

*“Excellence is our  
starting point...  
not our finish line.”*



*The future of  
medicine, today*

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# Executive Leadership

“The year 2016 was an important one for UT Southwestern nursing. In August, UT Southwestern University Hospitals received Nursing Magnet® designation, the “gold standard” in nursing excellence and the highest honor awarded by the American Nurse Credentialing Center. Our nursing colleagues successfully led the lengthy, rigorous application process that required the teamwork and involvement of doctors and staff at every level of our organization. This important milestone supports our continued focus on the elevation of nursing at UT Southwestern and our commitment to the highest standards of patient-centered care. We are very proud of our nurses – not only for this remarkable achievement but also for their daily delivery of exceptional patient care.”

– *John Warner, M.D., M.B.A.*



**John Warner, M.D., M.B.A.**  
Chief Executive Officer  
University Hospitals



**Susan Hernandez, M.B.A., B.S.N., RN**  
Chief Nurse Executive  
UTSW Health System



**Becky McCulley, M.S.N., RN**  
Chief Operations Officer  
University Hospitals

# Message from the Chief Nurse Executive

Reflecting on what a truly extraordinary year 2016 was for our teams at UT Southwestern, I want to pause for a minute to express my profound gratitude for the work, energy, and dedication of each and every nursing colleague here. Our collective successes throughout the year should be recognized and celebrated.

We have remained true to our deep commitment to evidence-based practice in order to provide the best care for our patients. Dedication to that commitment was reflected this year in a major milestone for us: being formally designated a Magnet® institution. It is with great pride that we can now say: We are Magnet®!

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## Achievements

In addition to our Magnet® recognition, we also achieved several other benchmarks:

- We successfully implemented the “No More Moral Distress” (NoMMAD) consultative process, which was recognized by ANCC as a Magnet exemplar.
- In January, UTSW and our 12 South team were recognized for our commitment to elder care excellence with an international designation as an Nurses Improving Care for Healthsystem Elders (NICHE) site.
- Participation in nursing-led research at the bedside and evidence-based practice initiatives have grown by leaps and bounds, with 43 nurses leading research initiatives.

Our UTSW team has done terrific work to improve care for our patients, and the numbers bear that out. To cite just a handful of tangible improvements in our clinical quality, in 2016 we achieved:

- 59% reduction in Central Line Associated Bloodstream Infection (CLABSI) and Standardized Infection Ratio (SIR)
- 39% reduction in acute myocardial infarction readmissions
- 29% reduction in C Diff SIR
- 29% reduction in hip and knee surgery complications
- 18% reduction in post-op DVT/PE observed rate

## Adaptation

Health care continues to transform rapidly. In order for UT Southwestern to be the best place to practice and provide care, we need to evolve as well. We will hold on to the great ideas and initiatives that have brought us here, but we also will continue to infuse our work with innovations and excellence as we move forward.

Our new partnership with Texas Health Resources, specifically with Texas Health Dallas (THD), is one example of our ability to advance with the industry. The launch of our patient experience work with THD is the kind of collaboration that will be a key to our success over the next several years.

## Patient Experience

As busy as our clinicians are throughout each shift, they take the time to acknowledge the individual needs of every patient, and it shows, as is evidenced by the patient feedback we’ve received via notes and emails and have shared throughout the following pages, praising the work of the clinical team at UTSW.

## Empowerment and Ownership

I have watched many of our nurses develop into successful leaders in their own right. As you continue to take ownership and empower others, it can only strengthen our work environment and professional practice.

As you’ll see in the pages that follow, 2016 was a truly magnetic year at UT Southwestern.

Excellence is our starting point ...not our finish line.

**Susan Hernandez, M.B.A., B.S.N., RN**

*Chief Nurse Executive*  
UTSW Health System



## Nursing Philosophy

UT Southwestern is committed to providing quality nursing care through effective use of resources and the development of innovative programs in clinical practice, education, and research.

We value the worth, dignity, and autonomy of our patients and their families. We believe that each individual has unique physical, social, emotional, and spiritual needs that are served through personalized, compassionate care.

We encourage each nurse to care for his or her body, mind, and spirit as a critical element in achieving clinical excellence. Nurses at UT Southwestern are also encouraged to nurture and support one another in an environment that fosters teamwork and interdisciplinary collaboration.

Working collaboratively affords us the opportunity for common goal-setting through trust, mutual respect, and a commitment to open and honest communication in serving our patients.

## UT Southwestern Nursing Mission and Vision

The Nursing Division at UT Southwestern is committed to being a national leader among academic health centers in providing high-quality, safe, and innovative patient care and to being a model of excellence in professional nursing practice, education, and research.

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## Our Commitment to Our Patients and Each Other

I will do my part to make the hospital environment a peaceful, quiet place dedicated to the healing of the body and spirit.

I will anticipate the needs of patients and their families rather than waiting to be asked for assistance.

I will own and resolve every problem I can or personally hand over the problem to someone who can resolve it.

I will respect the confidentiality of patients, their families, and my colleagues through discrete conversation and attention to privacy.

I will be responsible for keeping our work environments clean and safe.

I will dress professionally, and I will speak and conduct myself in a manner that always keeps the focus on our patients.



# Transformational Leadership

*“The circulating nurse was amazing. She was in the procedure with me. She made me feel more at ease and comfortable. I didn’t feel like a patient. She was there for the entire procedure.”*

## A Year of Nursing Excellence

As health care continues on its path of rapid change, the Division of Nursing is leading the charge with each step. Our journey supports the transformation needed to fulfill our mission of excellence in patient-centered care. Every day, our world-class nursing teams deliver comprehensive, quality care. They bring compassion and understanding to our patients and loved ones, going beyond the routine to show genuine caring and making a real difference in the process.



### Nurse Executive Board

*Seated (left to right):* **Shelley Brown-Cleere**, M.S.N., RN; **Trish Jackson**, M.S.N., RN, NE-BC; **Lisa Dalton**, M.B.A., B.S.N., RN, NE-BC, CRN; **Cheryl Kaplan**, M.B.A., M.H.A., RN  
*Standing (left to right):* **Victoria England**, M.B.A., B.S.N., RN, NE-BC; **Deshonna Taylor**, M.S.N., RN; **Carolanne Capron-Reid**, M.Ed., B.S.N., RN; **Rudy Arispe**, B.S.N., RN; **Amanda Truelove**, M.S.N., RN, RNC-OB, NE-BC; **Susan Hernandez**, M.B.A., B.S.N., RN; **Sherri Medina**, M.S.N., RN; **Lori Hodge**, D.N.P., RN, ONC, NEA-BC; **Renee Bailey**, M.S., B.S.N., RN, CNOR; **Todd Bailey**, M.S., B.S.N., RN, NE-BC; **Stephanie Huckaby**, M.S.N., RN, RN-BC. *Not pictured, Mike Mayo*, M.S.N., RN, CCRN

## Magnet Accreditation

Following an intense application process that lasted more than a year, UT Southwestern University Hospitals and Hospital-based Clinics in August received designation as a Magnet Center for Nursing Excellence® from the American Nurses Credentialing Center (ANCC). The designation is awarded to only about 6.5 percent of hospitals across the U.S. and signifies that an organization's nurses provide excellent, evidence-based patient care, advance their practice through research and professional development, and are recognized and respected by their colleagues for the important role they play on the patient care team. It's the highest honor a hospital can receive for its Division of Nursing.

At a celebration following the announcement, UTSW Chief Nurse Executive Susan Hernandez, M.B.A., B.S.N., RN, said, "Thank you to everybody we have worked with on this journey. This is you. This is your work. We did it together as a team."

