INStep

spring 2015

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

UKHealthCare

FEATURE STORY

the beginning of a NEW ERA

The UK College of Nursing welcomes its fifth dean—Dr. Janie Heath

In Step
for the Commonwealth

Dear Colleagues,

Thanks for exploring our sixth edition of In Step. Although it's our sixth edition, you could also say it is our inaugural edition for the partnership between the new dean of the College of Nursing and the chief nurse executive for UK HealthCare. As we continue to nurture our partnership in nursing education and practice, our leadership approaches will be "in step" to influence and advance excellence together. The partnership will benefit nurses, students, faculty and staff. Most importantly, our partnership will continue to promulgate superior clinical outcomes and experience for our key stakeholders—the patients and their families, who have come to trust us to provide the highest quality of care by compassionate and keenly competent nurses.

As this issue will reflect, we are fortunate to have such highly talented nurses, faculty educators, researchers and students. This issue will highlight some exciting accomplishments that impact the health and wellness of populations in the Commonwealth and beyond. It is only through strong partnerships such as the one we have with UK HealthCare that we are able to unite our academic and clinical missions: developing thoughtful, evidence-based nursing, and graduates who take the lead in the care of patients, families, and communities and advance nursing science and practice. The leadership role of the registered nurse in our highly complex care environment requires a level of situational awareness and keen interprofessional problem-solving to advance our agenda of the highest quality care—"Every patient, every time."

With Colleen's insight and leadership, I look forward to working with UK HealthCare Nursing colleagues to meet the demands for acceleration of higher quality patient care and to strengthen the nursing workforce through integrative models of education and health care delivery that are bold and innovative.

And so our new chapter begins … in step as we forge ahead stronger and bolder together. Several of the featured stories, including advances in behavioral health care, clinical nurse specialist role integration into the care model and the use of Schwartz Center Rounds®, demonstrate how we ground our practice in pride as we continue to exceed expectations and provide exceptional care.

Feel free to let us hear from you. We are proud of what's going on with UK Nursing and want to hear what you think about how we are leading change and advancing health.

With deep appreciation and gratitude for your nursing excellence and continued partnership in the evolution of nursing practice in Kentucky and beyond,

Janie Heath,
PhD, APRN-BC, FAAN
Dean and Warwick Professor of Nursing,
UK College of Nursing
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Colleen Swartz,
DNP, MBA, RN, NEA-BC
Chief Nurse Executive,
UK HealthCare
chswar2@email.uky.edu

Table of Contents

A Publishing Support System Helps **Nurse Clinicians Share Their Successes**

The continuing partnership between the College of Nursing and UK HealthCare® has fostered an environment of clinical inquiry and innovation. Numerous practicing nurses, alone or as members of interprofessional teams, are very active in scholarship—asking relevant and contemporary clinical questions—and disseminating that knowledge. We would like to recognize their contributions to the continuing evolution of evidence-based practice and our dynamic leadership model. This is a sampling of their work.

UKHC Department of Nursing Publications

Jeremy D. Flynn, PharmD, FCCP, FCCM | Kevin W. McConeghy, PharmD, BCPS | Alexander H. Flannery, PharmD, BCPS | Melissa Nestor, PharmD, BCPS | Pam Branson, MSN, RN | Kevin W. Hatton, MD
"Utilization of Pharmacist Responders as a Component of a Multidisciplinary Sepsis Bundle." Annals of Pharmacotherapy, 1-77, 2014

Linda Clements, MSN, APRN, CCNS | Mary Moore, BSN, RN | Thomas Tribble, AA, ST | Jill Blake, MSN, RN
"Reducing Skin Breakdown in Patients Receiving Extracorporeal Membranous Oxygenation." Nursing Clinics of North America, 49:61-68, 2014

Bryan Boling, BSN, RN, CCRN-CSC, CEN | C. Key, MD | J. Wainscott, MD | A. Rebel, MD
"Harlequin Syndrome as a Complication of Epidural Anesthesia." Critical Care Nurse, 34(3):57-61, 2014

Bryan Boling, BSN, RN, CCRN-CSC, CEN
"Renal Issues in Older Adults in Critical Care." Critical Care Nursing Clinics of North America, 26(1): 99-104, 2014

Melissa Stewart, DNP, RN, CCNS, CCRN
"Interruptions in Enteral Nutrition Delivery in Critically Ill Patients and Recommendations for Clinical Practice." Critical Care Nurse 34(4), 1-8

Melissa Stewart, DNP, RN, CCNS, CCRN
"Nutrition Support Protocols and Their Influence on the Delivery of Enteral Nutrition: A Systematic Review." Worldviews on Evidence-Based Nursing 11(3), 194-199

Kari Blackburn, DNP, CPNP, CPEN | Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
"Does ED Observation Impact the Rate of Computed Tomography in Children With Minor Head Trauma?" Advanced Emergency Nursing Journal, 36(4): 294-298, 2014

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN | Andi Foley, MSN, RN, CEN
"Disaster Triage: Are You Ready?" Journal of Emergency Nursing, 40(5):515-517, 2014

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN | Penne Allison, BSN, RN, MSOM, NE-BC | Matt Proud, BSN, RN, CEN | Jennifer Forman, BSN, RN, CNML
"Pain, Perceptions, and Perceived Conflicts: Improving the Patient's Experience." Nursing Clinics of North America, 49: 53-60, 2014

Presentations

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
"Disaster Management: Lessons Learned in Israel." KY Statewide Trauma Symposium, Lexington, Kentucky, 2014

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN "Stress and Resilience of Emergency Nurses Involved in Trauma Care." Essentials in Emergency Nursing, 2014, San Antonio, 2014

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN "Pain, Perceptions and Perceived Conflicts: How ED Staff Manage Pain." Essentials in Emergency Nursing, San Antonio, 2014

Posters

Ediz Tasan, MD | Michael Jesinger MD | Richard Charnigo, PhD | Linda Clements, MSN, APRN, CCNS | Sage Kramer, BS | Sooyeon Kim, BS | Alison Bailey, MD | Charles Campbell, MD
"Assessment in Therapeutic Hypothermia Protocol—A Quality Assessment Initiative and Analysis of Hemodynamic and Laboratory Parameters." American Hospital Association, 2014

Graig Casada, MSN, RN
"Healthcare Disparity Within the Lesbian, Gay, Bisexual and Transgender Patient Population." American Organization of Nurse Executives, Orlando, Florida, 2014

Cecilia Page, DNP, RN-BC, CPHIMS, PMP, FACHE,
"Usability: a Critical Dimension in the Design of Nursing Documentation Within the Electronic Medical Record." American Organization of Nurse Executives, Orlando, Florida, 2014

Lisa Fryman, DNP, RN | Rebecca Charles, BSN, RN | Cynthia Talley, MD, FACS
"Trauma ICU Charge Nurses Can Impact Efficiency." American Organization of Nurse Executives, Orlando, Florida, 2014

Rachel Ward-Mitchell, ADN, RN | Meriem K. Bensalem-Owen, MD | Gayle Plank, BSN, BA, RN, CNML
"Creating a Standard of Care for Epilepsy Patients: Starting With Nursing Staff in the Adult Epilepsy Monitoring Unit." National Epilepsy Conference, Seattle, 2014

Linda Clements, MSN, APRN, CCNS | Mary Moore, BSN, RN | Thomas Tribble, AA, ST | Jill Blake, MSN, RN
"Reducing Skin Breakdown in Patients Receiving Extracorporeal Membranous Oxygenation." National Patient Safety Congress, Orlando, Florida, 2014.

Amy Herrington, DNP, RN
"Pre-admission Nutrition Assessment of Geriatric Patients Undergoing Elective Total Joint Revision." National Doctors of Nursing Practice Conference, Nashville, Tennessee, 2014

Bryan Boling, BSN, RN, CCRN-CSC, CEN
"Surviving the Unsurvivable? Recovery From Pulmonary Hypertension." FACTS-Care 11th Annual Conference, CVT Critical Care, Washington, 2014

Bryan Boling, BSN, RN, CCRN-CSC, CEN
"Harlequin Syndrome as a Complication of Epidural Anesthesia." FACTS-Care 11th Annual Conference, CVT Critical Care, Washington, 2014

Donna Dennis, RN, CCTC | Bryan Boling, BSN, RN, CCRN-CSC, CEN | T.A. Tribble, AA, ST | Navin Rajagopalan, MD | Charles Hoopes, MD
"Safety of Nurse-Driven Ambulation for Patients on Venovenous Extracorporeal Membrane Oxygenation." International Society for Heart & Lung Transplantation 34th Annual Meeting and Scientific Sessions, San Diego, 2014

Completed Research

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN | Gordon Gillespie, PhD, RN, FAEN
"Stress and Resilience in Emergency Nurses Following Trauma Care"

Amy Fisher, PhD, RN, CCRN
"Retrospective Simulation of a Sepsis Screening Strategy"

Lisa Fryman, DNP, RN
"Trauma Resuscitation Team Program Evaluation"

Curtina Kirkpatrick, MSN, RN
"Assessing Nursing Perceived Knowledge of Spontaneous Breathing Trial"

Amanda Martin, MSN, RN
"Improving Employee Engagement in Registered Nurses"

Kathy Semones, MSN, RN
"Managing Clinical Deterioration Through Effective Use of Information Technology With a Dedicated Rapid Response Team"

BSN Residents' Presentations

Peri-operative Service Line
Alicia Coburn, BSN | Stephen Skeens, BSN | Kimberly Bro, BSN | Adam Loose, BSN | Kayla Scalf, BSN
"SBAR Handoff Tool"

Pediatric Service Line, PICU
Claire Parker, BSN | Nicki Mundell, BSN | Justin Neidig, BSN | Jaron Hammons, BSN
"Improving the Experience for Parents of Children in the PICU"

Kentucky Children's Hospital, Acute and OB
Cassie Long, BSN | Emily McKinney, BSN | Janita Patel, BSN | Kaitlyn Zedrick BSN
"Decreasing Peripheral IV Infiltrations"

Kentucky Children's Hospital, NICU
Wendy Brown, BSN | Alisha Hall, BSN | Katie Lamping, BSN | Erin Montgomery, BSN | Ali Piedel, BSN | Alyssa Sutphen, BSN | Amber Watts, BSN | Lauren Whitt, BSN
"Positional Plagiocephaly"

Pavilion A, Trauma/Surgical Service Line
Jennifer Clifford, BSN | Katelyn Dekker, BSN | Emma Geiger, BSN | Erica Irwin, BSN | Jacob Higgins, BSN | Nicole Nuxol, BSN | Kenneth Powell, BSN | Allison Russell BSN
"Code Blue Order Set"

Pavilion A, Trauma/Neuro Progressive
Beth Motter, BSN | Christina Pianalto, BSN | Liza Richard, BSN | Natalie Pope BSN
"Effectiveness of Incentive Spirometry on Preventing Pulmonary Complications"

Pavilion A, Neuro Service Line
Amanda Jurkash, BSN | Cody Porter, BSN | Alysa Cairer, BSN | Monica Hardy, BSN | Sarah Buschmann, BSN | Audrey King, BSN
"Process Improvement: Focus on Patient Safety Through Improved ICU Visitation Signage"

Oncology Service Line
Nicole Bradley, BSN | Debbie Snyder, BSN
"Quest to Zero–CLABSI Prevention"

Good Samaritan Service Line
Adebola Adegoboyega, BSN | Laura Hale, BSN | Lori Napier, BSN | Sarah Casteel, BSN | Stephanie Abney, BSN | Steven Campton, BSN
"Nurse-Driven Patient Specific Care Planning"

Emergency Department Service Line
Corie Broering, BSN | Rebekah Dailey, BSN | Katie Davis, BSN | Kristin Meerkreebs, BSN | Samantha Quaine, BSN | Bethany Terry, BSN | Maddie Wilson, BSN | Stephanie Wilson, BSN
"Nurse-to-Nurse Relationships Across Enterprise"

Pavilion H, Cardio/Med/Pulmonary CDU
Alysia Adams, BSN | Rachel Bentley, BSN | Courtney Fletcher, BSN | Andrea Kohlman, BSN | Sandra Reagan, BSN | Lisa Svitek, BSN | Jenny Tharp, BSN
"Prevention of Central Line-Associated Blood Stream Infections"

Cardio/Med/Pulmonary CDU Service Lines
Samantha Mancuso, BSN | Tabitha Mathias, BSN | Ashley Luoma, BSN | Jeremy Bach, BSN | Joshua Neace, BSN | Aaron Harris, BSN | Christopher Hoffman, BSN | Natasha Laungani, BSN | Kayla Putton, BSN | Kristina Robinson, BSN | Kelly McCormick, BSN
"Critical-Care Pain Observation Tool (CPOT)"

Emergency Department
Trei Tackett, BSN | Kelsey Jobe, BSN
Richard Edwards, BSN | Emily Kraemer, BSN
"Continuing Support for New Graduates in the ED"

Good Samaritan Service Line
Abena Anane, BSN | Stephanie Kehler, BSN | Meredith Morgan, BSN | Kristian Norkus, BSN | Shane Slone, BSN | Callie Troyer, BSN | Lara Zavalza-Neeson, BSN
"Nurse Awareness of Blood Glucose and Insulin Management"

Pavilion A, Trauma/Neuro Service Lines
Victoria Spansail, BSN | Erin Hughes, BSN | Renesha Wright, BSN | Sandro Pasagic, BSN | Kenneth Baker, BSN
"Disposable ECG Leads"

Pavilion A, Trauma/Neuro Service Lines
Sarah Martha, BSN
"Early Mobilization of Critically Ill Neurosurgery Patients"

Pavilion A, Trauma/Neuro Service Lines
Sarah Maney, BSN | Blair Eberhardt, BSN
"Increasing Nursing Morale in the Intensive Care Unit"

Pavilion A, Trauma/Neuro Service Lines
Alisa Nesta, BSN | Jessica Goetz, BSN
"Percutaneous Coronary Intervention Patient and Family Education Plan"

Pavilion A, Trauma/Neuro Service Lines
Jonathan High, BSN | Naomi Sloan, BSN
"RN Education Reducing Supply Costs in the ICU"

Kentucky Children's Hospital, NICU
Casi Brooks, BSN | Hillary Cox, BSN | Michelle Erasmus, BSN | Megan Fisette, BSN | Mara Mishler, BSN
"Neonatal Abstinence Syndrome Scoring While Under Treatment Regardless of Age"

Kentucky Children's Hospital, NICU
Aubrey Boyers, BSN | Brianna Ratliff, BSN | Lauren Sharp, BSN | Chelsea Witt, BSN
"Pain A.I.R. Cycle"

Kentucky Children's Hospital, Labor and Delivery
Brittany Daniel, BSN | Ana Duran, BSN | Kelli Tegtmeier, BSN | Kelli Watts, BSN | Liz Zimmerman, BSN
"Pushing During Labor: Better Outcomes for Women"

Kentucky Children's Hospital
Caitlin Ratliff, BSN | Ashlie Rowland, BSN | Colleen Molten, BSN | Hannah Gore, BSN
"Reducing Secondhand Smoke Exposure in the Pediatric Population"

Adult Acute and Progressive
Abigail Puckett, BSN | Chelsea Roth, BSN
"Stat EKGs"

Adult Acute and Progressive
Lacey Cline, BSN | Stephanie Howard, BSN | Adrienne Graeub, BSN | Kayla Lewis, BSN | Makenzie Stoner, BSN
"It Stops at the Red Line"

Adult Critical Care
Damien Bell, BSN | Nancy Bogard, BSN | Justin Chafin, BSN | Caitlin Clark, BSN | Taylor Day, BSN | Robin Dodd, BSN | Janice King, BSN | Casey McCoy, BSN | Kyndal Riley, BSN | Christine Sutherland, BSN | Darian Taylor, BSN
"Tracheostomy Ulcers"

Kentucky Children's Hospital
Rachel Sanders, KCH PCU, BSN | Kelli Lynch, KCH PICU, BSN | Stephanie Langefield KCH West, BSN
"Asthma Core Measures"

UK HealthCare and UK College of Nursing
24th Annual Nursing Research Papers Day

PHOTOGRAPHS BY
Lee Thomas

November 2014

2014 Dorothy Y. Brockopp Nursing Research Award

Bryan Boling, BSN, RN, CCRN-CSC, CEN, won this year's Dorothy Y. Brockopp Nursing Research Award. Boling was honored for his research work, including "Use of Facebook as a Virtual Community and Support Group by Left Ventricular Assist Device (LVAD) Patients," in which he proposed to examine the use of social media by LVAD patients as a virtual support system. By better understanding who is using these networks and why, nursing may be in a better position to be able to help connect LVAD patients and to meet their needs for social support.

