschling.aspx***

Other leaders recognized at the Sigma Theta Tau International's 41st Biennial Convention in Grapevine, Texas: Diana Weaver, PhD, RN, FAAN, and Dorothy Brockopp, PhD, RN

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