John Warner, M.D., M.B.A., University Hospitals CEO, also expressed thanks to all the nursing teams involved. "I'm proud of us," he said, "but I'm more proud of what we're about, which is taking care of patients and their families."

"When I took this job almost five years ago, we had a list of goals, and this was on it. But beyond this was to be the very best hospital in Dallas, which I think we are. We want to be the best in Texas, which I think we're well on our way to being, and eventually want to be the best, period. And nursing is the cornerstone of that. This is an important achievement, and we're going to have a lot of fun celebrating this, but let's remember: This is the starting line, not the finish line."

In early October, 44 University Hospitals employees represented UT Southwestern at the ANCC's National Magnet® Conference in Orlando, Florida. The group made the journey to formally accept and further celebrate UTSW's Magnet accreditation. The event was abbreviated by the presence of Hurricane Matthew, which also chose that week to journey to Florida.



From left: Amber Ulate, M.S.N., M.H.A., RN, John Warner, M.D., M.B.A., and Victoria England, M.B.A., B.S.N., RN, NE-BC

Kelli Holzwarth, B.S.N., RN, said attending the conference was nevertheless a blessing. "Not only did we hear from inspirational world-changers who light a fire within your soul," she said, "but we made new friends and new connections and met many new role models and new references. Yes, the Magnet conference was cut short, but I wouldn't trade it for anything – dance parties, tears of joy, blinking hats, glow sticks, high-fives all around, roller coasters, hurricanes, and all. It was awesome."



From left: Nancy Palacios, B.S.N., RN, Kourtney Fontenault, B.S.N., RN, TNCC, Sarah McCraw, B.S.N., RN, at the ANCC National Magnet Conference in Orlando.

## Meritorious Service Award 2016

The Meritorious Service Award is bestowed annually to hospital and clinic employees who have provided extraordinary service and care to our patients and demonstrated an excellent work ethic and performance. These UT Southwestern employees exemplify PACT standards (Problem-Solving; Ability, Attitude, and Accountability; Communications and Compassion; and Teamwork) and serve as role models to the campus. The PACT program was designed by the staff to set expectations for interactions with each other and with patients. The 2016 recipients were:

**Tomas Armendariz**, B.S.N., RN, CMSRN – Apheresis

**Chelsea Bracher**, B.S.N., RN – 11 North

**Amanda Branson**, B.S.N., RN – Neuroscience ICU

**Sachithanandam Devadoss**, B.S.N., RN – 9 North

**Crystal Engle**, A.D.N., RN – 7 North

**Sara Fay**, B.S.N., RN – 6 South

**Matthew Flury**, B.S.N., RN, CPAN – Day Surgery

**Amabelle Garciano**, RN – 12 South

**Heath Hampton**, B.S.N., RN, CRN – Imaging Services

**Abigail Jaeger**, B.S.N., RN – 10 South

**Donna Jueckstock**, B.S.N., RN – 5 North NICU

**Wen-Chi Kung**, RN – Zale Surgery

**Ruqi Lai**, B.S.N., RN – 6S/N

**Blair Lane**, B.S.N., A.D.N., RN, CCRN – 8 South MICU

**Keitha Massingill**, B.S.N., RN – CUH Surgery

**Taylor Mayberry**, B.S.N., RN – 5th Floor Zale

**Christie Nichols**, B.S.N., RN, BMTCN – Simmons Cancer Center Infusion MCI Fort Worth

**Nancy Palacios**, B.S.N., RN – 7 Zale Surgical Specialty

**David Rogers**, B.S.N., RN – Emergency Department

**Mary Russell**, RN – 9 South CVICU

**Ayisatu Salami**, RN – Rapid Diagnostic Unit

**Brooke Shadday**, B.S.N., RNC-OB – 5 South Delivery Room

**Kathrina Siaron**, RN – Acute Stroke Unit

**Jaimol Sreedharan**, B.S.N., RN, CCRN – 8 North

**Terri Thompson**, B.S.N., RN – Presurgery Assessment

## Superior Customer Service Award:

The Superior Customer Service Award is given to clinics that receive a Press Ganey percentile ranking of at least 95 percent in two out of three areas during a quarter. Rankings cover the areas of Overall Access, Moving Through Your Visit, and Overall Care Provider.

The **Adult Cystic Fibrosis Clinic** earned the Superior Customer Service Award in 2016.

## Meritorious Customer Service Award:

The Meritorious Customer Service Award is presented to clinics that receive a Press Ganey score of at least 95 percent in all three areas (Overall Access, Moving Through Your Visit, and Overall Care Provider) during a quarter.

The **Kidney/Liver Clinic** earned the Meritorious Customer Service Award in 2016.

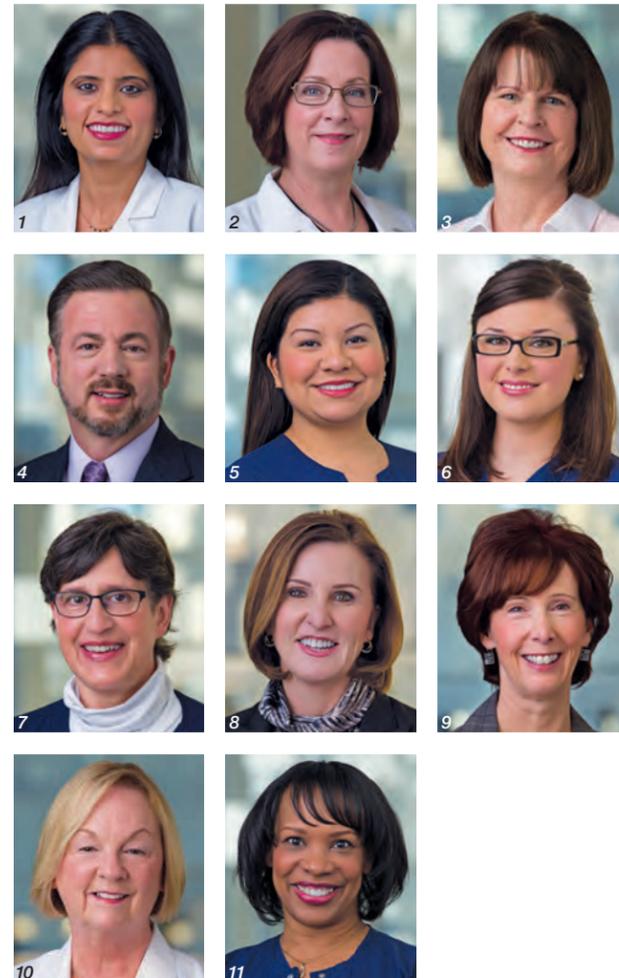
## D Magazine Excellence in Nursing Awards

Each year, *D Magazine* honors excellence in nursing through an award recognizing nurses who have made a difference in the lives of their patients and colleagues. These nurses are nominated by their peers, co-workers, and patients.

Through a selection committee, 73 winners were recognized in 20 categories.

UT Southwestern is proud to salute 11 recipients of the 2016 *D Magazine* Excellence in Nursing Awards.

1. **Jaspreet Abraham**, M.S.C.S., B.S.N., RN  
Ambulatory
2. **Cathleen Bauer**, M.S., RN, ANP-C  
Advanced Practice
3. **Sherry Clark**, M.S., B.S.N., RN  
Sub-Acute Settings
4. **Thomas Cutler**, M.B.A., RN, FACHE  
Research Informatics
5. **Laura Duran**, M.S.N., RN-BC, CNRN  
Nurse Manager
6. **Dara Mariani**, B.S.N., RN, CCRN  
Caring for Patients in Hospitals
7. **Claudia Quittner**, M.S.N., B.S.N., RN  
Nurse Research
8. **Kim Siniscalchi**, M.S.N., RN, FAAN,  
Major General (RET. USAF, NC)  
Leadership
9. **Carolyn Swann**, M.B.A., RN  
Leadership
10. **June Taylor**, RN, CWS  
Ambulatory Clinic Nurse
11. **Deborah Walker**, B.S.N., RN, OCN  
Oncology Nurse



“The nursing team was very prompt, very well-informed, very caring, and, above all, compassionate.”