Boling has worked as a staff nurse in the cardiothoracic vascular intensive care unit at UK HealthCare® since June 2012. He also writes and reviews for Nursing Reference Center and Nursing Reference Center Plus, point-of-care information products for health care professionals published by Cinahl Information Systems, a division of EBSCO Information Services.

Boling received his ADN in 2009 from Bluegrass Community & Technical College and his BSN from the UK College of Nursing in 2010, and he is working toward a DNP in the Acute Care Nurse Practitioner Track, also at UK, and is expected to graduate in August 2016.

He has received numerous awards and scholarships, including the Pamela Stinson Kidd Memorial Scholarship, the Kentucky Coalition of Nurse Practitioners and Nurse Midwives DNP Scholarship and the Sima Rinku Maiti Memorial Scholarship. He was awarded the University of Kentucky Medical Center DNP Enhancement Award and the Saha Award for cardiovascular research and education from UK. He has several publications in peer-reviewed journals and publications related to his work with the Nursing Reference Center.

Podium Presentations

Ruth Kleinpell, PhD, RN, FAAN, FCCM
"Promoting Evidence-based Practice and Research: Strategies for Success, Publishing Tips, Tricks and Techniques"

Robyn Cheung, PhD, RN
"Evidence-based Practice vs. Research"

Jill Berger, MSN, MBA, NE-BC
"Promoting Research and Evidence-based Practice Through Collaboration and Mentoring"

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
"Stress and Resilience of Nurses Involved in Trauma Care"

Audrey Darville, PhD, APRN, CTTS
"Managing Nicotine Withdrawal in Hospitalized Patients"

Kara Willet, BSN, RN, CCRN
"Evaluation of Chlorhexidine Bathing Practices in Trauma/Surgical Intensive Care Units: A Retrospective Chart Review"

Amanda Martin, MSN, RN
"Improving Employee Engagement in Registered Nurses"

Leslie Scott, PhD, RN, PNP-BC, CDE
"Implementation of a Unique Partnership to Meet a Healthcare System Need for Acute Care Advanced Practice Certification"

Suzanne Springate, BSN, RN, NE-BC
"Family-centered Care in the Pediatric Inpatient Setting: A Concept Analysis"

2014 Nursing Research Papers Day Posters

Bryan Boling, BSN, RN, CCRN-CSC, CEN
"Surviving the Unsurvivable? Recovery from Pulmonary Hypertension"

Bryan Boling, BSN, RN, CCRN-CSC, CEN
"Harlequin Syndrome as a Complication of Epidural Anesthesia"

Cate Morgan, BSN, RN
"Early Mobility in Ventilated Patients in the Intensive Care Unit"

Elinor Smith, BSN, RN
"CLABSI: PICC Lines and Showering: Is There Cause for Concern?"

Majdi Rababa, MSN, AC-CNS
"Family Support and Family-based Approach Interventions to Improve Adherence to Low Sodium Diet: A Systematic Literature Review"

Megan Walden, BSN, RN
"Human Rights Campaign Healthcare Equality Index Leader"

Suzanne Springate, BSN, RN, NE-BC
"From Closed Beds to ED Borders: How to Respond in 24 Hours"

Jamie Stephens, RN, CEN, CPEN
"Reducing Blood Culture Contamination in the Emergency Department"

Jennifer Parr, MSN, RN, APRN
"Examining Treatment Modalities Utilized Most Frequently by Hospitalized Pregnant Women With Opiate Addiction to Manage Withdrawal and the Effectiveness of These Different Treatment Modalities on Opiate Withdrawal: a Retrospective Chart Review"

Jessica Johnston, BSN, RN
"An Evaluation to the Adherence of an Indwelling Urinary Catheter Maintenance Bundle"

Jill Berger, MSN, MBA, RN, NE-BC
"Nurses' Perceptions of Family-witnessed Resuscitation"

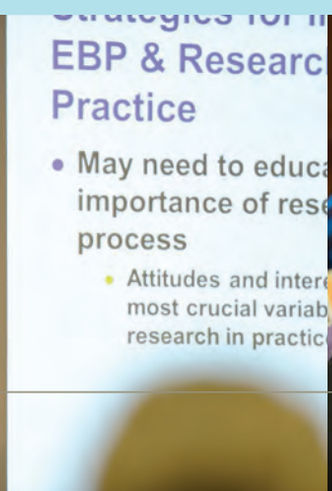
Karen M. Butler, DNP, RN
Mary Kay Rayens, PhD
Kathy Begley, BA
Ellen Hahn, PhD, RN, FAAN
"Lung Cancer Worry, Perceived Risk, and Exposure to Tobacco Smoke in the Home"

Katie Layton, BSN, RN
Amanda Wiggins, PhD
Mary Kay Rayens, PhD
Elizabeth Salt, PhD, APRN
"Evaluation of a Rheumatology Patient Prioritization Triage System"

Linda Clements, MSN, APRN, CCNS
"The Mediator Effects of Depressive Symptoms on the Relationship Between Family Function and Quality of Life in Caregivers of Patients With Heart Failure"

Elissa Johnson, BSN, BSE, RN
"Role of Glucose Control in Wound Healing for Post-surgical Patients With Diabetes Mellitus"

Tracey Vitori, MS, MSN, M.Ed, APRN
"The Psychometric Properties of the BSI Hostility and Anxiety Subscale in a Prison Population"



UK HealthCare Nurse Promotions and Transitions to Leadership Positions

June 2013 – June 2014

Kimberly Blanton, MSN, MHA, RN
Director for Enterprise IPAC & Safety
Infection Prevention and Control

Laura Bruin, BSN, RN
Acute Dialysis Program Manager
Acute Dialysis

Elizabeth (Dixie) Bryant, BSN, RN, CEN
Patient Care Manager
Emergency Services

Rebecca Charles, BSN, RN
Patient Care Manager Assistant
Trauma and Acute Care Surgical Services

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

Katherine Daniels, MSN, RN, CNOR
Nurse Development Coordinator
Perioperative Services

Jill Dobias, MSN, RN, OCN
Clinical Nurse Specialist
Oncology Services

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

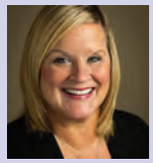
Phillip Eaton, MSN, DHSC, RN, NE-BC, RRT
Nursing Operations Administrator
Pulmonary Services

Rebecca Garvin, MSN, MBA, RN-BC
Staff Development Manager
Division of Nursing Practice Improvement

Deana Grant, BSN, RN, CRN-C
Clinical Documentation Manager
Utilization Review

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

Courtney Howard, MSN, APRN, ACNS-BC, RNC-OB
Clinical Nurse Specialist
Maternal Services



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

Julie Hudson, MS, RN, CNOR
Perioperative Services Administrator
Perioperative Services

Patty Hughes, DNP, RN, NE-BC
Assistant Chief Nurse Executive (Interim)
UK HealthCare Ambulatory Services

Kathy Isaacs, PhD, RNC-NIC
Director of Nursing Professional Development
Division of Nursing Practice Improvement

Tricia Kellenbarger, MSN, RN
Clinical Nurse Specialist
Clinical Decision Unit

Carrie Kirkpatrick, BSN, RN, CEN, CCRN
Patient Care Manager Assistant
Cardiovascular Services

Cheryl Knapp, BSN, RN
Nurse Coordinator Clinical Perioperative Services

Kathleen Kopser, MSN, RN, NE-BC
Associate Chief Nurse Executive

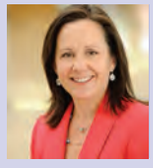
Rebecca Kuchenbrod, BSN, RN
Nurse Coordinator Clinical Perioperative Services

Pam Lane, BSN, RN
Patient Care Manager (Interim)
Hospital Command Center

Sarah Lester, DNP, APRN, FNP-C
Clinical Nurse Specialist
Neuroscience Services

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

Amanda Martin, MSN, RN
Patient Care Manager Assistant
Neuroscience Services



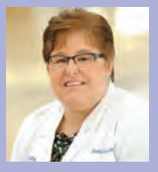
Brandy Mathews, MSN, MHA, RN, NE-BC
Assistant Chief Nurse Executive (Interim)
UK HealthCare Good Samaritan

Michelle McClure, MSN, RN
Patient Care Manager Assistant
Kentucky Children's Hospital

Tina McCoy, MSN, RN, C-NPT
Patient Care Manager (Interim)
Kentucky Children's Hospital

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

Amy Norsworthy, ADN, RN, CNOR
Nurse Coordinator Clinical
Perioperative Services



Judith Poe, MSN, MBA, RN, CNOR
Associate Director
Perioperative Procedural and Central Sterile
Perioperative Services

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

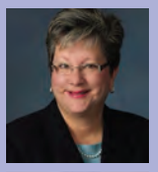
Meredith Rice, BSN, RN
Manager, Capacity Management
Hospital Command Center

Jeffery Ritzler, BSN, BA, RN, CEN
Patient Care Manager, Emergency Services

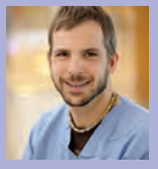
Kristen Scalf, BSN, RN, CPEN
Staff Development Specialist
Division of Nursing Practice Improvement

Kathy Semones, MSN, RN
Administrator for Capacity Management (Interim)
Hospital Command Center

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



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



Robert Sutter, BSN, RN
Nurse Coordinator Clinical
Perioperative Services

Christina Thomas, BSN, RN, CNOR
Service Line Manager
Perioperative Services

Matilda Wright, BSN, RN
Trauma Program Manager
Trauma and Acute Care Services

Rhonda Yocum-Saulsberry, BSN, RN
Patient Care Manager Assistant
Trauma and Acute Care Surgical Services

John Abner, BSN, MBA, RN
Division Charge Nurse
Good Samaritan Nursing Administration

Kimberly (Rachelle) Brown, BSN, RN
Nurse Development Coordinator
Perioperative Services

Marjorie Cannan, MSN, RN
Staff Development Specialist
Division of Nursing Practice Improvement

Melasene Cole, MSN, RN
Patient Care Manager
Cardiovascular Services

Theresa Draper, BSN, RN
Nurse Coordinator Clinical
Perioperative Services

Stephanie Durbin, BSN, RN, CPN
Division Charge Nurse
Kentucky Children's Hospital

Vickie Frisby, BSN, RN
Division Charge Nurse
Obstetrics Administration

Celia Hammond, BSN, RN, CNOR
Service Line Manager
Perioperative Services

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

Tracie Lear, MSN, APRN-FNP
Nurse Practitioner
Perioperative Anesthesia Clinic

Barilee Mattingly, ADN, RN
Nurse Coordinator Clinical
Rapid Response Team

Maureen Moore, ADN, RN
Nurse Clinical Coordinator
Hospital Command Center

Jessica Noe, ADN, RN
Nurse Coordinator Clinical
Periopertive Services

Ashley Oney, BSN, RN
Division Charge Nurse
Emergency Services

Daniel Potter, ADN, RN
Nurse Coordinator Clinical
Perioperative Services (PACU)

Madeline Ray, BSN, RN
Division Charge Nurse
Kentucky Children's Hospital

Heather Courtney Thornton, BSN, RN, PLNC
Patient Care Manager Assistant
Transition Units

Let's Talk

WRITTEN BY
Christina Noll

PHOTOGRAPHS BY
M. Claire Sale
Lee Thomas
Melissa Weber
Richie Wireman

Schwartz Center Rounds are providing health care professionals an opportunity to connect and share the emotional side of caregiving.

In the hospital, rounds are an important teaching tool and ritual of health care education and inpatient care. Professionals at every level and every discipline are familiar with presenting the medical problems and treatment options for a patient. Now, a new kind of rounds is making it possible for various health care providers to connect and share thoughts about the emotional impact of their professions.

"This provides an opportunity for a multidisciplinary team of providers to share the emotional side of caring for patients," says Gwen Moreland, MSN, RN, NE-BC, a participant in Schwartz Center Rounds®. Part of the vision of the Schwartz Center for Compassionate Healthcare, Schwartz Center Rounds operate under the mission of strengthening the caregiver-patient relationship and reminding caregivers why they entered their profession. "We're all human at the core, and we all have reactions of sadness and grief and hope and happiness," says Joanne Matthews, DNP, APRN, PMHCNS-BC and "nurse champion" for Schwartz Rounds at UK Albert B. Chandler Hospital. "This gives us an opportunity to express those feelings, share those feelings and find that we're not alone in our feelings."

Ken Schwartz, a Boston health care attorney, founded the center, a national nonprofit organization housed at Massachusetts General Hospital. Before Schwartz died of lung cancer at age 40, he found that what mattered to him most as a patient were the simple acts of kindness from his caregivers, which he said made "the unbearable bearable." His idea took off, and today, Schwartz Center Rounds take place at more than 350 health care facilities in 40 states and the United Kingdom.

The reason so many health care facilities and professionals are embracing this can be traced back to why many of them chose to enter the health care field in the first place: compassion. "As health care professionals, we have an opportunity every day to see patients and their family members experience the worst forms of stress and extremes in emotions," explains Joey Burke, MSN, RN, and nurse champion for Schwartz Center Rounds at Kentucky Children's Hospital. "We experience the full spectrum of the human experience. We need to have the time and space to process the lived experience of being so intimately involved in the lives of others."

"Schwartz Center Rounds are totally different from other rounds," says Rebecca Yarrison, PhD, faculty member at the UK Program for Bioethics, which provides administration for Schwartz Rounds.

"It's the social and team and emotional aspects that we focus on. The outcomes we're hoping for are improved communication and reduced compassion fatigue."

How It Works

Schwartz Center Rounds usually focus on a specific patient situation, and the providers form a panel to tell the story of their involvement with that patient. A discussion between the panel and audience members follows. The interdisciplinary makeup of the panel and audience gives greater insight into each other's roles and how those roles affect their views and psychological impact of caring for the patients. All three UK hospital sites, Chandler, Kentucky Children's and UK Good Samaritan Hospital will hold a total of six Schwartz Rounds at each hospital per year, for a total of 18. As faculty coordinator for all three sites, Dr. Yarrison estimates that about 100 people attend rounds at Kentucky Children's Hospital, with Chandler averaging slightly less. "It's been extremely well attended and very well received," she says "This has become an important part of the offerings that we have for the Program for Bioethics."