## Advanced Practice Nurse Awards

Advanced Practice Nurses at UT Southwestern share their skills and training in many ways, both on and off campus, and they're often recognized for their efforts. In 2016, the following four individuals received unique kudos.

**Genice Nelson**, ANP-BC, received the Sojourner Truth Award from the Southern Connecticut chapter of the Sickle Cell Disease Association of America.

**Tony Garcia**, AGACNP-BC, received a scholarship from the American Association of Critical Care Nurses' End-of-Life Nursing Education Consortium in Tulsa, Oklahoma.

**Leticia Khosama**, ANP-BC, was UT Southwestern Medical Center's APRN of the Year.

**Kimberly George**, ACNS-BC, was twice honored; she was named a Multiyear Tier 1 Leader by Press Ganey and received the Previous National Oncology Certified Nurse of the Year Award from the Oncology Nursing Certification Corp./Oncology Nursing Society.

## Dallas-Fort Worth Great 100 Nurses

Dallas-Fort Worth Great 100 recognizes 100 professional Registered Nurses each year who have been nominated by their peers, practice sites, families, and patients entrusted to their care. Each year, Great 100 honors excellence in the art and science of nursing across all practice areas, including acute care, sub-acute care, school nursing, nurse leaders, academics, and many more. UT Southwestern is honored to have four nurses receive this award in 2016.



DFW Great 100 recipients (left to right):  
**Stephanie Huckaby**, M.S.N., RN, NEA-BC, CSSGB;  
**Mike Mayo**, M.S.N., RN, CCRN; **Gloria Menard**, M.S.N., RN;  
**Deborah Spitzer**, M.S.N., RN, OCN

## DAISY Award

To recognize our amazing nurses in direct patient care, UTSW has partnered with the DAISY Foundation, which established the DAISY (Diseases Attacking the Immune System) Award in memory of J. Patrick Barnes, who died at age 33 of ITP, an auto-immune disease. After witnessing the skilled, caring, and compassionate nursing Patrick received, the Barnes Family created this national award as a way to say “thank you” to nurses everywhere. Any nurse can be nominated for the DAISY Award. The award committee selects one nurse each month from a hospital or hospital-based clinic who exemplifies our mission. Each month’s winner receives a nominee pin, a DAISY Award recipient pin, a Healer’s Touch hand-carved statue, and an award certificate. In addition, the selected nurse’s unit receives a banner to post for the month and freshly baked

cinnamon rolls for everyone on the day the award is presented. DAISY honorees from UT Southwestern for 2016 were:

1. **Candice Coker**, B.S.N., RN – 8 South CUH
2. **Kathleen Collett**, A.D., RN – Zale Lipshy OR
3. **Sarah Mertz**, B.S.N., RN – Emergency Department CUH
4. **Tanya Persoon**, B.S.N., RN – 11 South CUH
5. **Rocky Sonemangkara**, B.S.N., RN, CCRN – 8 South CUH
6. **Brenda Alfred-Taylor**, RN – Zale Lipshy Psychiatry



October 2016  
Clements University Hospital, 11 South  
Daisy Winner: **Tanya Persoon**, B.S.N., RN  
(holding certificate)



June 2016  
Zale Lipshy Hospital, Surgical Services  
Daisy Winner: **Kathleen Collett**, A.D., RN  
(holding certificate)

## UTSW Nurse Excellence Awards

During Nurses Week in May 2016, UTSW bestowed its first Nurse Excellence Awards. In all, more than 45 potential recipients were nominated by their peers for exemplifying what it is to be a role model, a leader, a compassionate caregiver, and a significant contributor who works to improve the community, organization, and patient outcomes through effective listening, inspiring others, actively participating in the community, and devotion and compassion in caring for patients and their families. The six winners of the inaugural Nurse Excellence Awards were:

1. **Jenna Hunter**, B.S.N., RN – Zale Lipshy Hospital Surgery Direct Care Zale
2. **Amy Johnson**, B.S.N., RN – Clements University Hospital 10 North Manager Leadership

3. **Leticia Khosama**, APRN – Simmons Comprehensive Cancer Center Advanced Practice Nurse
4. **Cary Orrick**, M.S.N., RN, CCRNEDU – Clements University Hospital Emergency Department Educator
5. **Merary Plata**, B.S.N., RN – Clements University Hospital 10 North Direct Care CUH
6. **Fatemeh Youssefi**, B.S.N., RN, OCN – Infusion Clinic Ambulatory

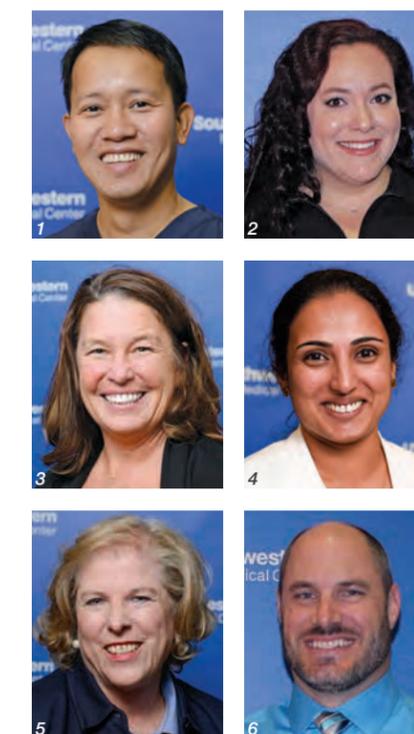


## Strauss Award

The quarterly Strauss Award recognizes employees who exemplify excellent care and service in a professional and positive manner, dedication to teamwork, and compassion for patients, guests, and co-workers. Employees from both Clements University Hospital and Zale Lipshy University Hospital are recognized. Honorees in 2016 were:

1. **Noel Beboso**, B.S.N., RN, CCRN, 7 South SICU, Clements University Hospital Direct Patient Care
2. **Sara Graff**, B.S.N., RN, 9 North Cardiology, Clements University Hospital Direct Patient Care

3. **Leslie Green**, M.S., B.S.N., RN, Float Pool, Clements University Hospital Direct Patient Care
4. **Nisha Jones**, B.S.N., RN, Performance Improvement Hospital Quality
5. **Cynthia Moore**, B.S.N., RN, CCM, Inpatient Rehabilitation, Zale Lipshy Hospital Intake Coordinator
6. **James West**, B.S.N., RN, Apheresis, Zale Lipshy University Hospital Direct Patient Care



## Professional Recognition

# Kidney/Liver Transplant Program Selected for Institute for Innovation® Case Study in Teamwork

Nursing along with staff in UT Southwestern's Kidney/Liver Program, who work together to care for patients as they transition in and out of William P. Clements Jr. University Hospital and into the UTSW Kidney/Liver Clinic, were collectively selected for the Institute for Innovation® Case Study in Teamwork. The team, which provides care for patients with advanced chronic kidney disease and end-stage renal and liver failure, as well as those undergoing or awaiting kidney transplant, liver transplant, and/or hepatobiliary surgery, was honored for its "high levels of performance when delivering patient-centered care."

Press Ganey is a national consulting firm specializing in health care performance. Its nonprofit collaborative research division, called the Institute for Innovation®, so admired the UTSW application that it transformed the team's work into a case study that readers can download to learn best practices related to the issues they face.