On the national level, Schwartz Rounds sessions typically include a "physician champion" (usually a medical director), a facilitator who helps mediate the discussion between the panel and audience, and a site coordinator. "At UK we also have a nurse champion who shares that role with the physician champion," explains Dr. Yarrison. "That's been a huge benefit for us." There is also a planning committee—a multidisciplinary group from each location—that helps to decide who will be on the panel and helps put together each session. Each session includes lunch and runs about an hour.

As a facilitator of Schwartz Center Rounds, David Maynard, MA, LPCC, NCC, assists the panel and the audience in telling their stories. "At the end of each session, I summarize the panel and the audience takeaways," he explains. Behind the scenes, he's a member of the leadership team, which also includes the physician and nurse champions. Together they determine who will be on the larger committee that helps select cases and topics for future sessions.

The advisory committee, composed of physicians, nurses and members of support services, tries to identify cases that have a wide appeal. "There is a great deal of work that goes on behind the scenes before the case presentation," says Burke. "We need to identify who should be in the audience and extend invitations to anyone who has provided care for the patient. We also work with the panel members prior to each rounds session to hear their input so that we can tie together a story that is logical and cohesive."

"We always try to get panel members from different disciplines," says Dr. Matthews. And the themes vary; it's not all about coping with negative feelings. Panels can be uplifting and inspirational, too. One example included a panel of providers who volunteer to help people dealing with health care problems through camps or other opportunities.

WHAT NURSING STUDENTS ARE SAYING
ABOUT SCHWARTZ CENTER ROUNDS

"These people's stories will help me in my future as a nurse. It will help me to understand that everybody's journey to a health care career is different and shaped by their own experiences. I believe that it will help foster a bond with the people I will be working with in the future, and help me to keep an open and cooperative mind when working as part of a health care team."

Bringing Schwartz Center Rounds to UK HealthCare

As much as Schwartz Rounds have become a valuable and necessary part of UK HealthCare, they're a fairly recent addition. "It's a very different venue that we didn't previously have for care providers—to talk about the care they provide and the emotion that brings," says Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC.

The idea to bring this program to UK began in the Program for Bioethics, which exists to help health care providers with ethical issues in health care. The Program for Bioethics helps consult on questions about decision making, informed consent, confidentiality and more, and also provides education in the College of Nursing, the College of Medicine, in the hospitals, in lecture series and through Grand Rounds.

"When people are in situations that are ethically challenging, situations where they don't feel like they're doing the right thing, or they know they are doing the right thing but it doesn't feel good—that can lead to moral distress, and that can lead to compassion fatigue, and it can lead to people leaving the profession," explains Dr. Yarrison. "It makes for a difficult environment and life for the people caring for the patients."

In 2012, a team from Kentucky Children's Hospital traveled to the Children's Hospital of Philadelphia for training and to observe a Schwartz Center Rounds session. By September of that year, the first session for Kentucky Children's Hospital was held. "We started at Children's because we thought that's where we could be more successful, and it's smaller than Chandler," says Dr. Yarrison. "Our first session was held in a classroom that seats 40. Now, two years later, we have packed the lecture hall to standing-room-only capacity," says Burke. In 2013, Schwartz Center Rounds were added at Chandler Hospital, and in October of 2014, the team brought them to Good Samaritan. "It's growing," says Dr. Matthews. "Nurses are volunteering cases and ideas for the rounds. So now we have ideas to choose from to present."

"We knew that more likely than not it would be successful in pediatrics," says Dr. Swartz. For the migration to the adult population, the hope was that team members would embrace this approach to sharing their own experiences and what the experiences meant to them. "These rounds have been really moving and have helped each member of the care teams to develop a sense of empathy and partnership with other team members who are experiencing things similarly," she says. She recalls the story of a young patient who had encounters with team members all over the facility, both inpatient and outpatient. "The sense of love and appreciation for him and how he was dealing with his disease, even at the end of life, created space for a team of caregivers who might not normally work that close together to become very close amidst a common ground of care for this patient and how it made them feel and how they're dealing with those feelings," she says.

Dr. Matthews recalls an audience member who once relayed, "I didn't know I was allowed to feel this way." "It helps to validate the caregiver's feelings, for example, when the outcome isn't as good as was hoped or expected," she says. Sometimes the rounds focus on a health care provider who was the patient or who experienced having a loved one as the patient. "It helps us to realize that anything can happen at any time. It humanizes the patient situation," says Dr. Matthews.

In addition to providing an outlet for current health care professionals, the Schwartz Center Rounds program is a powerful tool for students working to become future medical professionals. "Schwartz Rounds provide an opportunity for us as health care professionals to model for students the reality of health care," says Moreland. "For another provider to share their feelings about a patient or a situation is very powerful. It allows everyone a safe place to share."

Nursing faculty members, including Mary Margaret Harrison and Sally Kinnaird, have asked their students to read about Schwartz Rounds and write a reflection piece about their experience after attending one of the rounds. "I think that the students are surprised that a forum even exists in which people can share their fears and emotions," says Burke. "The nursing students have an opportunity to hear experienced medical professionals talk about how they cope with patient interactions that are deeply personal and still maintain professional distance. Having professional boundaries does not mean that you are not affected by your patient, their family or their story."

Nursing students who attended the Schwartz Center Rounds reported feeling that the experience would impact the way they would practice now and in the future. The same is true for those already practicing, from the physicians and nurses to the members of housekeeping services—really anyone who comes into contact with a patient. "It's truly a multidisciplinary event," says Dr. Yarrison. "So it can really help with intra-team strength and improve intra-team communication as well."

The multidisciplinary aspect helps everyone understand how fellow team members may feel about what's happening. "It helps to create a bond with teams," says Dr. Swartz. "We have these complex, interdisciplinary teams that are fantastic and essential in a place like this with complex care. But sometimes we don't take time to talk about the wear and tear and emotional

WHAT NURSING STUDENTS ARE SAYING
ABOUT SCHWARTZ CENTER ROUNDS

"I hope that I will carry this forward with me when I start working and not view nursing as just a job, but that I will go into work every day hoping to affect someone in a positive way. I have realized that we really are more than just nurses to these patients. They look to us for comfort, and we make their hospitalization bearable. I am very glad that I got the chance to attend this discussion because it opened up my mind to look at nursing in a new light."

cost of doing this type of work, so Schwartz Center Rounds have brought so much to our teams to be able to have these kinds of conversations."

"In doing so, they find out that the disciplines are more alike than different," says Dr. Matthews. "They find out there are a lot of commonalities, and it also brings up differences they may not have been aware of, which makes for a broader understanding of roles as we provide care as team members. It helps with understanding on an emotional level—not a medical or educational level but a feelings level."

"Schwartz Center Rounds give medical professionals the opportunity to offload the heavy toll of providing care to patients and families. It helps them to know they are not alone and feel supported," agrees Maynard. "It can prevent burnout and improve provider-to-provider relations."

"Our goal is to create a place and time for a different kind of conversation," says Burke. The hope is for Schwartz Center Rounds to inspire team members to share feelings beyond the panel discussions and take what they've learned back to their colleagues. "It's been a powerful, moving experience and a venue that we have not even scratched the surface of yet. It's really provided something that's been needed by our care teams," says Dr. Swartz.

"Everyone has a story—the patient as well as every member of the care team," says Burke. "Schwartz Center Rounds make it possible to see how all those stories intersect."

Schwartz Center Rounds Schedules

Dates for upcoming Schwartz Center Rounds are found on the UK Bioethics website, **ukhealthcare.uky.edu/bioethics/**. Titles and panelists are posted once known.

Kentucky Children's Hospital:
The first Friday of even months

University of Kentucky Chandler Hospital:
The third Monday of odd months

UK Good Samaritan Hospital:
The third Monday of even months

For more information about Schwartz Rounds, contact **Dr. Rebecca Yarrison** at **r.yarrison@uky.edu** or **Kim Browning** at **kim.browning@uky.edu.**

The Acute Need for More **Acute Care Nurse Practitioners**

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas

How many health care professionals will it take to handle America's rapidly growing patient population? The answer—**all of them.**

A new interdisciplinary, team-based approach to patient care is not only changing the care model at UK HealthCare® but expanding, transforming and elevating the role that is quickly becoming central to it—the acute care nurse practitioner (ACNP). A new collaboration between UK HealthCare (UKHC) and the College of Nursing is making sure the UKHC workforce is ready to meet the growing need.

It's been coming. Between the influx of newly covered patients under the Affordable Care Act and an aging patient population whose medical needs have grown far more complex, the demand for quality health care is increasing nationwide while the number of qualified practitioners capable of providing it is decreasing. For academic medical centers that count on resident physicians, mandated cuts in resident work hours can make the provider gap feel more like a chasm.

There are approximately 200 certified advanced practice registered nurses (APRN) in practice at UKHC today, and that number has doubled in the past three years alone. A growing percentage of those are ACNPs. The demand for nurse practitioners in general and those with acute care certification in particular has never been greater, says UKHC Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC. "We've been integrating acute care nurse practitioners into our inpatient care model across the system, including pediatrics, over the last few years." The result, she says, is not just improved patient outcomes and greater cost efficiencies but also a new interdisciplinary awareness and appreciation for the role itself with its unique and complementary blend of evidence-based medical and nursing care expertise. The bottom line: acute care nurse practitioners are in high demand.

"We're getting requests almost daily," says Vicky Turner, MSN, RN, ACNP-BC, CCRN, co-director of UKHC's Office for Advanced Practice and a member of the enterprise's credentialing committee. "Right now, we're working with multiple specialty lines to assist with filling the need for more acute care nurse practitioners and other APRN roles."

Most nurse practitioners working with acute and critically ill children and adults on the inpatient side at UKHC already hold acute care certification, says Ms. Turner. If they don't, they're being encouraged to become certified in accordance with the Consensus Model. Last spring, the Kentucky Board of Nursing announced "advisory opinions" applicable to the scope of practice for family nurse practitioners that would limit certain key procedures and functions for those who are currently working with patients in acute or critical care.

Scope of practice is a challenge for advanced practice nurses nationwide, says Lacey Buckler, DNP, RN, ACNP-BC, APRN, NE-BC, director of nursing for the UKHC cardiovascular service line and co-director with Turner in the Office for Advanced Practice. "We've been watching scope of practice in several different practice areas very closely and have made sure that folks who are practicing in those areas either have their acute care certification or are pursuing it." Dr. Buckler and Turner, both on the College's adjunct faculty and preceptors for two in-depth clinical experiences in acute care for advanced practice students, have been working closely with senior faculty on the academic side to help make that happen.

The College's post-master's acute care certification program had been in place for several years, explains Melanie Hardin-Pierce, DNP, RN, APRN, ACNP-BC, associate professor and coordinator of the College's DNP Acute Care Nurse Practitioner Track. That made it easier to get the first cohort of UKHC practitioners on the path quickly for the didactic educational training and precepted clinical clock hours required to sit for the acute care certification exam. "These are immensely talented and skilled providers with a great deal of acute and/or critical care nursing experience," says Dr. Hardin-Pierce.

With more practitioners coming this spring and even more expected to follow, senior faculty are now evaluating and assessing the post-master's curriculum to find ways to reduce redundancies and make it more competency-based for future UKHC cohorts. "The goal is to 'right size' the curriculum for these experienced practitioners," says Dr. Hardin-Pierce, noting that the academic and clinical requirements to sit for the

PICTURED LEFT TO RIGHT:
Vicky Turner, MSN, RN, ACNP-BC, CCRN; **Melanie Hardin-Pierce,** DNP, RN, APRN, ACNP-BC; **Carol Thompson,** PhD, DNP, RN, CCRN, ACNP-BC, FNP-BC, FCCM, FAANP, FAAN; and **Lacey Buckler,** DNP, RN, ACNP-BC, APRN, NE-BC

exam are formidable. In addition to the didactic component, students are required to complete 540 clinical hours under the supervision of a preceptor. "We want the curriculum to be relevant and valuable to them and make it more flexible where we can," she says. "The hope is to have maximum learning impact with minimal disruption as possible on their work and family lives."

Collaborations like these are very forward thinking, says College of Nursing Professor Carol Thompson, PhD, DNP, RN, CCRN, ACNP-BC, FNP-BC, FCCM, FAANP, FAAN, one of the first 100 acute care nurse practitioners in the U.S. and a well-known national leader in critical care nursing. Dr. Thompson joined the senior faculty this past fall and says the strong partnership between the College and UKHC was a powerful draw. "The College has a tradition of meeting immediate needs and forecasting what's needed to meet new ones," she says pointing to the College's role in developing the doctoral program for nursing practice. "They were a national leader with the DNP Program, which is where we see the future of advanced practice heading, and they did it in collaboration with a strong health care system. It's a dynamic partnership."

Evidence-based care is changing workflow patterns in leading hospitals across the country, says Dr. Hardin-Pierce, and evidence-based interdisciplinary collaboration is at the heart of it. Interdisciplinary care has become the gold standard in patient-focused care and is backed by evidence supporting its effectiveness in quality and safety for patients and in associated cost savings for hospitals. Acute care nurse practitioners have the knowledge and training to fill important gaps in health care. It also gives them the "big picture" view so central to patient-focused care. "There is recognition that nurse practitioners should be on the medical team, and today they are," says Dr. Hardin-Pierce. "The role has grown more secure."

As the one of the first acute care nurse practitioners licensed to practice in Kentucky, Dr. Hardin-Pierce remembers what it was like when she was in training. "Back then, there were no role models," she says. "The preceptors in my clinicals were all physicians, so I couldn't actually see what this advanced practice role looked like." Today, she says, students are seeing it firsthand under UKHC practitioners who are operating at the top of their licenses.

Critical Care: *It's a great time to be a nurse practitioner*

Turner points to her own career as an example of the many opportunities available to advanced practice nurses today. She began her career as a nurse practitioner in 2001 and was the only one in practice in the cardio/thoracic surgical unit at UK Albert B. Chandler Hospital. A few years later, she was joined by Dr. Buckler who was the service line's only inpatient nurse practitioner on the medical side. Today Dr. Buckler directs the inpatient cardiac service line that includes both bedside nursing staff and multiple nurse practitioners working with inpatients and with outpatients in ambulatory care. "It's been very rewarding to watch that growth and be a part of it."

Turner's leadership in the service line's structural heart program at the Gill Heart Institute is another example of opportunity and growth. She played a lead role in the 2012 launch of UKHC's Transcatheter Aortic Valve Replacement TAVR Program, an innovative heart valve replacement

PICTURED LEFT TO RIGHT:
Dianna Inman, DNP, RN, APRN, CPNP, PMHS; **Leslie Scott,** PhD, PNP-BC, CDE; **Vicki Stringfellow,** MSN, CPNP-AC/PC, NNP-BC; and **Gwen Moreland,** MSN, RN, NE-BC

intervention for patients with severe aortic stenosis who are at high risk for requiring open-heart surgery. She performs patient assessments and diagnostics, coordinates the interdisciplinary piece for the program and scrubs in for parts of the procedure itself. "It's been two years now since we introduced the TAVR Program," she says. "The work is intense but very rewarding, especially when you see the good outcomes for patients who had been diagnosed as inoperable or at high risk for traditional surgery."