# SCCC Earns ASCO Certification for Highest-Quality Cancer Care

UT Southwestern Harold C. Simmons Comprehensive Cancer Center (SCCC) received recognition in 2016 by the QOPI Certification Program (QCP™), an affiliate of the American Society of Clinical Oncology (ASCO), after successfully completing a three-year certification program for outpatient hematology-oncology practices that meet nationally recognized standards for quality cancer care. QCP builds on ASCO's Quality Oncology Practice Initiative (QOPI®).

In applying for certification, SCCC participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines. SCCC was successful in meeting QCP's standards and objectives.

Achieving the QOPI certification was a journey involving multidisciplinary team members, including the nursing leaders within SCCC.

Hematology Oncology Nursing Supervisor Mary Gill, B.S.N., RN, OCN, and Infusion Room Nursing Supervisor Tobi Duncan, B.S.N., RN, OCN, led the efforts to ensure that the QOPI core standards in the areas of patient education and consent, safe chemotherapy administration, and monitoring and assessment of patient well-being were met and consistent across each practice site in Dallas and Richardson and at Moncrief.

"ASCO's QOPI certification recognizes those oncology practices that are committed to delivering the highest quality of cancer care," said ASCO President Daniel F. Hayes, M.D., FASCO. "By achieving certification, these practices have demonstrated their commitment to quality and safety excellence in the care they deliver to patients, as well as to the continuous process of quality improvement."

Autumn Webb, M.B.A., B.S.N., RN, CCRN (left), and Raechelle Robertson, B.S.N., RN



# Structural Empowerment

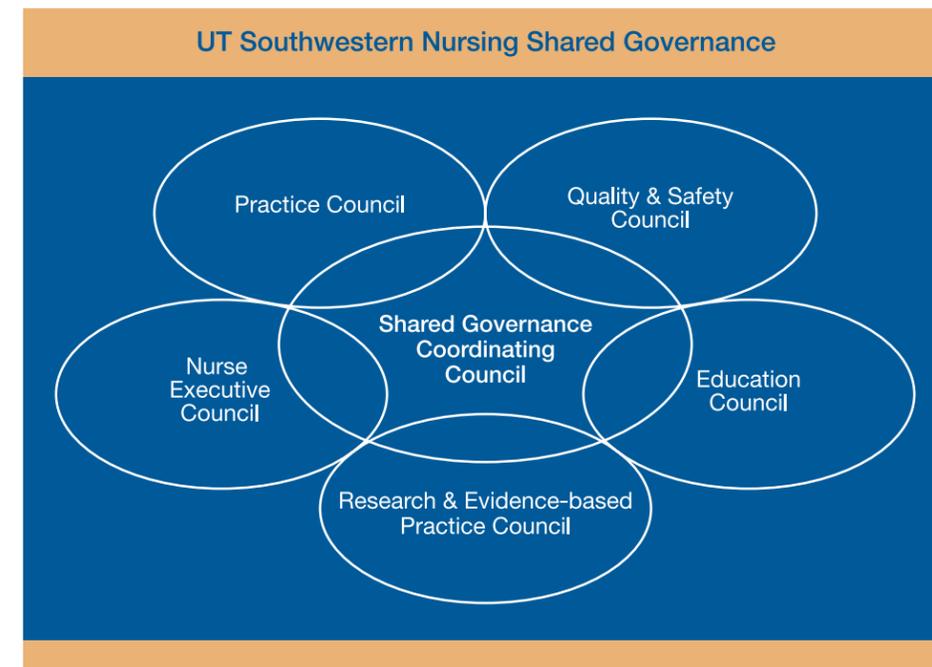
*“It’s a great staff on 7th Floor North. They were all very professional and showed care and interest in me at all times; they took care of my husband who stayed with me, too.”*

## UTSW Shared Governance Structure

The shared governance model at UT Southwestern Medical Center is an organizational structure in which clinical nurses have a voice in determining nursing practice, standards, and quality of care.

Our Shared Governance Council structure is built on the foundation of teams coming together to create and implement actions that result in quality patient outcomes. Nurses from all areas expand their awareness, broaden their knowledge, and enhance their ability to make the best decisions for our patients and their families. Over 685 direct care nurses and clinical staff participate in shared decision making through unit-based councils, committees, and the UT Southwestern Hospital and Hospital-Based Clinics Council structure.

This approach fosters an atmosphere of teamwork and professionalism and empowers every nurse to take ownership and pride in their work and to have a voice in their nursing units.



UTSW has a strong shared governance structure that includes all staff from all areas and disciplines, as reflected in the following examples.

# Shared Governance in Action at Clements University Hospital Inpatient Unit

6 North is a 48-bed surgical specialty unit within Clements University Hospital serving primarily Urology Surgery and Plastic Surgery. The 6N nursing staff has become expert in both of these patient populations. In the first three quarters of 2015, the unit's patients' perception of pain measured through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) index ranged from the 30th-50th percentile ranking. Knowing pain control is very important to patients, particularly to the 6N patient population, the unit identified this as an opportunity for improvement. Through the work of a unit-based council (UBC) and department leaders, pain became the priority for the department, and an action plan was implemented.

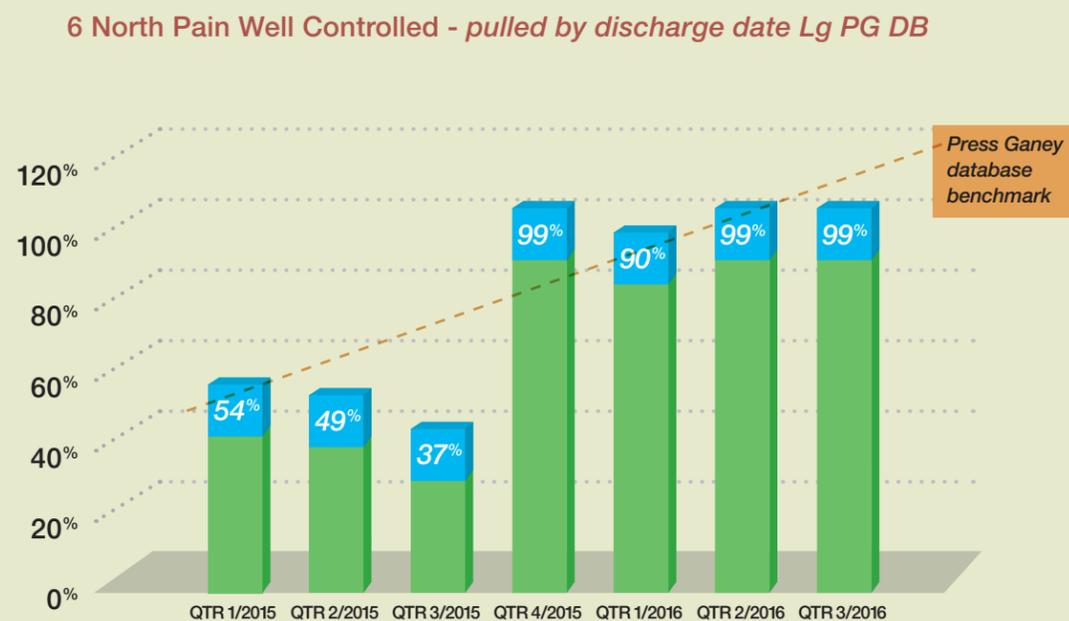
Plan implementers hardwired a pain assessment into nurses' bedside report and hourly

rounding, making sure staff addressed pain during every hand-off. Dry erase boards were used in each patient's room to communicate with the patient and family when the next pain med would be available. During leadership rounds, patients were asked the following questions:

"How are we doing in controlling your pain?"

"Do you know when you can have your next pain medicine?"

The unit's goal was to be at the 90th percentile or above on HCAHPS, signifying improved pain control for its patients. As the graph below shows, the unit has met this goal for the past four quarters.



## Certifications

UT Southwestern nurses validate their mastery of skills, knowledge, and abilities through certification and meet ongoing learning and practice requirements through recertification. Patients and families benefit from certification because it assures them that the nurse caring for them has demonstrated experience, knowledge, and skill in the complex specialty of their care. Nurse certification and the continuing education required to maintain certification contribute to the creation of an environment of professionalism and a culture of retention. Certification also differentiates UT Southwestern from other health care organizations, demonstrating to consumers that we have attracted the most skilled and experienced nursing professionals.

In 2016, the Nurse Executive Board (NEB) outperformed its goal of increasing specialty certifications by 5 percent each year, as demonstrated below at right.

## UTSW Hosts Inaugural Transplant Coordinator Review Course

The UT Southwestern Solid Organ Transplant program hosted the North American Transplant Coordinators Organization (NATCO) on March 3-4, 2016, for the first regional Certified Clinical Transplant Coordinator (CCTC) review course. In all, 58 transplant coordinators from 18 states and one from Ontario, Canada, attended the event. The CCTC review course is designed to provide the information and confidence that potential candidates need to pass the examination the first time. Candidates must complete 12 months of clinical vascular organ work experience.

## Ambulatory Nurses Hone Clinical Expertise

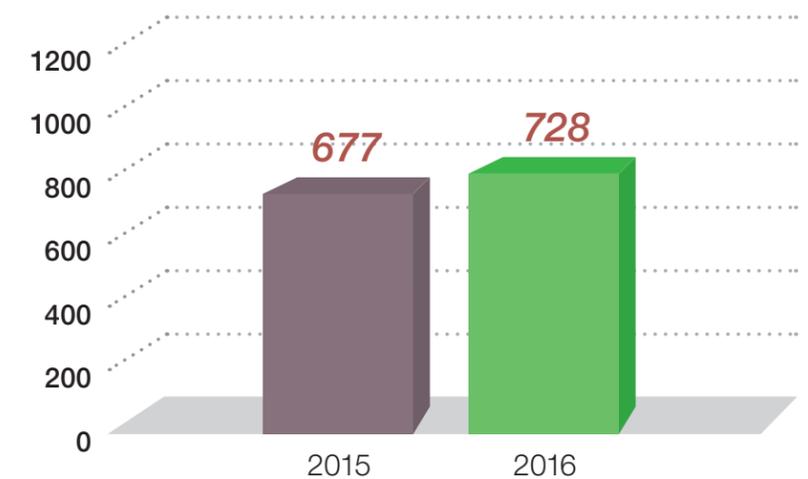
Quarterly every year, UT Southwestern offers an on-site opportunity for ambulatory nurses who are interested in becoming board certified in the discipline to take part in an American Academy of Ambulatory Care Nursing (AAACN) certification review course



Annette Forbes, B.S.N., RN

and leadership training. The two-day course includes 8 hours of certification review material along with leadership sessions delivered by the UTSW Department of Organizational Development & Training. In 2016, 26 UT Southwestern RNs participated in the course; their pass rate for the examination was 100 percent.

## UT Southwestern Specialty Certified Nurses 2015-2016

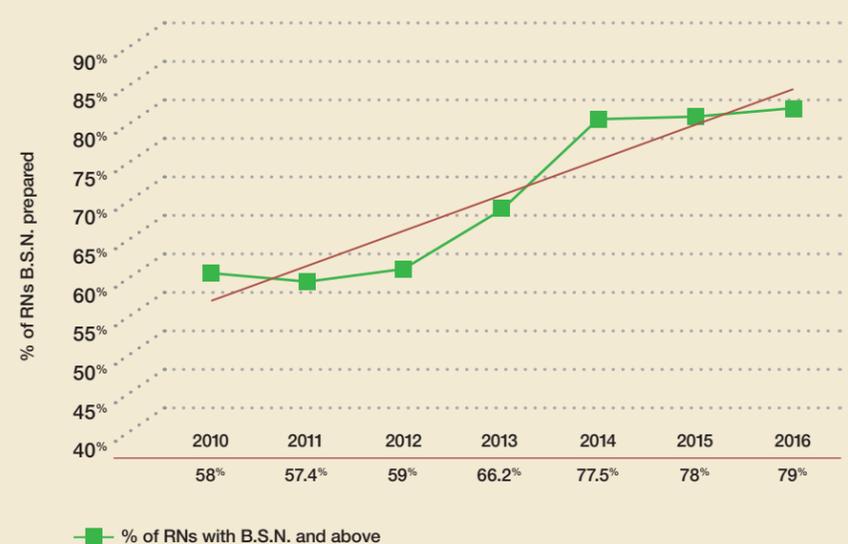


### Educational Levels

In October 2010, the Institute of Medicine released its landmark report on “The Future of Nursing,” initiated by the Robert Wood Johnson Foundation, which called for an increase in the number of baccalaureate-prepared nurses in the workforce to 80 percent by 2020. The expert committee charged with preparing the evidence-based recommendations in this report stated that to respond “to the demands of an evolving health care system and meet the changing needs of patients, nurses must achieve higher levels of education.”

The UTSW Nursing Executive Board is ultimately responsible for attaining this 80 percent B.S.N. goal. As illustrated in the graph at right, we have come increasingly close to achieving this objective.

### Percentage of Direct Care RNs with B.S.N. Degrees and Higher



### Department of Clinical Education & Professional Practice (CEPP) Outcomes for 2016

The Department of Clinical Education & Professional Practice (CEPP) provides support for nurses by offering education, training, and professional development activities. This includes clinical orientation, clinical placement, and education on standards of care and quality improvement. CEPP is committed to achieving and maintaining excellence and advancing the practice of clinical staff.

Outcomes for this area included:

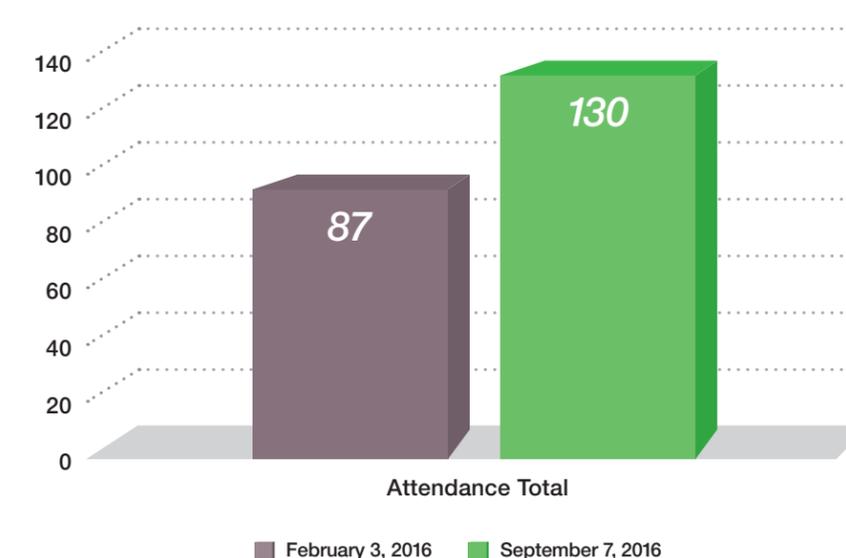
<b>Clinical Orientation:</b> <b>549</b> Licensed Staff <b>609</b> Non-Licensed Staff	<b>Emergency Management Certifications</b> <b>693</b> ACLS Participants <b>9596</b> AHA RQI Participants <b>1049</b> BLS Participants <b>78</b> Neonatal Resuscitation Participants <b>156</b> PALS Participants
<b>Continuing Education:</b> Contact Hour Programs Offered <b>163</b> Contact Hours Provided <b>707</b> Contact Hours Participants <b>4,300</b>	
<b>Clinical Placement</b> 95 High School Students <b>10,201 Hours</b> 309 Undergraduate Students <b>29,802 Hours</b> 367 Graduate Students <b>10,740 Hours</b>	

“The nurse said, ‘I promise to keep you safe,’ and that was important to me.”