Dr. Hardin-Pierce says Dr. Buckler and Turner have been working closely with her in recent years to enhance the interdisciplinary piece in the clinical experiences of students in the College's doctoral and post-master's programs. Under their clinical leadership, she says, today's advanced practice students are seeing exactly how the acute care role functions and the critical gap it fills on the care team. Providers and clinicians at UKHC have seen it firsthand, too, says Alison Bailey, MD, director of Ambulatory and Preventive Cardiology. "The nurse practitioner role has become indispensable to us and to our patients," she says. "They're key to the quality and safety of patient care and are helping us move the needle on patient outcomes."

Pediatric Acute Care: *ACNPs help bridge the gap*

Vicki Stringfellow, MSN, CPNP-AC/PC, NNP-BC, is one of two acute care pediatric nurse practitioners in the Pediatric Intensive Care Unit (PICU) at Kentucky Children's Hospital. "We're the troubleshooters," says Stringfellow—the link between residents and attending physicians in the busy 12-bed multidisciplinary medical/surgical pediatric unit. "This is where the sickest children in Kentucky come," says Scottie Day, MD, chief and medical director for Critical Care Medicine, Department of Pediatrics. "I can't tell you how essential it is having our nurse practitioners here." The need is clearly there. "From the time you hit the door to the time you leave the hospital here, there's a continuum of care that calls for collaboration. Our nurse practitioners offer a continuity of care that just wouldn't be possible otherwise."

On days when there aren't enough residents to cover, Stringfellow and her colleague fill the gap as the first-line medical providers reporting to the attending physicians. They perform assessments and procedures, order and administer medications, order labs and interpret reports and assume responsibility for patient care plans in collaboration with the attendings. And they're coordinating that care in partnership with a multidisciplinary team of medical providers, specialists, subspecialists and nursing staff.

The nurse practitioner role itself was born in pediatrics, Stringfellow says with a great deal of pride, referring to the need for such a role, first identified by an innovative pediatric nurse and physician team in the 1960s. "The growth of the pediatric nurse practitioner role into the acute care area is just massive," she says. "Nursing has a long history of bridging gaps in patient care. We see a need. We fill it."

Stringfellow has been bridging gaps for years. In 1986, she and four fellow nurses graduated from the first neonatal nurse practitioner program in Louisiana. Today, she holds dual certification in pediatric primary care and acute care and maintains her neonatal certification, though she no

longer works with the tiniest of patients. "But I do get to see the neonates occasionally when there's a need for them to be in the PICU."

In addition to her clinical responsibilities, Stringfellow is an adjunct faculty member at the College and heads up the didactic component of the College's post-master's Pediatric Acute Care Certificate Option under the leadership of Leslie Scott, PhD, PNP-BC, CDE, associate professor and coordinator of the DNP Pediatric Nurse Practitioner Track at the College.

An acute care pediatric nurse practitioner curriculum for the BSN-DNP Option is in development now, says Dr. Scott. She and new faculty colleague Dianna Inman, DNP, RN, APRN, CPNP, PMHS, assistant professor at the College, are experts in the field of pediatric primary care, and both have great admiration for those who work in pediatric acute care. "Many assume the family nurse practitioner is qualified to work with acute or critically ill pediatric patients, but that's not the case," she says. "It calls for a very specific set of competencies and skills."

In a bold and creative move to meet the educational need, the College and the health care system joined forces several years ago to create a high-quality post-master's certificate option for pediatric acute care nurse practitioners to help fill not only UKHC's needs, but also to go and practice around the region. Stringfellow, with her knowledge, skills and background in pediatric acute care, was the perfect choice to lead it.

"We made this educational collaboration a priority for our division," says Dr. Day, who calls Stringfellow an impressive role model. As a provider, she brings a patient- and family-focused perspective that adds a new dimension to the medical care team. "We consider our nurse practitioners our partners. We couldn't do what we do without them, especially with the cut in resident physician hours."

Dr. Day says Stringfellow has earned the respect of providers and staff throughout Kentucky Children's Hospital. But as Stringfellow is quick to add, "You're never exempt from proving you deserve that respect. You must be able to function with every child, every parent and every other professional who comes into the unit. You have to continue to learn and grow every day, and you have to be willing to share your knowledge and skill set as well as learn from others." It's simple, she says. "Bottom line, the most important thing is that child."

The unit's multidisciplinary rounding process, inaugurated several years ago, is a good example of the team approach that benefits Stringfellow's young patients. Before the change, with traditional rounding, the resident or nurse practitioner—whoever was the front-line provider—would gather patient data and information from nurses and other members of the care team, review it, come up with a care plan and present it all in rounds. "By the time you're actually making rounds and finalizing care plans with the whole team, things may have changed since you first got the information and data on a patient." With multidisciplinary rounds, the bedside nurse, respiratory therapist and other bedside providers collect and present patient information related to their role on the team during formal rounds. Bedside providers have the most current data and information, says Stringfellow, so that everyone has a true picture of where a young patient stands right then, right there, for incorporation into the child's care plan. "Next to a parent there's no one, absolutely no one, who knows that child better than the nurse at the bedside," says Stringfellow. "I was a bedside nurse early in my career, but that was a very long time ago," she says. "I don't have their skill set or their knowledge of the individual patients. I count on their input—we all do." Nurse-led rounds are patient-focused and collaborative, she says, and the result is better patient outcomes.

"We invite the child's parents or caregivers to round with us, too. We want them there. We welcome their input."

Dr. Day is a major advocate of the acute care nurse practitioner role and its place on the care team. "The reality is when you have nurse practitioners like ours, it's easy to be a collaborator," he says. "The whole focus isn't just on the medicine but on the patient. It's a partnership."

Stringfellow agrees wholeheartedly. "Some mornings we come in and we can tell it's going to be a crazy, busy day," she says. "I call it a 'lock arms day.'" And that's exactly how they approach it.

Adult Gerontology-ACNP: An aging population and an advanced practice role mature together.

In 2008, the APRN Consensus Model: Licensure, Accreditation, Certification and Education identified four advanced practice nursing roles and aligned educational tracks for each by population. Entry-level nurse practitioners were expected to meet both the core competencies for all nurse practitioners as well as population-focused competencies in their specific area of educational preparation.

The academic and clinical framework for preparing advanced practice registered nurses in the population foci and aligning those requirements with licensure and accreditation was developed through consensus with nursing leaders representing national nursing organizations and accrediting boards. Many state boards of nursing have adopted the APRN Consensus Model though not all have fully implemented it. The Kentucky Board of Nursing was an early adopter and is approaching full implementation.

In 2012, the National Organization of Nurse Practitioner Faculties (NONPF), in collaboration with the Hartford Institute for Geriatric Nursing at New York University, released the new consensus for nurse practitioner competencies in adult-gerontology acute care and clarified the definition of the population foci to recognize its expanding gerontological needs. The newly renamed AG-ACNP credential reflects that clarity and is consistent with the APRN Consensus Model.

College of Nursing Professor Sheila Melander, PhD, RN, ACNP-BC, FCCM, FAANP, was on the select panel of nursing leaders who contributed to the first national consensus document in 2006 and the revised 2012 consensus on AG-ANCP competencies. Dr. Melander, who joined the College's senior faculty this past fall, is currently serving the first of a two-year term as president of NONPF.

The Kentucky native was in practice in California and on the faculty of the University of Tennessee Health Science Center College of Nursing when Professor Patricia B. Howard, PhD, RN, NEA-BC, FAAN, the College's interim dean at the time, approached her at a national NONPF conference. Dr. Melander laughs as she recalls it. "Dr. Howard said, 'You're a Kentucky girl, aren't you? What are you doing at UT? Why don't you come home and work with us?'" Dr. Melander's decision made national news in the world of critical care nursing, and she's thrilled to be home and part of a nursing faculty with a long history of leading change, particularly with the AG-ACNP. "The College offers an Adult-Gerontology/Acute Care Nurse Practitioner Track in the BSN-DNP Option," she says. "They've been very creative about that and are helping Kentucky meet a critical need. It's a great honor to be here."

Mental Health Care Model Evolution: **More Holistic and Interdisciplinary**

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
M. Claire Sale
Lee Thomas
Richie Wireman

"Unfortunates," as mentally ill individuals were called back then, commonly wandered into the woods outside of Lexington—run out of town by city leaders who didn't want to be responsible for them. And that is where they died. Their bodies were retrieved to use in anatomy classes at the Transylvania Medical College.

To remedy this, Kentucky's state government devised a plan whereby the "unfortunates" would be boarded out to private homes, with the state paying for the person's expenses. The mentally ill no longer had to wander to the woods to die.

In 1820 this was considered progress in the care of the mentally ill.

UK APRNs working to keep patients in the system after discharge.

The manifestations of mental disorders can vary, but the personal devastation it wreaks on those it attacks is strikingly similar: social isolation, a drop in functioning at school or work, cognitive problems, peculiar behavior, poor attention to hygiene and the list goes on.

Many eventually arrive at Eastern State Hospital in Lexington, Kentucky, where advanced practice registered nurses (APRNs) have been reintroduced into the care model since UK HealthCare® took over the management contract in 2013. And with even easier access to evidence-based nursing research, the UK College of Nursing and Eastern State are poised to make significant, innovative strides that will help these individuals work their way back into society—not onto the streets or into incarceration.

As a nation, we have a poor track record when it comes to treating mental health problems. Historically these problems have received very little funding—for facilities, for research and for treatment by trained mental health professionals. Kentucky made a major investment in state mental health care with the opening of the new Eastern State facility in September 2013. The state simultaneously made a decision to change over the management contract of the hospital to UKHC.

"At its core, nursing is caring, and APRNs fill a unique role. APRNs bring key elements, such as diagnosing, prescribing orders and assessing to the table, as well as the perspective of treating the whole individual."

—Marc Woods, BSN, RN, Eastern State Hospital

Allen Brenzel, MD, medical director for the Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities, and associate professor of psychiatry, UK College of Medicine, was involved in the planning and opening of the new facility. "In partnership with UK HealthCare, Eastern State Hospital is poised to not only deliver the highest quality clinical care, but to serve as a center for training the next generation of behavioral health care providers for Kentucky and the nation," he says.

"The new $129 million facility is a substantial investment for the Commonwealth, and it was a good opportunity to explore potential synergies they could create with UK HealthCare to integrate services and provide optimal care to patients," says John Phillips, chief administrative officer for Eastern State and its associated Central Kentucky Recovery Center and UK associate vice president for behavioral services.

Andrew Cooley, MD, chief medical officer at Eastern State, and Phillips determined that, from a medical standpoint, it made sense to introduce APRNs —who had been absent for at least a decade under the previous management—back into the care model of the hospital.

"Dr. Cooley and I felt strongly that APRNs can and should play a vital role in the new care delivery model we are establishing at Eastern State," says Phillips. "It is a wonderful example of how we have examined Eastern State's traditional delivery model and have begun to incorporate new approaches to deliver high-quality care as efficiently as possible. We believe that APRNs provide a key component to this new model."

Mirroring trends in other health care areas, psychiatric care uses an interprofessional team approach at Eastern State very similar to the evolving interprofessional model at UK's acute care hospitals. So many disciplines touch the life of a mental health patient: social work, pharmacy, psychiatry, dietetics as well as medical specialists, such as those who deal with cardiac and diabetic care. APRNs bring nursing's characteristically holistic approach to the mix as they treat not only the mental health, but also the physical health concerns of their patients.

"At its core, nursing is caring, and APRNs fill a unique role," says Marc Woods, BSN, RN, the hospital's senior nurse administrator. "APRNs bring key elements, such as diagnosing, prescribing orders and assessing to the table, as well as the perspective of treating the whole individual."

Given the career trajectory typical of most nurses, they often have been working for years as bachelor's prepared nurses before returning to school for a graduate degree and the APRN license, and have developed a passion for working with mental health populations. One such individual is Yasmin Majumder, MSN, APRN, family nurse practitioner at Eastern State . A native of Bangladesh, Majumder worked for years as a certified nursing assistant at UKHC before earning her baccalaureate degree in nursing and then taking a position at Eastern State.

While the work was very fulfilling, over time Majumder began to become frustrated by what she couldn't do for her patients. Ultimately, she returned to school to become an APRN even though Eastern State didn't employ them at the time.

"I was constantly concerned about my patients' medical issues and what I was unable to do for them," recalls Majumder. "Each patient is unique, and their care should be approached individually. If I am recognizing problems, I should be able to solve those problems. I really needed to go back to school."

Fortunately, when she completed her APRN in 2014, there was a position available for her at Eastern State with the people and patients she had been working with for the previous 10 years.

"It was the biggest gift to me," says Majumder of the reintroduction of APRNs back into the care model there. "It made it worth it to go back to school. I can see my patients more holistically now. I can be part of decision-making. I can see my patients' problems from different perspectives, which I couldn't in the past. I craved to know more about this population. Even though these are psychiatric patients, I always felt it would be more powerful if I could add medical attention. This is why when UK took over it was a blessing."

"With the hiring of APRNs at Eastern State Hospital, we've fused the foundation of good nursing care with advanced practice, evidence-based protocols to improve the overall care of patients."

—Mark Birdwhistell, vice president, Administration & External Affairs, UK HealthCare

"Having APRNs as part of our care team brings a renewed energy to the dynamics of the team, and I think this will also inspire more nurses to consider pursuing the career," says Woods. "Not only does it provide a new perspective to patient care, but it also allows them to remain in a field that they enjoy and continue to build their knowledge base to be able to help us provide excellent patient care."

"I have really great rapport with the other nurses because I have worked with them for the past 10 years," says Majumder of her transition from RN to APRN. "Now I am establishing very professional, friendly relationships where they will not hesitate to ask about any concern they have with their patients. I make myself very available because I have been there. I'm always going to be a nurse. That is my primary role. And I'm a provider now, so they are very comfortable texting me or calling me any time. This is my advantage."

"With the hiring of APRNs at Eastern State Hospital, we've fused the foundation of good nursing care with advanced practice, evidence-based protocols to improve the overall care of patients," says Mark Birdwhistell, UK vice president for administration and external affairs.

Architects Of Care

In specialties like psychiatry, the provider's ability to use patient history, physical examination and medical decision-making are at the core of providing good holistic care. At Eastern State, APRNs play a vital role in translating diagnostics to evidence-based care.

After UKHC took over management, a nurse leader at Eastern State proposed introducing the Dynamic Appraisal of Situational Aggression (DASA) system—which helps predict whether a patient is likely to be aggressive—as a tool in a seclusion and restraint reduction initiative. Jennifer Parr, MSN, APRN, clinical nurse educator at the hospital, says that DASA is a research-based numeric tool that has already achieved significant results in lowering the use of restraints at the hospital.

"Anything that can help us predict the likelihood of someone acting out is one step toward decreasing use of restraints because we can catch a patient before the escalating point and before they lose rationalization," explains Parr. "We do have a unique population here. But we still don't want to use that as an excuse. We are really looking at alternatives. Everybody is acutely aware of the need to decrease the use of restraints. It's a hospitalwide effort."

One of the great challenges in mental health is not only how best to treat individuals in the inpatient setting but how best to ensure they are successful after they leave the hospital. The challenges are overwhelming.

"This is a chronically mentally ill population," explains Jinny Woodcock, MSN, APRN, a psychiatric clinical nurse specialist at the hospital. "They have a lot of deficits. They aren't going to go back to being a teacher or some other type of professional. They have had an illness that has affected their brains and their standing in the community. Their challenges are more basic. How are they going to be able to cook dinner, manage their bills and find a place to live? It's very basic fundamental skills of daily living that we have to work on every day here."

"We all believe patients should receive evidence-based practices, but there are so many mental health laws written to avoid bad outcomes, they don't embrace good outcomes," continues Dr. Cooley. "In the past, state hospitals were places that people went to recover. Now at some state hospitals they are a place where people go until they no longer meet the criteria for involuntary commitment. That's a challenge."

The most critical periods for mental health patients often come after discharge. Often the patients' families are the ones that wanted them in the hospital in the first place, so in many cases the patients do not want to go back under their care. Some are discharged to go live in group homes or other destinations.

"How do I make sure they know how to take their medicine so they can survive, so they don't get in trouble with the police again, so they don't end up back here with me?" questions Woodcock. "It's not enough to check a box and say they have a follow-up appointment."

Preventing readmission is something that Jan Findlay, PhD, APRN, assistant professor with the UK College of Nursing, has plans to tackle head-on.

Her vision is to develop an integrative care model where internal medicine and family medicine nurse practitioners and physicians work together to simultaneously monitor the psychiatric and physical problems of patients while they are inpatients. Together they would then help the patient navigate from the hospital to residential care and from there to outpatient treatment. Often patients leave the hospital and don't follow through with their psychiatric medication or with their medical follow-up.

"We want to close that follow-up gap and prevent it from happening as much as possible," explains Dr. Findlay. "The vision is to open a small pilot clinic connected to UK to see if it reduces emergency department utilization because this particular patient population uses emergency departments for primary care at the highest rate of any patient population and with a high medical and psychiatric rehospitalization recidivism rate in addition to that."

This pilot clinic could solve another sticky problem as well. Often when patients leave the hospital, they have been given a long-acting psychotic injection in the hospital. If they don't follow up they will get sick again, and many of the clinics that serve underprivileged populations often do not staff a nurse who can give them that follow-up injection.

"If patients can't get the shot in other places, we could do it in the pilot clinic," says Dr. Findlay. "Some prefer to take a shot so they don't have to take a pill every day. Others are noncompliant with their oral medicine but they are willing to take the injection."

The presence of the pilot clinic could open up other avenues of treatment that are not regularly used in the U.S. due to the problem of patient follow-up, Dr. Findlay went on to explain. In patients with treatment-resistant schizophrenia, Clozaril is an extremely effective medication used more frequently in European countries and Australia. Physicians and APRNs in the U.S. rarely use it because they have to monitor patients' white blood cell counts weekly for several months as well as assess other medical parameters to ensure correct dosage and safety.

"If APRNs are able to be embedded in this clinic working alongside internal medicine, we could safely administer Clozaril to patients with schizophrenia," explains Dr. Findlay. "If they have white blood cell count, metabolic or cardiac problems associated with the medicine, those can be immediately evaluated there. These are just some real practical things we could do as APRNs to improve the care of these patients and not let them slip through the cracks. We want to be on the cutting edge of what is trending and what is shown to be effective in other places."

Dr. Findlay's proposals are in their infant stages but already have garnered a tremendous amount of support.

"We have the plans," says Dr. Findlay. "It's just a matter of timing. Essentially all branches of medicine and nursing in the past haven't been able to say what the best practice is for certain things. This is one of those areas, if we track it and monitor it, we can say 'Yes, this is the best practice. This is the best way to help patients and their families navigate through the mental health system.'"

"One of the things that is going to help drive some of Dr. Findlay's concepts is our current mental health ecosystem is broken and something needs to be done," says Dr. Cooley. "We don't have safety nets for individuals who fail outpatient and don't really don't need inpatient."

"This is a long-term process," says Dr. Findlay. "It can take a few years to turn a big institution around and get best practices started. However, what is encouraging to me is working with people like Dr. Cooley and seeing his passion for his patients. He's not there just to write prescriptions; he really cares about his patients. That's what it takes when you are trying to get the best team together. You need people who are really dedicated to what they do."

Every psychiatric patient is unique with one-of-a-kind needs and each treatment plan must be responsive to those needs. That can make it tricky to design research programs and apply evidenced-based practice.

"But there is an excitement about that challenge," responds Woods. "We're excited about the future and the opportunity to continue to bring cutting-edge information, evidence-based practice from the academic side to the delivery of patient care here at the hospital. The UK connection gives us the opportunity to draw on expertise from a variety of disciplines."

"I feel like our affiliation with UK has upped our professional ante," says Parr, clinical nurse educator at the hospital.

"As I've advanced my program of research in mental health over the years, I've developed a keen awareness of the challenges providers face because of the demands of the patient population," says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive associate dean for academic operations and partnerships, and Marion E. McKenna Professor of Nursing in the College of Nursing. "What I see in this establishment with UK is a wealth of resources that have not been matched at Eastern State Hospital in a long time. It's one of the greatest things that have happened in mental health care in all of my years of work in the state. And I am not exaggerating."

And in 2014, UKHC, by adding APRNs to the care model, is providing substantial progress in the overall care of the mentally ill. ■

EVOLVING CARE

THE RETURN OF THE CLINICAL NURSE SPECIALIST

WRITTEN BY
Christina Noll

PHOTOGRAPHS BY
Lee Thomas

Contemporary patient care models use an interdisciplinary team approach that involves more than direct patient care. Various disciplines must keep up with the latest advances in highly complex clinical care, the rising demand for health care and a rapidly changing financial landscape. Clinical nurse specialists (CNSs) provide a unique role to teams, as they tend to work with systems and specific patient populations to improve the quality and safety of patient care at their institution. The CNS role can uniquely contribute to the value proposition for complex care models through managing populations of patients and working toward high quality/high service/low cost structures for health care delivery.

"UK uses the clinical nurse specialist *role as a change agent.* This is done from many different angles, including *nursing education, product usage, patient education and project development.*"

—Janine Lindgreen, MSN, APRN, CCNS, CCRN, CNS

A CNS is an advanced practice registered nurse (APRN) who has a master's or doctorate in nursing and has developed a specific skill set and expertise in a particular area of clinical practice, whether population- or setting-specific. Although CNSs perform similar competencies as other APRNs, such as nurse practitioners, their impact is predominantly system-focused in a specialized population. For example, a clinical nurse specialist might focus on diabetes, pediatrics, oncology, orthopaedics or cardiology. "Because clinical nurse specialists are service-line focused, which is how our whole care model is arrayed, it allows them to become a key component of continuity within the service line model," says Chief Nurse Executive for UK HealthCare® (UKHC) Colleen Swartz, DNP, MBA, RN, NEA-BC.

"Currently there is a nationwide movement to re-emphasize the role of the clinical nurse specialist," says Martha Biddle, PhD, APRN, CCNS, FAHA. "They do so much multitasking, and we've spent the last decade teaching them how to validate their outcomes and productivity. They know how to track what they do on a daily basis and that brings value to the institution."

In some health care institutions, CNSs practice independently, diagnosing, treating and managing patients, even within an inpatient setting. At UKHC, they practice as employees of the hospitals. "The clinical nurse specialist role is not only as a clinical expert but also as an educator for nursing staff, a consultant and a researcher," says Dee Deakins Sawyer, MS, RN, BC-ADM, CDE, MLDE, diabetes CNS. "We use evidence-based research and clinical practice guidelines to drive quality and cost-effective patient outcomes."

"Our clinical nurse specialists improve quality of care, especially at a systems level," says Alicia Carpenter, MSN, RN. Almost every service line at UKHC now has a CNS, who monitors quality outcomes reports, rounds on patients, and continually looks at evidence-based practice for improving patient outcomes. "Knowing your staff and patient populations is key—working as an oncology staff nurse for 14 years on MCC2 (Markey Cancer Center) was a huge help to me—I can still see the needs of the bedside nurse, and I have a relationship with them," says Jill Dobias, MSN, RN, OCN, CNS for oncology. "It's very rewarding to identify a need, research best practice, change policy, educate staff and actually see the end result."

"UK uses the clinical nurse specialist role as a change agent," says Janine Lindgreen, MSN, APRN, CCNS, CCRN, CNS for Trauma and Surgical Services. "This is done from many different angles, including nursing education, product usage, patient education and project development."

The post-master's certificate for clinical nurse specialists is helping to fill the need for that role within UKHC. "We recognized that some of the clinical nurse specialists at UK had not taken their national certification exam to allow them to practice independently," says Dr. Biddle. The post-master's education for clinical nurse specialists is an accelerated, online certificate program providing the scope of knowledge needed to meet eligibility requirements for board certification.

CNSs are meeting the criteria of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. This includes graduate-level education in advanced pathophysiology, pharmacology, advanced health assessment and additional content for their specialty. They must also complete 500 hours of supervised clinical practice as a CNS. "When they graduate they will have a post-master's certificate that allows them to be able to sit for the national certification exam and therefore be eligible to practice as an APRN," explains Dr. Biddle.

The idea is to further empower CNSs and what they contribute that enhance the care model at UKHC. "We went slowly at first and really evaluated what this role brings, because we can't insert more roles into our care models unless they bring value," explains Swartz. "We were able to demonstrate better clinical outcomes and increases in efficiency. So it really added to that whole value proposition, which is high quality care in a low-cost structure."

"It's the *best of both worlds.* We are able to be involved with direct patient care but are also able to work at the systems level to *improve patient outcomes.*"

—Courtney Howard, MSN, APRN, RNC-OB, ACNS-BC

Achieving the status of a CNS enables the nurse to provide another level of care, as they are able to diagnose, treat and manage patients. "They are able to treat the whole person because they can access all sides of what can affect a patient's health," says Dr. Biddle. Clinical nurse specialists are highly effective in providing behavioral care, prenatal care, preventive and wellness care and care to patients with chronic conditions. In addition, they provide significant indirect care, serving as project coordinators, case managers and educators for both nurses and patients.

A CNS is trained to have three spheres of influence: patients and their families, nurse management and administration through the organizational system. "So much of the care now is protocolized or is about standard work. This is great because it helps us to be a high reliability organization, but sometimes we get so much better compliance if the staff knows why they're doing what they're doing and what the evidence really looks like and why it's important for patients," says Swartz. "Clinical nurse specialists have a key role to help staff have a better understanding of why we do what we do, and it helps them to make decisions about variations from the standard work."

Pam Branson, MSN, RN, CNS, of the neurology service line offers an example of how the three spheres of influence drive her work. "If you take those spheres and put them into a care model—an example at the patient care level might be an infection that the patient gets from having a catheter," she says. "So then you look at how the nursing practice influences decreasing these incidences of infection in the catheter. We look at the evidence behind the practice of providing care, in this instance 'foley [catheter] care,' and then we can make changes to that practice that can be implemented system-wide. We use the spheres of influence to impact not only patients, but the entire global enterprise."

"It has expanded my view of nursing and the role nurses play in every aspect of patient care," says Sarah Gabbard, MSN, RN, CNS for the Trauma Surgical Service. "It helps in recognizing the importance of conveying and educating nurses when practice changes occur or when areas of opportunity are presented."

Courtney Howard, MSN, APRN, RNC-OB, ACNS-BC, agrees. "Becoming a clinical nurse specialist greatly influenced my individual practice and overall perspective on care," she says. "As a bedside nurse, the focus tends to be on tasks and what can be done for your particular patients on a given day, but as a clinical nurse specialist, the focus expands to what can be done for an entire patient population to ensure every patient is getting the highest quality care possible."

As a provider, the clinical nurse specialist is very multitask-oriented. "They can provide education and patient care, work with staff, work on outcomes, work on regulatory issues and more," says Dr. Biddle. "This is huge because you have someone who is not just focused on one part of the care model but can be a key component in a variety of roles."

"It's the best of both worlds," says Howard. "We are able to be involved with direct patient care but are also able to work at the systems level to improve patient outcomes." The clinical nurse specialist is educated and prepared to be an integral part of the team in the leadership role for care coordination. "They have a very keen eye for how staff manages populations of patients and they have become one of the key translators and integrators of evidence-based practice for us, helping staff to integrate best practices into what they do day in and day out," says Dr. Swartz. Perhaps more importantly, those nurses who are clinical nurse specialists see an impact in the way they provide direct patient care. "I have gained a much better perspective on the big-picture of the health care system and my patient population as a whole," says Lindgreen. "I am much more aware of the complexities and subtleties of patient care and the patient experience." When a CNS is practicing, he or she

sees firsthand what the problems are, can then look at the evidence, see what the best practice is and then implement those changes through change of policy and staff education. "After that, the big piece is monitoring for compliance, but the end result is improved patient outcomes," says Dobias.

These outcomes can then be shared with other team members and other hospitals. "A wonderful part of the job is that we get to reach out to other areas that don't have access to advanced practice nurses and we can improve patient care outside of our own hospital," says Linda Clements, MSN, APRN, CCNS, (now PhD, December 2014) and clinical nurse specialist for the cardiothoracic service line. "We go and teach other nurses, and then they can take that knowledge and improve their own patients' care," Dobias agrees. "It's exciting because I'm not just impacting the patients on my shift, I'm impacting patients beyond our enterprise," she says.

"My individual practice has been changed significantly since becoming a clinical nurse specialist," says Gabbard. "I am very focused on looking at what the evidence supports in nursing practice and how we are practicing at UK."

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas

The road to first-rate nurses: WHERE BOTH SIDES MEET

On one side of the street: a university health care system with national rankings for superb performance in quality, safety, efficiency and service that place it among UHC's top university medical systems in the nation. *Across the street:* a flagship nursing program, also with national rankings, with BSN graduates who consistently exceed the national first-time pass rate on the famously rigorous National Council Licensing Examination (NCLEX-RN) for new nurses, including December 2013's graduating class of 88 students who finished with a *100 percent pass rate on their first attempt.*

Celebration for the one hundred percent pass rate of the 88 students of the December 2013 BSN class.

The level of excellence mirrored on both sides is no coincidence, say nursing leaders from UK HealthCare® (UKHC) and the academic nursing program that prepares the majority of its new BSN nurses each year. Over the past decade, a remarkably productive feedback loop has developed between the two—and it's making a measurable difference in the health and well-being of Kentuckians and beyond.

"We have the patients and they have the students," says UKHC's Kathy Isaacs, PhD, RN, director of nursing professional development. What they share, she says, is a desire to lead change and a willingness to explore new ways to do it. "Many of us have roles in both places, and we know who to see and where to go," she says. "We help them with their clinical placements, and they help us by reinforcing in the curriculum some of the current practice issues we're seeing and helping prepare nurses for an advanced, medically complex environment like ours."

That kind of collaborative give and take has paid off in a number of ways, says Patty Hughes, DNP, RN, NE-BC, director, oncology and interim assistant chief nurse executive, Ambulatory Services. "Over time, the partnership has developed into something pretty amazing, actually."

Dr. Hughes is responsible for everything related to nursing in her departments, including 350 staff nurses who work with patients from across the region seeking high-level treatment and care from Kentucky's leading medical center. She also sees students from nursing programs across the region who come to her units for in-depth clinical experiences. Is there a noticeable difference among students from different programs? A decade ago, she might have said no. Today, she says, it's a definite yes. "The caliber of student coming from the College of Nursing far exceeds the average," she says. "Over the last 10 years, there's been a concerted effort from the College, in my opinion, to improve and improve and improve. It's paid off."