### New Programs to CEPP

Starting in July 2016, new nursing graduates enter practice through UT Southwestern’s Nurse Residency Program. Over the course of a year, the nurse residents are offered didactic instruction and provided with clinical rotations, a preceptorship, and monthly workshops. These team-based learning experiences are designed to enhance clinical skills and critical decision-making. Mentoring occurs during the latter part of the program to evaluate clinical progress, acclimation to the environment, and identification of ongoing personal and professional development needs. The retention remains at 100 percent since the program’s inception.

### Nurse Residency Mixer



### Leadership Team

**Trish Jackson**, M.B.A., M.S.N., RN, NE-BC  
**Sue Ruffner**, B.S.N., RN  
**Tracy McGaw**, M.S.N., RN, CCRN, CNRN

### Support Team

**Joyce Maples**, M.S., B.S.N., RN  
**Guadalupe Quintanilla**, B.S.  
**Jean Hoyt-Sehnert**, M.S., B.S.N., RN, NEA-BC  
**Jessica McNeil**, M.S.N., RNC-OB

### Education Coordinators

**Arlanda Redman**, B.S.B.A.  
**Paula Dunn**  
**Naudia Moore**, M.B.A., B.A.A.S., CMA

### Clinical Educators/Professional Development Specialist

**Alfonzo Mendoza III**, B.S.N., RN, CCRN-CMC, CNRN  
**Allen Kirby**, M.B.A., B.S.N., RN  
**Barbara Crim**, M.B.A., RN, CNOR  
**Deborah Spitzer**, M.S.N., RN, OCN  
**Elsa John**, B.S.N., RN  
**Gwen Way**, M.S.N., RN-BC  
**Hazzel Gomez**, M.S.N., RN  
**Kelli Hulsman**, M.S., B.S.N., RN, IBCLC  
**LaBecca Doyle**, M.A., B.S.N., RN  
**Liffy Cherian**, M.S.N., RN, OCN  
**Kathie Waldron**, M.S.N., RNC-NIC  
**Marilynn Bordelon**, M.S., RN, CMSRN  
**Shannon Bowling**, D.P.T., PT  
**Sheena Mathew**, M.S.N., RN, CPN  
**Tarin Prince**, B.S.N., RN

### Career Assessment and Transition Program

In conjunction with Human Resources and the Organizational Development & Training Departments, CEPP has developed a Career Assessment & Transition (CAT) program. The program focuses on experienced nursing staff who transition from one unit to another. The structure allows clinical staff to explore career opportunities within UTSW; provides staff with personalized career counseling to define career goals and objectives; and delivers post-transition support through specialty-specific curriculum and individualized mentoring. Since the launch, 18 applicants have gone through the program.

Opportunities for professional advancement are a valued part of our commitment to quality care and the education of future nurses.

UT Southwestern Medical Center encourages, values, and recognizes continuing education and certification as integral to the professional development of our nurses. Our roadmap for the future of nursing includes strategic goals and provides nurses with an environment that fosters excellence through continual learning and the development of transformational leaders.

Shared decision-making and accountability empower nurses who care directly for patients, and UTSW's new nurse residency program offers a framework for creating improvements to promote safety, innovation, and excellence.



Amanda Reitz, B.S.N., RN, PCCN (left), and Moriah Lyons, B.S.N., RN (right), welcome a Nurse Residency Mixer attendee (center).

## Nurse Residency

Shared decision-making and accountability empower nurses who care directly for patients with a process for creating improvements to promote safety, innovation, and excellence. Opportunities for professional advancement are a valued part of our commitment to quality care and the education of future nursing leaders.

UT Southwestern Medical Center has a commitment to professional development and offers nursing education opportunities for those interested in a nursing career. Good examples of such opportunities were the two Nurse Residency Mixers the Department of Clinical Education and Professional Practice hosted in 2016.

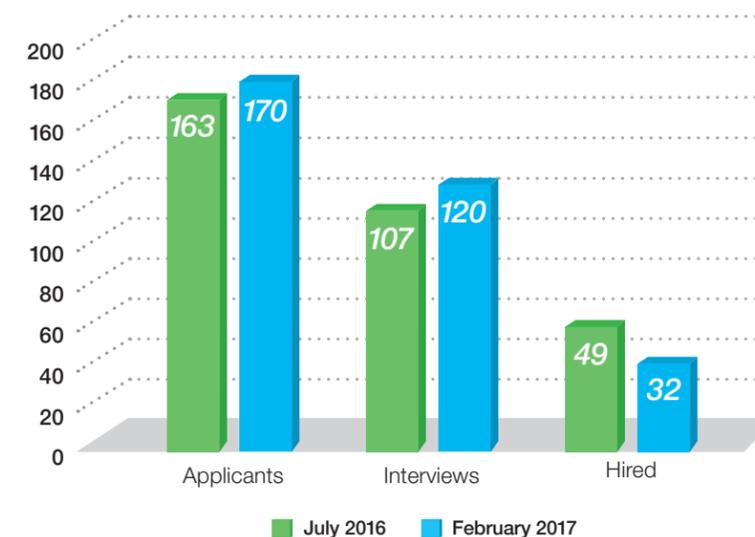
The Department's goal was to increase interest in and visibility of UTSW's Nurse Residency Program by inviting potential RN graduates from Texas and surrounding areas to come to campus and meet current staff members and learn what our program has to offer.

Together, the two mixers attracted 217 participants from 23 Texas schools of nursing and one Tennessee school of nursing.



Kelly Murphy, B.S.N., RN, helps potential RN graduates learn about UTSW's Nurse Residency Program.

### Nurse Residency Recruitment Efforts



# Exemplary Professional Practice

*“I appreciate our nurses’ overall professionalism. They were all excellent. They displayed organized teamwork. I didn’t have to wait long for discharge papers.”*

## Best Nurses, Best Bedside Care

The **7 South Surgical Intensive Care Unit** at William P. Clements Jr. University Hospital is a 24-bed ICU that cares for critically ill surgical patients. Patient care is dependent upon acuity but is often 1:2 nursing care, with higher-acuity patients receiving 1:1 or 2:1 care at times. The SICU’s nurses, 81 percent of whom hold a B.S.N. and 54 percent of whom are certified, pride themselves on providing innovative care and incorporating evidence-based practices as part of their successful outcomes. Striving to maintain a welcoming, empowering, engaging, and safe environment, the SICU has yielded commendable patient and employee satisfaction scores. Since its inception, the unit has had no cases of central line-associated blood stream infections (CLABSIs) or ventilator-associated pneumonia. Consistent education, real-time accountability, and a culture that fosters change, compliance, and quality have generated two years without either of these hospital-acquired infections.