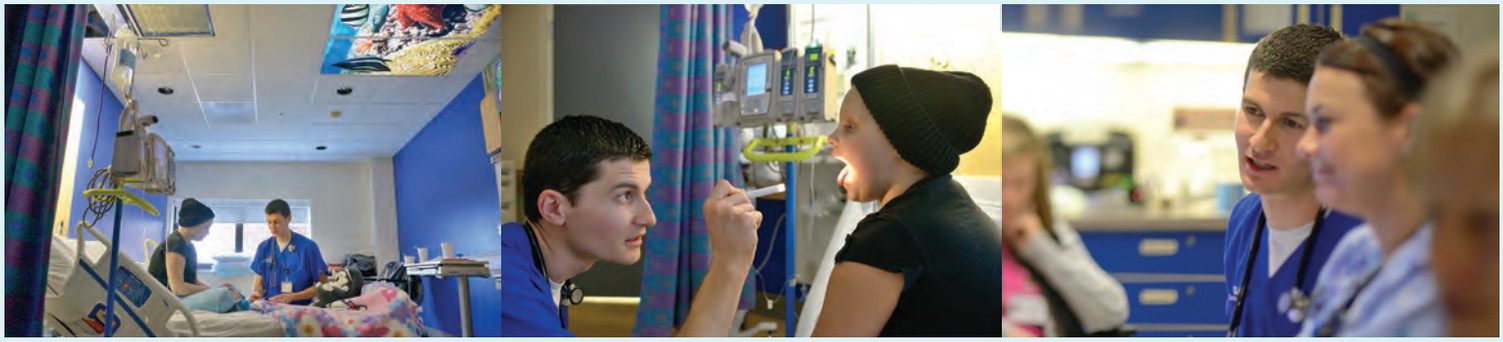
Patricia Burkhart, PhD, RN, is associate dean for undergraduate studies at the College and oversees the undergraduate nursing curriculum. "Our goal is to graduate high-quality nurses who are safe, responsible, accountable and practice-ready," she says. "UK HealthCare's vision is 'leading the way for every patient, every time' and that's the vision we have for our students, too."

Every patient, every time is a very high standard, admits Dr. Burkhart, but as students learn early on, there is no room for error.

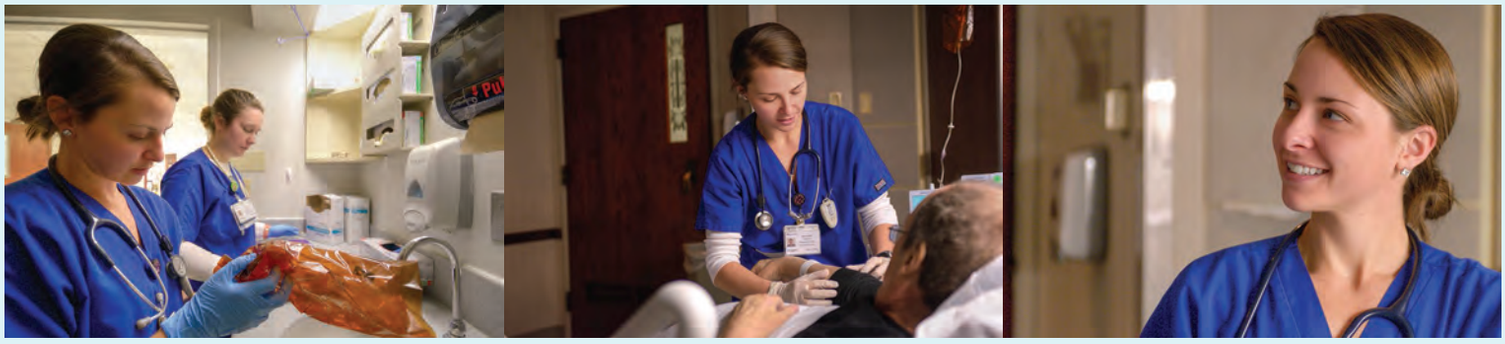
UK Good Samaritan Hospital ICU

UK Chandler Hospital Emergency Department

Kentucky Children's Hospital



Markey Cancer Center



Kentucky Children's Hospital PICU

Patricia Burkhart, PhD, RN, mentoring some of her undergraduate nursing students.

"Med math" is what students call the critical mathematical formulas nurses need to know to accurately calculate prescribed medication dosages for patients. Several years ago, the College added a new component to the curriculum to reinforce today's critical focus on medication management safety.

At the beginning of every semester with a clinical course, students are required to take a medication calculation exam based on the level of "med math" knowledge they've gained in previous clinical courses. Each exam has 10 questions and students get three chances to pass it, says Dr. Burkhart. The only passing score? One hundred percent. Students who miss the mark the first time or even the second have plenty of support and tutors to help, including First Aid Friday study hall in the College where faculty, registered nurse teaching assistants and undergraduate skills lab interns assist students. But there is no wiggle room on the score. "Sometimes students will say, 'but I just missed one—I got 90 percent'," says Dr. Burkhart, who then patiently explains to them, "You're thinking of this as 10 math questions. Think of it as 10 patients. Think what missing 'just one' means for that person."

The focus on enhanced medication safety is something faculty takes very seriously, says Dr. Burkhart. "Again, it's that vision—every patient, every time, whether it's medication management or the effectiveness of a student's clinical skills or a particular skill proficiency—it's leading the way for every patient, every time."

Historically, the contribution of nursing to the inpatient care model has been difficult to quantify. How do you know what to measure when the discipline itself, with its holistic, patient-centered approach and collaborative practice tradition, is so deeply integrated and interwoven into the overall care experience?

In 2004, the National Quality Forum (NQF) identified 15 performance measures for nursing-sensitive care based on a large and growing body of evidence on their relationship to patient outcomes. Pressure ulcers, patient falls, catheter- and central line-associated infections and other issues related to safety and quality were identified as Nursing-Sensitive Indicators (NSI), measurable factors that nurses "own" because they're in direct control of them. Tukea Talbert, DNP, RN, interim director of the Office of Enterprise Quality and Safety, says the enterprise has a robust data collection system in place for measuring and evaluating Nursing-Sensitive Indicators, which are reported and included in national databases that rate the nation's hospitals for quality and safety. "There are nurse-driven protocols to prevent falls, to prevent infections, to prevent those things that impact quality and safety," says Dr. Talbert. "Avoiding preventable harm and conditions improve patient outcomes and that's always the goal. Nurses play a major role in helping us achieve that goal."

A new nurse graduate shouldn't be hearing how critical Nursing-Sensitive Indicators are when they're starting out in practice. "We need them to be building those skills while they're learning so that once they're hired in they're a step ahead."

A new nurse graduate shouldn't be hearing how critical Nursing-Sensitive Indicators (NSI) are when they're starting out in practice, says Dr. Isaacs. "We need them to be building those skills while they're learning so that once they're hired in they're a step ahead." Over the past few years, the undergraduate curriculum has been reinforced with more evidence-based, NSI-related content in the classroom and more hands-on training in the best practices that impact NSI-related outcomes in their clinicals. "We involve students in every activity at the bedside," says Lisa Thornsberry, MSN, RN, nursing director, UK Good Samaritan Hospital. "Our nurses explain why they're doing what they're doing and what the impact is on patient outcomes."

Inpatient injury due to falls is a problem in hospitals across the nation. So are pressure ulcers and hospital-acquired infections. Their negative health impact is not only potentially devastating to the patient but also a costly, non-reimbursable expense for hospitals. In the classroom, students are learning the science behind evidence-based practices that prevent patient falls and then practicing them in the College's 10,000-square-foot simulation center. They're studying the literature on preventing pressure ulcers and practicing the principles behind infection control with high-fidelity mannequins and other valuable teaching tools. By the time they're on the floor for their clinical experiences, they're ready to use the knowledge and clinical skills they've gained in a real-world practice setting under the eye of an experienced nurse preceptor. It takes a partnership to create a new BSN nurse who is practice-ready, says Brandy Mathews, MSN, MHA, RN, NE-BC, UK interim assistant chief nurse executive for Good Samaritan Hospital. "The foundation is laid during education, but it's in the clinical experience that we see how well a student has integrated what they've learned," she says. "That's when the light bulb comes on."

College of Nursing Senior Lecturer Jennifer Cowley, MSN, RN, has been "in the light bulb business" for years. She's an award-winning educator, preceptor and coordinator for the challenging adult medical-surgical course for third-year nursing students. "In a clinical course like this one, students are out there on the floor living and breathing those Nursing-Sensitive Indicators," she says. There's a great dynamic at work, says Dr. Burkhart, between eager, well-schooled students who are passionate about evidence-based theory and practice and their experienced nurse preceptors, many of whom are not only part-time instructors on the faculty but senior nurses on the unit. "Sometimes a student will say, 'I found this great article' and the clinical instructor will say, 'Oh, yes! Can you share that?' or a nurse on the floor will say, 'yes, but have you thought about it this way because here's evidence to support this particular practice.' It really is a nice give and take."

In 2013, UK launched the interprofessional core curriculum for all health care colleges. Students from nursing, medicine, pharmacy, dentistry, physical therapy, social work and public health meet together four times a semester to learn and practice building the evidence-based core competencies for working effectively to provide collaborative, patient-focused care. Small groups of students from different disciplines are given scenarios that challenge them to work as a team to find solutions that improve care delivery and patient outcomes. Students gain a new understanding of roles and responsibilities as well as the ethics and values that drive quality and safety to improve patient outcomes. The interdisciplinary curriculum uses a common language appropriate to all and encourages students to think outside the confines of their own discipline and draw on the collective strengths of the team. In a recent scenario, student team members from public health, nursing and physical therapy were discussing what they might do, and how easy or hard it would be to address a physician who they thought was prescribing the wrong medication. The medical students were quick to say that they would hope someone would say something to the prescribing physician. As one of them noted, "We're all safety nets for each other."

Learning a clinical skill is a very tedious, very exacting process, says Ms. Cowley. "Students must learn the skill exactly as it appears on paper and are required to follow it to a 'T.'" What happens when a student observes a staff nurse performing the same skill but in a slightly different way? "It can throw them to see things rearranged," admits Ms. Cowley. "But it can also be a good learning experience." Good nurses know the skill. Great nurses understand the evidence and theory behind it. "I'll ask a student who sees a practice being performed in a different order to apply their critical thinking skills—are the outcomes the same? Are the principles being maintained? Sometimes step three can come before step two." To be a leader in a complex health care environment like UKHC it takes critical thinking skills like these and a passion for inquiry. "You have to have that mindset coming in," says Dr. Isaacs. "The College does a great job of introducing this way of thinking to students. Its graduates have that understanding long before they even step foot in this environment as a new nurse."

BSN students at the College are not only learning the science behind evidence-based nursing practice but are being inspired to become change leaders who contribute to it. The BSN curriculum now includes an enhanced research component in the research course that students take as second-semester juniors, says Dr. Burkhart. They choose an area of clinical interest and review the literature to find evidence that supports high-quality, patient-focused care. Topics can cover a wide range, she says, from infection control with indwelling catheters to the efficacy of skin-to-skin "kangaroo care" for mothers and new babies. "We want our graduates to be leaders," says Dr. Burkhart. "We want them to lead the way in evidence-based nursing practice so that bedside nursing is driven by the science that supports the best care."

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN, is the enterprise director of emergency services at UKHC. She's on the College's adjunct faculty and teaches a popular elective on trauma care. She also leads a research program focused on family presence during resuscitation and has mentored several BSN students in the College's nationally recognized Undergraduate Research Interns Program. A few years ago, one of those interns assisted Dr. Howard with the literature review and survey development on a study she was leading. This student also requested to do her senior year practicum, Synthesis, in the Emergency Department. "I not only worked with her before she graduated but so did our staff," says Dr. Howard. "It gave us a chance to get to know her, to see her skills and knowledge and to see how she acclimated into this environment." Dr. Howard is happy to report that her former intern is doing well as a nurse on her staff. "It's been fun for us to see her grow and mature in her nursing career." Last year, 74 percent of new nurse hires were graduates of the College. Typically, UK graduates don't require as much hand-holding when they come on board as new nurses. They already know the system, say nurse leaders at UKHC.

Every summer, a select group of top nursing students, all rising seniors from programs across the country, participate in UKHC's prestigious student nurse academic practicum (SNAP). This paid 300-hour clinical immersion experience is another great example of the collaboration between UKHC and the College, says Darlene Welsh, PhD, RN, associate professor at the College who co-coordinates the SNAP course with Cowley. SNAP students are selected and hired through nurse recruitment at UKHC, which gives the units as well as the students an early chance to see if there's a fit. "Last summer we had 30 SNAP students, and the vast majority of them were from the College of Nursing," says Dr. Welsh, who also coordinates Synthesis, the required senior practicum for all UK BSN graduating seniors. It, too, involves a clinical immersion experience—225 hours working side-by-side with a preceptor and interacting with staff on a UKHC unit.

"Students know that once they're in a unit for SNAP or Synthesis, there's a very good chance they could be hired."

They're right to keep that in mind, says Dr. Hughes. "I tell students all the time—when you come in here for clinicals, you are on stage. Everything you do, everything you say, your interactions with the nursing staff, the patients and the physicians, somebody's watching. It's a dress rehearsal for working here."

It's not enough to produce nurses with an outstanding set of clinical skills, says Thornsberry, nursing director at UK Good Samaritan Hospital. It takes communication skills and the ability to interact effectively as a nurse with other health care providers, practitioners and clinicians within today's patient-focused care teams. It also takes agility and a willingness to learn in a fast-paced, constantly changing environment. Last year, Good Samaritan instituted bedside shift reporting, says Thornsberry. "It was difficult for some of our experienced nurses who just weren't used to having the patient and family take part." As a former bedside nurse herself, Thornsberry understood their feelings and worked with one nurse who was having an especially difficult time. "We sat down and reviewed the literature together and talked about the outcomes and the difference it made to patients, and I rounded with her to demonstrate," she says. "She ended up taking ownership of that practice and is now a champion of it," says Thornsberry. "She's what we call a 'super-user.'"

In 2013, the University HealthSystem Consortium (UHC) awarded UKHC a Rising Star Award for improvements in patient safety, decrease in mortality, clinical effectiveness and equity of care that ranked it 12th out of more than 100 UHC hospitals nationwide. In 2014, patient satisfaction rates and employee engagement measures were also up. The enterprise is currently on the Magnet journey, a national designation that reflects the quality of nursing care in hospitals. "All of these indicators support Magnet status," says Dr. Burkhart. "But even more importantly, they support safe, high-quality care and better outcomes for patients." And that's the goal on both sides of the street.


74

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
Lee Thomas

the beginning of a

NEW ERA

THE NURSING PROFESSION IS INCREDIBLY RELATIONAL: nurses forming a relationship with patients, seeing a holistic picture of their needs and advocating for their care. It is this very nature that has characterized the strong partnership between the College of Nursing and UK HealthCare® Nursing, from the early years to the present with the introduction of Janie Heath, PhD, APRN-BC, FAAN, as the fifth dean and Warwick Professor of Nursing.

Nursing practice, education and research are all closely intertwined. It should seem natural that nursing programs, where education and research take place should organically interlace with the health care organizations where practice occurs and research is both conducted and applied. Yet when then-Dean Carolyn Williams, PhD, RN, FAAN, began meeting with Karen Stefaniak, PhD, RN, then-associate hospital director and chief nursing officer, UK Albert B. Chandler Hospital, such a thing was unheard of. Today that ongoing partnership is positioned as a national model standardizing an integrated system of learning and practice environments that advance research.

"It was atypical for the time and continues to be atypical," says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive, UKHC. "This kind of collaborative partnering is really the exception rather than the norm."

"Our service, care and outreach to community were birthed in our land-grant mission. Over the last 150 years, that philosophy—the soul of the University of Kentucky—has evolved across every facet of the institution. From our work in confronting Kentucky health disparities to the Commonwealth's energy economy, the university is in—and of—the state we serve," *says UK President Eli Capilouto, DMD.*

"Integral to this work is the College of Nursing, a national leader in nursing education and research. We are excited to welcome Dean Janie Heath to the UK family, and we are eager to see how her leadership and expertise lead the College of Nursing to greater heights in a new era," says UK President Eli Capilouto.

Drs. Williams' and Stefaniak's early work to establish one of the first nationally accredited nurse residency programs to aid in the transition of first-year baccalaureate-trained nurses from the classroom to practice forged the strategic and visionary partnership between the College of Nursing and UKHC.

The fruits of this relationship are a story told repeatedly in the pages of this publication. The affiliation has only deepened through the transitions of leadership at the two entities.

"It's been an evolution from a more distant cooperative relationship to one that is deeply integrative and collaborative," says Dr. Swartz. "We try to have open discussions about supply and demand in health care in terms of clinical operation, and how the College can meet those demands. Also we regularly discuss how the College can prepare its students to be more skilled when they come into the practice environment."

Dr. Swartz goes on to describe feedback they have received over the years from the College on how UKHC Nursing could provide a better learning environment for students as they rotate through the hospital. Together they developed undergraduate electives in perioperative nursing, as well as emergency and trauma nursing. Both are specialized nursing areas that were identified as needing specific skill sets prior to beginning practice, and the College developed the two courses in close collaboration with UKHC.

On the graduate side UKHC has collaborated with the College in the preparation of advanced practice registered nurses (APRNs) to ensure that the expectations of the nurse practitioners in acute care are clearly articulated and that the students have clinical experiences to make them successful graduates.

In everything, a strong effort was made to keep the lines of communication open, finally resulting in a weekly gathering of nursing leaders to facilitate that communication. (For more information, see the senior leadership story in this issue starting on page 34.)

With strong leadership, both organizations are stronger, leading to the ultimate goal, which is better patient care.

"Nursing care at UK HealthCare is outstanding," says Bernard R. Boulanger, MD, FACS, chief medical officer, UKHC. "The exceptional performance of our nurses has been an important factor in the success and growth of UK HealthCare over the last 10 years."

the JOURNEY
to becoming chief nurse executives

the CLINICAL ENTERPRISE PATH & *the* ACADEMIC ENTERPRISE PATH

2008

COLLEEN SWARTZ,
DNP, MBA, RN, NEA-BC
Chief Nurse Executive, UK HealthCare

2014

JANIE HEATH,
PhD, APRN-BC, FAAN
Dean and Warwick Professor of Nursing, UK College of Nursing

*What was your **first nursing position?***

CS

1982, staff nurse, Gynecology/ Oncology Unit, UK Albert B. Chandler Hospital, Lexington, Kentucky

JH

1976, staff nurse, Emergency Room, Comanche County Memorial Hospital, Lawton, Oklahoma

*What was your **first nursing leadership position** at the director/manager level?*

CS

1989, trauma nurse coordinator, (newly created position to work toward Level 1 Trauma Center designation), Chandler Hospital.

JH

1981, director, Coronary Care Unit (first hospital in southwest Oklahoma to separate cardiac patients from Intensive Care Units), Comanche County Memorial Hospital, Lawton, Oklahoma.

*Who was your **most influential nurse mentor?***

CS

Diana Weaver, PhD, RN, FAAN, and Karen Sexton, PhD, RN, past chief nursing officers, Chandler Hospital. Both always encouraged me to stretch and do more, be more and lead.

JH

Dorrie Fontaine, PhD, RN, FAAN, dean, University of Virginia School of Nursing and past president, American Association of Critical-Care Nurses, who always put students first.

FAVORITE INSPIRATIONAL QUOTE

"Our greatest glory consists not in never falling, but in rising every time we fall."
—RALPH WALDO EMERSON

*Which **physician(s) most influenced** your nursing practice?*

CS

Paul DePriest, MD, a truly productive partnership in leading a clinical agenda at the system level.

Donald Barker, MD, my first real clinical partner in creating the trauma program at UK in the late '80s; allowed me to see the potential in partnerships.

Heinrich Werner, MD, accepted an adult nurse into the pediatric world and had the patience to help me learn.

JH

Many Lawton, Oklahoma, physicians, especially **Richard Allgood, MD, Don Garrett, MD, John Carter, MD, Robert Love, MD, and Ben Cooper, MD,** who had confidence in my patient care abilities and allowed me to stretch the boundaries of nursing practice through independent clinical decision-making long before advances in APRN regulation.

FAVORITE INSPIRATIONAL QUOTE

"It's supposed to be hard. If it wasn't hard, everyone would do it."
—TOM HANKS IN "A LEAGUE OF THEIR OWN"

BEST DAY *as a nurse leader*

Our nursing team being recognized as No.1 across all academic medical centers for patient satisfaction related to experience with nursing.

BEST DAY *as a nurse leader*

Being appointed the Dean of the College of Nursing at the University of Kentucky; a highly ranked academic, clinical and research enterprise.

*What was your **most influential leadership opportunity** for professional development to become a chief nurse executive?*

CS **Robert Wood Johnson Executive Nurse Fellowship 2011-2014**

JH **Board of Directors (2002-2005), American Association of Critical-Care Nurses**

*Who is your **most influential non-nurse mentor?***

CS **Richard Lofgren, MD,** past chief clinical officer at UK HealthCare. He saw potential in me that I didn't always see in myself.

JH **My husband, retired Col. Mike Heath,** former pharmacy consultant to the Army's surgeon general, who always put his soldiers and their families first.

*What **clinical or academic nurse most influenced** your leadership journey?*

CS **Karen Sexton, PhD, RN,** my chief nursing officer at the time, paved the way and encouraged me to explore obtaining my MBA to strengthen my business competencies.

JH **Jean Kelley, PhD, APRN-BC,** Georgetown University, Washington, role modeled the importance of grace under fire and having a balanced work life.

MOST UNFORGETTABLE DAY *as a nurse leader*

JUNE 14, 1999: when we received a call from dispatch saying that we had lost our helicopter and two pilots, a flight nurse and a flight paramedic in a crash in Jackson, Kentucky.

MOST UNFORGETTABLE DAY *as a nurse leader*

SEPTEMBER 11, 2001: teaching at Georgetown University in Washington. I tried to maintain calmness and direction for students but at the same time was worried about my husband who was assigned to the Pentagon.

After the departure of Dean Jane Kirschling, DNS, RN, FAAN, Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive associate dean for academic operations and partnerships and Marion E. McKenna Professor of Nursing, College of Nursing, stepped up to serve as interim dean while a search for a new dean took place. Rather than merely being a bridge between two deans, Dr. Howard worked to ensure her leadership was a ramp.

"My broad goal was to keep the College moving forward," says Dr. Howard. "Nationally and internationally we are known for our innovative approaches and our quick response to society needs. What I really wanted to do was continue along that same path. And indeed we did."

Not only did College of Nursing faculty continue to break their own records in funded faculty research, under Dr. Howard's leadership the College was awarded a major, first-of-its-kind academic partnership with Norton Healthcare—a large, regional health care organization that includes five hospitals throughout Louisville and southern Indiana—that will enroll, over a seven-year period, five cohorts of 20 to 30 students to pursue DNP degrees from the UK College of Nursing.

"It is an extremely innovative model of education," says Dr. Howard. "It is the first and only model of its type in the country."

Enter Dr. Janie Heath.

During the intensive interviews for the deanship, Dr. Heath had the benefit of the outsider's perspective. Her experience at a number of benchmark nursing programs, including the University of Virginia, gave her a unique vantage point to gauge the assets of the College.

"When I saw the strength of the health system environment and nursing leadership, it was a done deal for me," declares Dr. Heath. "I knew working with Colleen Swartz as chief nurse was going to be one of the most exciting times of my nursing career. It is rare for an environment as large as the University of Kentucky to have such a strong partnership with a major health care organization like UK HealthCare. I am very fortunate to be walking into such strength found on both sides of the street—the academic side and the clinical side."

As she develops her vision for the College, Dr. Heath has committed herself to a time of listening and learning. Since taking over on August 1, 2014, she has worked tirelessly spending time with faculty, staff and students at the College, as well as others throughout the community, particularly the health system, and putting in the relational work necessary to continue the longstanding collaborative nature of the College's environment.

"It's become really clear to me it's going to be collective wisdom working together to move us forward," says Dr. Heath. "The College of Nursing already has outstanding ratings and rankings, and this mission of excellence has been going on since its beginning."

Dr. Heath goes on to describe the strengths of the College's academic programs at all levels. Coming from environments where programs were happy if they met the state passage percentage requirement on the NCLEX, she was astounded to find a baccalaureate program that consistently graduated classes with 97 percent to 100 percent first-time passage rates that far exceeded both state and national averages.

"The brightest and the best come here," says Dr. Heath. "And our faculty members are committed to student success from the very beginning. It's been fascinating to learn some of the strategies that faculty have put into place to help our students be so successful in their undergraduate studies."

At the graduate level, there is groundbreaking work being done in the BSN-DNP Option—a program that was the first to open in Kentucky and among the first in the country.

"To see the growth that we have had with our DNP Program and the innovative partnership that was established with Norton Healthcare system is fantastic," says Dr. Heath. "It is very novel for a large health care system like Norton to partner with an academic medical center to help their nurses reach their full potential through higher education."

The strength of the College's BSN-PhD Option lies in the depth of the College's research portfolio. Across the country, the National Institutes of Health report that the average academic medical centers comparable to UK have 13.8 percent of faculty with funded research programs. In comparison, UK's College of Nursing faculty is 20 percent funded. By the end of September 2014, still early in the fiscal year, the faculty had $14 million in funded research programs.

"That is unheard of," says Dr. Heath. "I'm walking into an incredibly stellar environment. When I think about our contribution to advance nursing's impact on patient outcomes, it's going to be about how we are going to move all our missions—education, practice, service and research—forward through this period of tremendous transformation that is going on in nursing education and in health care. We are going to do that by having everyone collectively engaged and empowered to reach their full potential."

"Janie has been a researcher, academic leader and advanced practice registered nurse in acute care," says Dr. Howard. "She understands the benefits and the burdens of research because she had experienced them herself. Combine that with her relational style in which she actively facilitates others in achieving their personal goals. I cannot think of a better person than Janie Heath to be the leader of the College of Nursing at this moment in time."

As the Affordable Care Act comes online across the country, the whole health care system must adjust. Dr. Heath views nursing as central to the transformation of a "sick care system" to a true health care system.

"In academe we have some challenges to help with that paradigm shift," explains Dr. Heath. "Although most of our RNs today work in hospitals and outpatient clinics, there is a huge shift in community-based care and transitional-based care that we have to be able to address in terms of the educational side, theoretical side and the application side so our nurses know how to intervene."

Dr. Heath notes that often today's graduates seek out the "adrenaline rush" moments that come with working in a high tech, fast-paced acute nursing environment, but chronic care and preventive care needs are both incredibly wide and very deep.

"Especially right here in our own state, 31 percent of Kentuckians are obese compared to 28 percent in the United States," says Dr. Heath. "My passion is working with tobacco control and Kentucky is the mecca. It's the No. 1 state in the country in terms of smoking prevalence rates of 29 percent compared to an average of 19 percent throughout the rest of the U.S. This is an area that makes me proud when I look at our research portfolio here at the College of Nursing. We are staying very focused on these targeted areas to address not only Kentucky's needs, but needs throughout the country."

Early in her tenure, Dr. Heath sees the College poised to start the transformation in the ways that students are taught, as well as leading innovations in health care delivery models. Success, she says, "comes as long as we never compromise on our values in terms of safety and quality.

"Always putting our focus on the goals of the work that we are doing, whether it be education or practice or research, we ask what matters the most," says Dr. Heath. "At the end of the day it's about improving health and wellness in our patients, our families, our communities and in our health systems."

"We're entering a new era with Dr. Heath and her vision of where she would like to see the College of Nursing go," says Michael Karpf, MD, executive vice president for health affairs, UKHC. "We will continue to provide a rich and challenging practice environment to facilitate learning and ultimately provide the very best in patient care."

Collaboration Is the Name of the Game, **but It's Certainly No Game**

WRITTEN BY
Deborah Kohl Kremer

PHOTOGRAPHS BY
Lee Thomas

PICTURED LEFT TO RIGHT:
Colleen Swartz, DNP, MBA, RN, NEA-BC; **Kathleen Kopser,** MSN, RN, NE-BC; **Robyn Cheung,** PhD, RN; **Terry Lennie,** PhD, RN, FAHA, FAAN; **Patricia B. Howard,** PhD, RN, NEA-BC, FAAN; **Julie Hudson,** MS, RN, CNOR; **Patricia Burkhart,** PhD, RN; **Kathy Issacs,** PhD, RN; **Gwen Moreland,** MSN, RN, NE-BC; **Patty Hughes,** DNP, RN, NE-BC; **Thomas Kelly,** PhD; **Brandy Mathews,** MSN, MHA, RN, NE-BC; and **Janie Heath,** PhD, APRN-BC, FAAN

With the unwavering goal of bringing the best quality care to patients, senior nursing leaders at the University of Kentucky College of Nursing and UK HealthCare® (UKHC) are working together to create the highest quality nurses. They know that close collaboration is the only way to achieve this worthy goal. And they know it must include everyone involved in nursing practice. By encouraging interaction at all levels, the leadership team enables nurses to fully contribute and become the best they can be and ensures the model of patient-centered care stays at the forefront.

"We need to think of everyone involved in nursing practice at UK as one entity dedicated to improving health and wellness for our patients, families, systems and communities," says Janie Heath, PhD, APRN-BC, FAAN, dean and Warwick Professor of Nursing for the College. "Whether that team includes students, faculty or staff, our patient care delivery will be optimized when we focus our efforts to be stronger and bolder together."

This health care delivery system at UK allows for integration at many levels. The physical presence of the College just across the street from the medical center allows for collaboration that benefits all.

"By seeking input from everyone, we are able to receive bi-directional feedback," says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive for UKHC. "We can provide feedback regarding skills needed at the undergraduate level and how we can leverage clinical care delivery at the doctoral level with advanced practice registered nurses. Our nurses have front line access with patients. We need to hear from them to ensure relevant skill development and progressions are in step with their education."

One of the ways to promote this inclusion is the integration of faculty on hospital committees and nursing staff on college committees. Both sides see the benefit of inviting everyone to the table. Dr. Heath is a member of the Nursing Executive Council for UKHC, and senior nurse leaders from the health system are an integral part of the Dean's Advisory Council at the College.

"Our interprofessional education model shows that professional teams made up of critical leadership positions need to be engaged," says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, executive associate dean for academic operations and partnership and Marion E. McKenna Professor of Nursing. "This infusion enriches us both."

"As the complexity of our patient population changes, creating different requirements of the nurses caring for these patients, we are able to share this information with our College of Nursing colleagues. They in turn can adapt the educational curriculum for their students so that the new graduate nurse is prepared to meet the nursing care challenges of our complex patients," says Kathleen Kopser, MSN, RN, NE-BC, associate chief nurse executive. "It is a relationship built on excellent communication and an understanding of each other's needs."