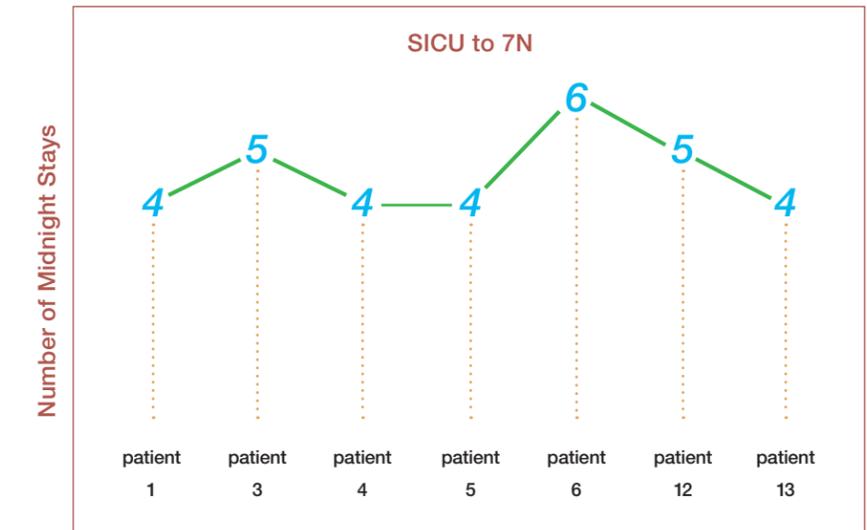
The **7 North Surgical/Transplant Unit** in Clements University Hospital is a 32-bed unit serving multiple patient populations. The unit’s nurses are specially trained in the care of immunocompromised patients and experts in the care of kidney and liver transplant patients. Recently, the Kidney/Liver team held a symposium to update the education of the unit’s nurses, who also are instrumental in maintaining 7 North’s bariatric accreditation.

Of the unit’s 39 RNs, 34 (88 percent) have earned their B.S.N., two hold M.S.N. degrees, and four are currently enrolled in master’s degree programs.

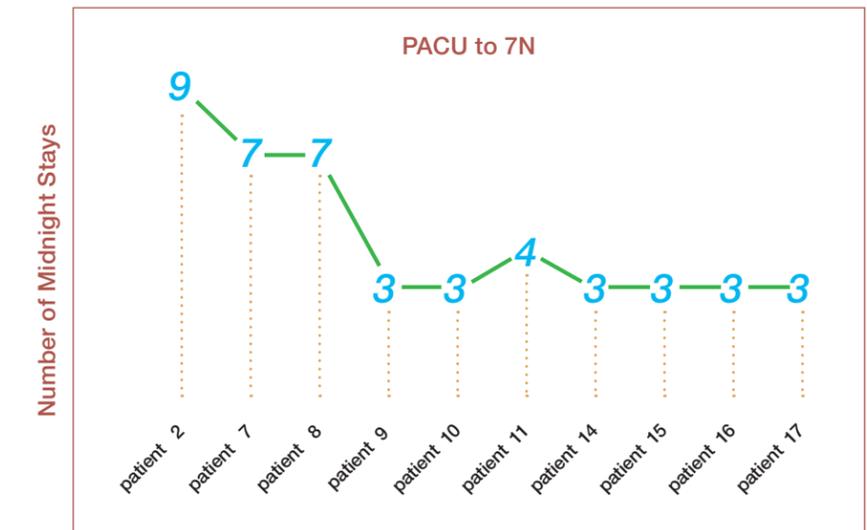
Based on a collaborative process improvement plan implemented in 2016, kidney transplant patients were admitted directly to the acute care unit after an appropriate stay in the Post-Surgical Recovery Unit, rather than being admitted to the Surgical Intensive Care Unit (SICU), based on clinical indications.

Prior to that time, regardless of necessity, all patients were admitted to the SICU. This new process has improved the patient experience and decreased their length of stay.

**Total Midnight Stays – SICU to 7N vs PACU to 7N**



n = 7; mean = 4.571; median = 4



n = 10; mean = 4.5; median = 3

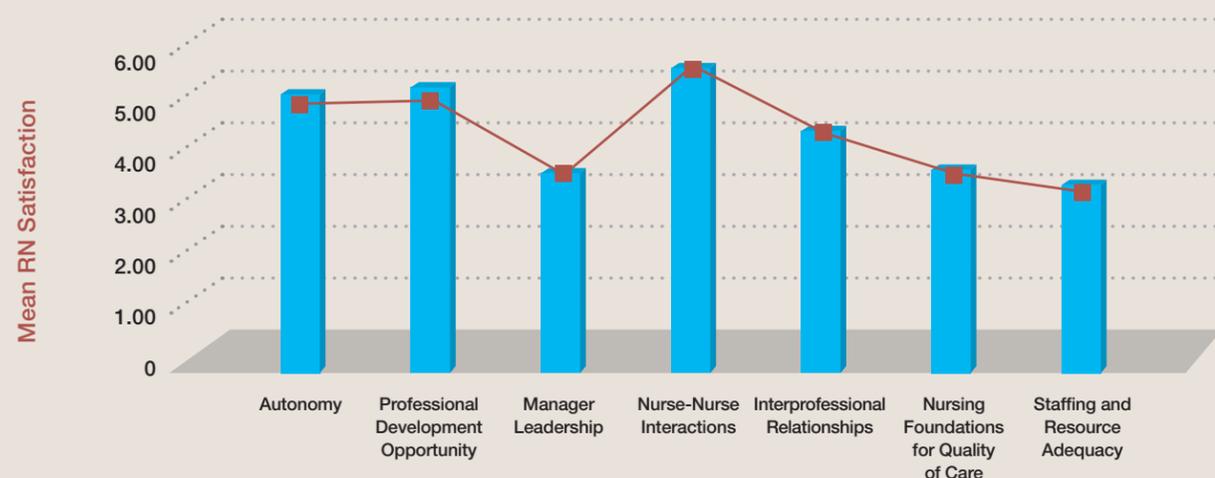
# Nurse Satisfaction Survey

Each year, UT Southwestern participates in a nationally benchmarked nurse satisfaction survey. Literature shows that when nurses enjoy their jobs and intend to stay in their positions long term, it translates to improved patient outcomes. Due in part to the many programs in place at UTSW to support clinical nurses as they provide quality patient care, the UTSW Division of Nursing outperforms other academic medical centers in all areas of nurse satisfaction, as the graph below shows.



Tammie Robinson, RN, OCN, left, and Rosemarie Espinoza B.S.N., RN, OCN, share a moment.

## UTSW 2016 RN Satisfaction vs NDNQI Academic Medical Centers



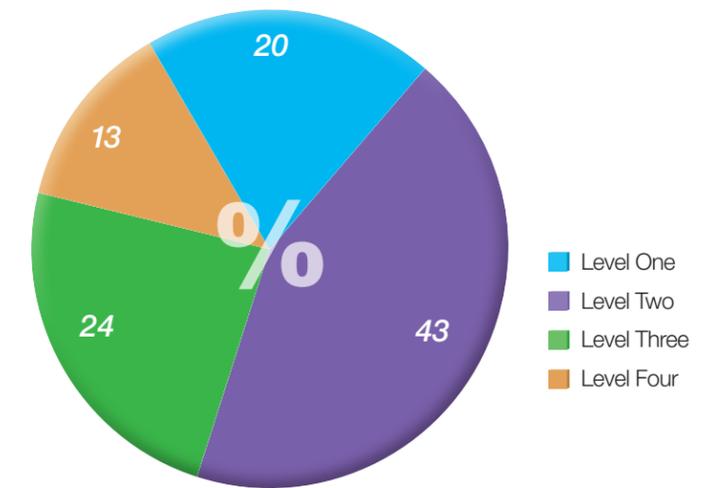
Category	UTSW Mean	NDNQI Academic Medical Centers Mean
Autonomy	4.61	4.38
Professional Development Opportunity	4.74	4.44
Manager Leadership	3.12	3.03
Nurse-Nurse Interactions	5.12	5.11
Interprofessional Relationships	3.91	3.82
Nursing Foundations for Quality of Care	3.19	3.06
Staffing and Resource Adequacy	2.89	2.69