The BSN Residency Program at UK is a prime example of how the College and UKHC collaborate to transition new graduates into professional practice. Begun in 2002, the UK pilot program was one of six in the U.S. and has continued since then. As part of the program, every new baccalaureate-prepared registered nurse hired at a UKHC hospital attends monthly classes for one year, providing an introduction to working at UKHC, as well providing an opportunity to team up with more experienced nurses. During the residency, intentional nurturing occurs during that critical first year of transition into professional practice that is essential for the novice nurses' success.

The ultimate goal of the residency is to facilitate further skills development, critical thinking and building confidence as the novice nurse transitions into professional practice. New registered nurses who participate in the program can earn academic credit for the residency, which may encourage them to enroll in the BSN-to-DNP or BSN-to-PhD options.

Kopser explains that the first year is very stressful for new nurses, who are dealing with challenging patient care issues, communicating with members of the care team and gaining confidence in making clinical decisions. It can be overwhelming.

"The residency program gives them the confidence they need to succeed as a nurse," she says. "It is quite a transition from being a student in school to a nurse taking care of a human life."

Robyn Cheung, PhD, RN, is director of professional nursing practice and innovation. She feels that her position speaks to the collaboration efforts between the hospital and the College.

"I work with many graduate students on their capstone or dissertation. As a standing member of the Institutional Review Board (IRB), I guide and facilitate students in moving through the process of submitting their scholarly work for IRB review and approval." Dr. Cheung often reviews graduate students' proposals for advice on logical consistency, format and study design. "We are committed to ensuring that we assist in the formation of the nurse while in school, as well as help to develop them professionally when they are practicing."

Also collaborating with the College is Kathy Isaacs, PhD, RN, director of nursing professional development. The Department of Staff Development organizes clinical placement for students, preparing them for their future roles.

"We can share clinical information with the College, and they can keep us up-to-date with what is happening on their side of the street," she says. "When issues occur, we can all strategize what we need to do to reach the best outcome."

Reflecting the changes in the health care system, the team-based approach to nursing has been integrated into the core curriculum for undergraduate students. Interprofessional Education and Practice Collaboration (IPEPC) brings students together from across several health care disciplines to treat the various needs of each patient.

This program includes students from dentistry, nursing, medicine, respiratory therapy, communications disorders, and physical and occupational therapy. They partner several times a year and work together on the needs of a hypothetical patient.

"The students focus on learning to function as a member of a collaborative interprofessional health care team," says Patricia Burkhart, PhD, RN, professor and associate dean for undergraduate studies. "This includes an understanding of the four core concepts of interprofessional education: communication, teamwork, roles and responsibilities, and ethics and values."

Dr. Burkhart explains that interprofessional practice opportunities continue across the curriculum, so that nursing students are learning to work as a team with other health care professionals to provide coordinated, comprehensive patient care.

"As this way of thinking and teaching becomes the norm, we will see the fruits of our labor," says Dr. Burkhart. "Practicing nurses will experience the effectiveness of collaboration across disciplines for the rest of their careers."

Another example of collaboration between the College and UKHC is the nursing internship program in the Perioperative Services area. According to Julie Hudson, MS, RN, CNOR, enterprise administrator of perioperative services, the department offers internships in both operating room and post-anesthesia care to prepare nurses for tertiary, community or ambulatory perioperative practice.

LEFT, COLLEGE OF NURSING LEADERSHIP
Janie Heath, PhD, APRN-BC, FAAN; **Patricia B. Howard,** PhD, RN, NEA-BC, FAAN; **Terry Lennie,** PhD, RN, FAHA, FAAN; **Thomas Kelly,** PhD; **Patricia Burkhart,** PhD, RN; **Karen Minton,** MPA

RIGHT, UK HEALTHCARE LEADERSHIP
Colleen Swartz, DNP, MBA, RN, NEA-BC; **Kathleen Kopser,** MSN, RN, NE-BC; **Robyn Cheung,** PhD, RN; **Julie Hudson,** MS, RN, CNOR; **Patty Hughes,** DNP, RN, NE-BC; **Kathy Issacs,** PhD, RN; **Gwen Moreland,** MSN, RN, NE-BC; **Brandy Mathews,** MSN, MHA, RN, NE-BC

"Although our interaction with the College has been a positive one, we look forward to an even closer relationship so that we can provide rewarding experiences for our current and future graduates," she says.

UK Good Samaritan Hospital offers a different experience for both nursing students during clinical rotations and recent graduates. Because this smaller hospital has a more narrow focus, one of the key specialties is care of orthopaedic patients. Nursing students and new nurses get very focused education on caring for this type of patient population across the continuum of care.

"We provide specialized training to nursing students and nurses who will be working with orthopaedic patients," says Brandy Mathews, MSN, MHA, RN, NE-BC, interim assistant chief nurse executive at Good Samaritan. "Ortho nurses have a tremendous impact on the patient's experience. The patient is educated before surgery. The admission process is efficient and care is coordinated between patient and the health care team. Because of all this coordination, the entire process is a smooth one."

She says the nurses and nursing students start receiving this specialized training from day one so they hit the ground running.

"Everyone on the team knows the value of the training and education, and ultimately the patient benefits from it," she says.

Oncology patients are also among those benefitting. Patty Hughes, DNP, RN, NE-BC, interim assistant chief nursing executive for ambulatory services and director of oncology nursing services, is proud to be a part of UK's great strides in cancer care.

"Our surgical oncology floor is a phenomenal place to learn," she says. "It is an area that is changing all the time. No two days are ever the same."

She says students who do clinicals on that unit work with an instructor, a UK graduate who started her nursing career there, so she understands the standards and expectations. She is now a nurse executive at UKHC and is a faculty member with the College.

"This is so valuable because their instructor knows the lay of the land, she knows the physicians, and most of all she knows the procedures and outcomes that we desire," says Dr. Hughes. "She is teaching them to be the nurses we want to hire."

Throughout the clinical process, nursing leadership can see if the students are a good fit on a unit. When it is time to graduate, this may result in a job offer.

"Probably everyone who goes into nursing can be described as a compassionate and caring person," says Dr. Hughes. "But to work on this unit, where people often receive bad news or are struggling with end-of-life issues, this compassion becomes much more complex and multileveled. It becomes caring about the entire support system for that patient. When a clinical student excels at this, we take note because not everyone has this ability."

Kentucky Children's Hospital and the College of Nursing share a faculty position that focuses on involving staff nurses in the evaluation of nursing practice and in the integration of evidence-based practice. The staff nurses merge experience with science, spending time both at the bedside providing care and time reviewing current literature to determine best practices to improve patient outcomes.

"We are implementing evidence-based practice that allows us to look at research and the science behind that research," says Gwen Moreland, MSN, RN, NE-BC, interim assistant chief nursing executive for Kentucky Children's Hospital. "It gives us the tools to connect the dots to positive patient outcomes."

Currently, all students participate in some level of research, whether through elective courses or for the capstone project. Tom Kelly, PhD, associate dean for research at the College, believes that as collaboration continues, new opportunities for research will expand in many directions. By incorporating feedback from faculty and UKHC staff, the ideas for research can only grow.

A current research project being conducted by Jan Odom-Forren, PhD, RN, CPAN, FAAN, involves developing uses of digital technology for post-surgery symptom management. The research is currently geared toward orthopaedic patients, but with the assistance of nursing staff, it could be adapted to help other types of patients.

"Basically, the faculty will develop the technology, and the staff will help with content, research and managing the follow-up care," she says. "Down the road the findings can be used both in the hospital and in the classroom so nursing students will be familiar with it when they graduate."

Another big benefit of the College of Nursing and UKHC being neighbors is that nurses at all levels have the opportunity to earn while they learn.

"They can further their education while they work, knowing they have the support of the hospital leaders and the College faculty," says Kopser. "With the size of the medical center, there are myriad career choices within UK HealthCare."

By leveraging leadership interaction between the College and UKHC, UK can take the practice of nursing to new levels of quality, thereby improving patient care as a whole. Whether the collaboration takes place in a classroom or in a patient's room, the goal remains the same.

"What it boils down to is that we provide great nurses for sick Kentuckians," says Kopser. "They do not need to go anywhere else for care. All they need is right here at UK."

Black Nurses Association **Dedicated to Support**

For 2015, the Lexington Chapter of the National Black Nurses Association has selected community activism and scholarship as the organization's strategic focal points. One of the primary goals is to engage in activities that promote the health of the community. To reach that goal, the association has partnered with several local community organizations and health care institutions to provide nursing services at health fairs, health screenings and flu shot clinics.

In addition to community activism, the Lexington chapter is also focusing on promoting diversity in nursing and nursing education. The Second Annual Scholarship Dinner will be held in fall 2015 to provide educational scholarship funding to students and practicing nurses, and to recruit future health professionals.

In order to impact the communities the chapter members serve, the group invites nurses of every background and ethnicity to join. Monthly meetings are held the third Tuesday of every month at Consolidated Baptist Church in Lexington. For more information on how to join or partner with this organization, please visit the Lexington chapter's website at **www.lcnbna.wix.com/realimpact.**

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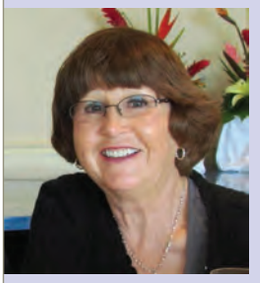
LaJava Chenault, MSN, RN

In Memoriam

Karen E. Hall | We lost a dear friend and colleague in October 2014. Karen graduated from the UK College of Nursing with a BSN (1968); MSN (1991). She touched the lives and careers of many nurses during her 40 years at UK HealthCare. She was a leader, mentor, role model and educator. Karen inspired nurses to strive for excellence personally and in nursing. She was a patriot who served our country in Vietnam and Desert Storm. She enjoyed cooking, gardening, traveling, and spending time with friends and family. Karen's high standards and commitment to quality, evidence-based practice and education are recognized annually through the Karen E. Hall Education Award.



Juanita Solseng | Juanita came into our lives in June 1981 when she moved here from Wisconsin with her two young boys in hopes of giving them a better life and a fresh start. She began her journey in the Medical ICU where there were many young impressionable nurses. Juanita quickly became invaluable as not only a role model for nursing but also as a strong woman and mother. Juanita had so many admirable qualities but none stood out more than her "no nonsense" decisiveness. She was also grounded, which proved important and comforting to her co-workers, patients and family. Her family promulgates her legacy, and her legacy also lives on through the hundreds of lives she touched during her nursing career.

Sarah Wells | Sarah, a nursery then NICU nurse for nearly 35 years, passed in October 2014. She was a morale leader with a great sense of humor. Once honored with the Clinical Nurse Excellence Award, she was a valuable mentor to new nurses and a great advocate for the babies she cared for and their families. When the unit went a while with no weddings or birthdays, the nurses proclaimed a day as a "Sarah Wells Day," and they would celebrate with treats or lunch. Her friends will always remember her take on a prayer: "Hail Mary, full of grace, help this PICC go into place." She is missed.

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A WORD FROM *an alum*

"**After looking at other programs and UK's, I chose UK to earn my MSN and DNP as the programs fit my needs and because of its nationally outstanding reputation.** I've continued my 25-year career at UK HealthCare because it, too, fits my needs, and continues to challenge and support me as a nurse.

Being actively involved in the College of Nursing Alumni Association has given me tremendous opportunities to network with the faculty, staff, students and other alumni. And through it I feel extremely valuable to the College as a nurse leader and graduate."

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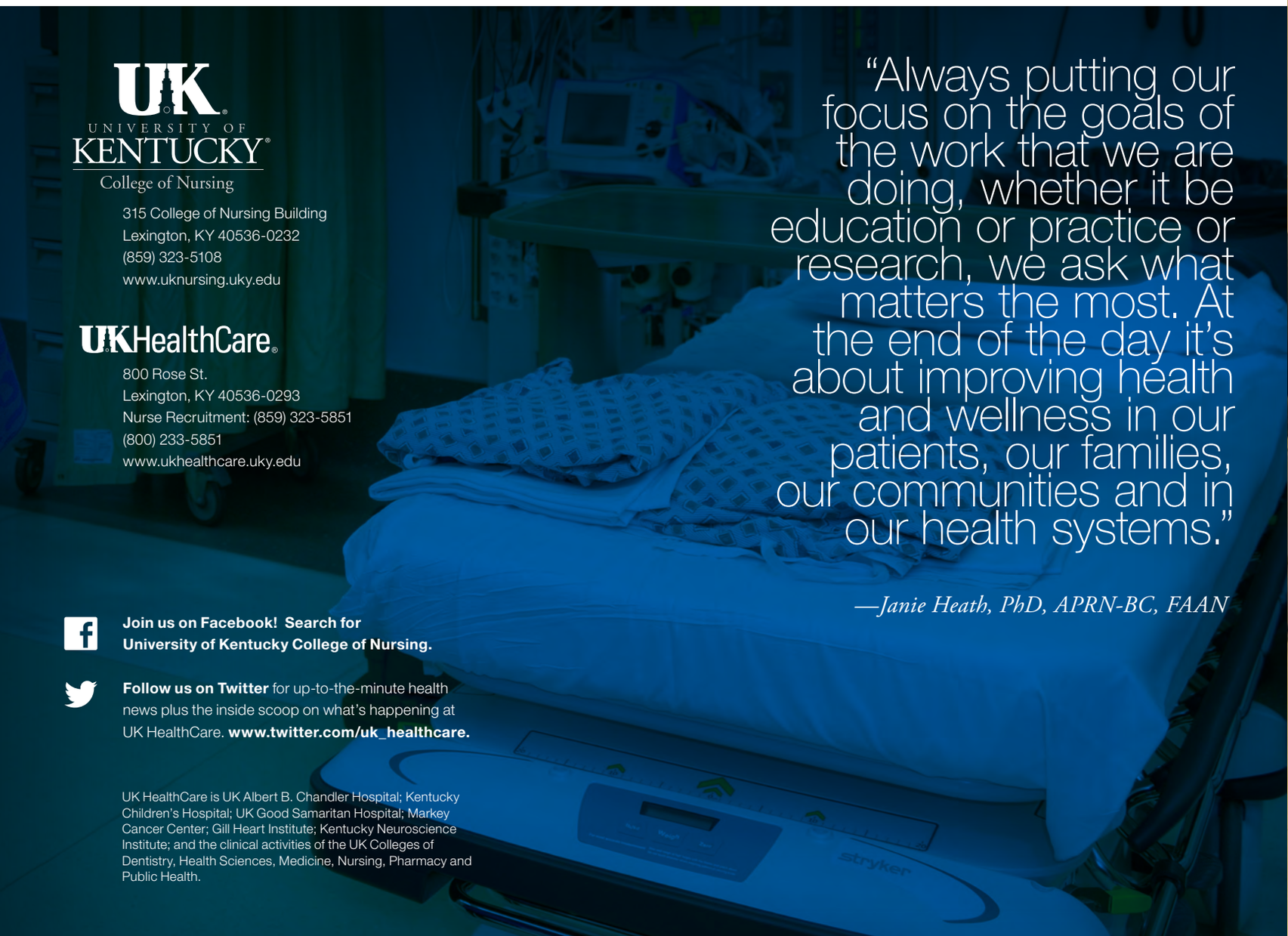

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—Janie Heath, PhD, APRN-BC, FAAN

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