## Clinical Ladder

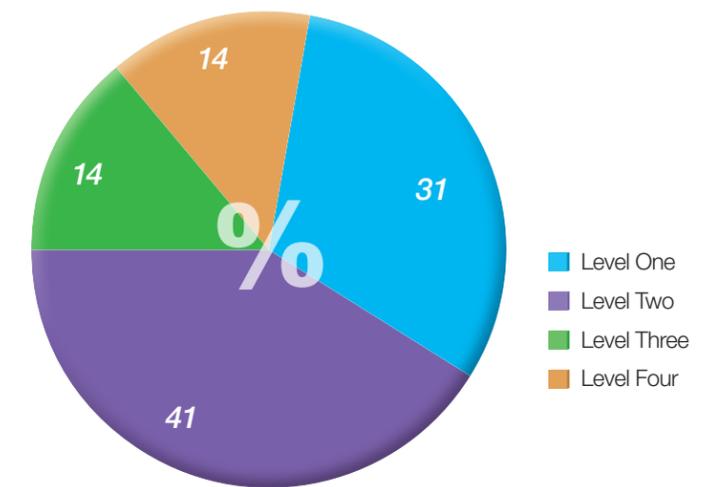
UTSW's Clinical Ladder process promotes clinical growth and development, addresses recruitment and retention, and encourages and rewards nurses in direct patient care and non-administrative roles.

*"Recognition, reward, and retention of the experienced nurse in positions of direct clinical practice – along with the documentation and adequate description of their practice – are the first steps in improving the quality of patient care."* (Patricia Benner, M.S., RN, "From Novice to Expert," *The American Journal of Nursing*, 82(3), 1982, p. 407.)

The UTSW Clinical Ladder is open to all clinical nurses involved in direct patient care.



Clinical Ladder Recipients 2016



Ambulatory Clinical Ladder Recipients 2016

## Outreach and Initiatives

### Collaborative Effort Reduces 'LOS' Numbers So Patients Win

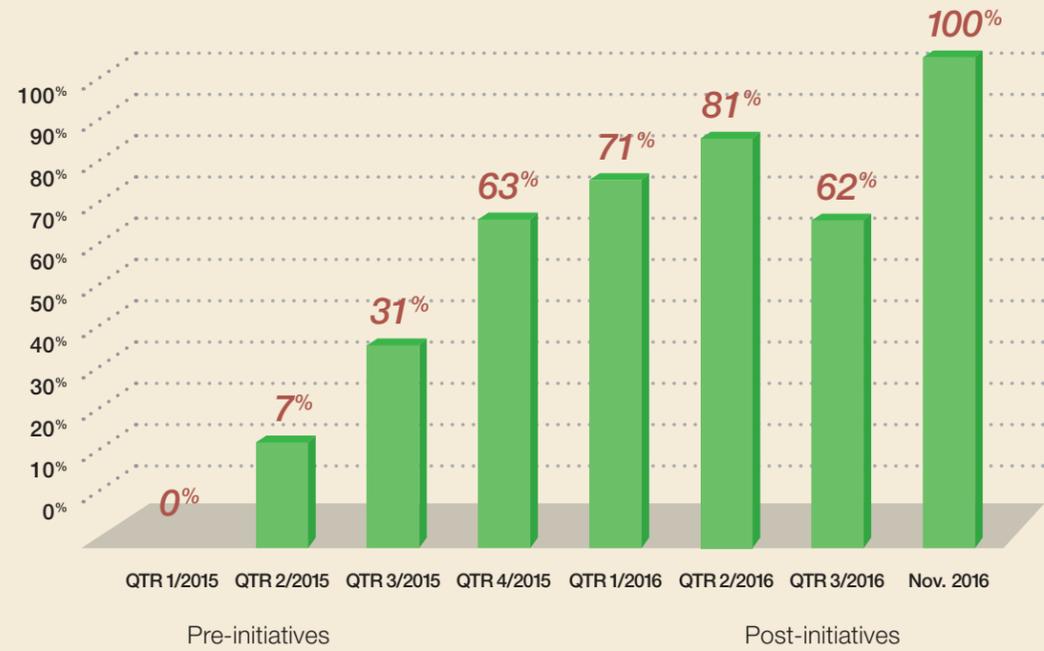
A good example of UTSW's commitment to quality patient care and education is the "Joint Class" created in 2016, designed for and open to any patient coming to UTSW for an elective total joint replacement of the knee or hip. A collaborative effort of the departments of Nursing, Inpatient Therapy Services, Physical Medicine and Rehabilitation, and Orthopaedic Surgery, along with Therapy Services and the Outpatient Orthopaedics Clinic, the goal of the class was to better prepare patients for their surgery and, ultimately, to increase patient satisfaction. It was hoped that, by August 2016, the class also would lead to a decrease in patients' length of stay (LOS) by 25 percent.

The idea for the course originated in October 2015, when Kenneth Estrera, M.D., Assistant Professor of Orthopaedic Surgery, and the Inpatient Orthopaedic Nursing Manager attended a bundle payment workshop. In January 2016, the Outpatient Physical Medicine and Rehabilitation Department created

a "Prehab" program, focused on prehabilitative practices for patients planning to have knee or hip joint replacement surgery. In March 2016, representatives from Nursing Services, Therapy Services, and the Department of Physical Medicine and Rehabilitation attended a class on Clinical Safety and Effectiveness. Collective insights from these ventures were pooled, and in June 2016 the first "Joint Class" was formed, meeting every first and third Tuesday each month.

By the end of 2016, thanks in part to the effectiveness of this class, UTSW patients' LOS after a joint replacement had decreased from 4.3 days in the hospital to 3.4 days.

### NSICU Compliance with t-PA Documentation



### Neuro ICU Achieves Extreme Improvement in t-PA Charting for 2016

In January 2016, UT Southwestern's Zale Lipshy University Hospital was up for recertification for The Joint Commission's Comprehensive Stroke Certification. One of the areas noted for improvement from 2015 was in compliance of t-PA monitoring documentation, specifically in the hospital's Neuroscience Intensive Care Unit (NSICU), a 20-bed unit serving primarily stroke and neurosurgical patients.

Led by Suzanne Stone, B.S.N., RN, the NSICU team took action to ensure the necessary improvement.

First, the team created a t-PA documentation checklist to be used for real-time auditing. Next, team leaders re-educated staff on t-PA charting expectations. And finally, leaders created a "double check" system of documentation between oncoming and off-going charge RNs. The goal of such measures

was always to ensure the NSICU's stroke population was receiving the best quality care in regards to t-PA administration and to make sure documentation reflected that care.

Putting those measures in action met with great success for the year. As reflected in the bar graph above, for November 2016 the team achieved 100 percent for t-PA compliance charting, making the overall achievement for the year 80 percent.

**“My nurses were absolutely amazing. The entire staff was hands-down the best!”**

### Patient Satisfaction Initiative Yields Positive Results

A unit-based council (UBC) from the Department of Psychiatry worked with nursing leadership throughout the year to improve patient satisfaction, to include patients and their families in treatment planning, to promote recovery from mental illness, and to improve staff engagement. Accomplishing these goals, the UBC believed, would improve patient outcomes in medication compliance and reduction in readmissions and support the American Psychiatric Nurses Association's (APNA's) "Recovery to Practice" initiative, which is included in the Department's Psychiatric Nurse Scope and Standards of Practice.

The UBC and nurse leaders implemented a "team conference" to be held within 48 hours of each patient's admission. This is a multidisciplinary meeting with each patient and his/her family (if the patient consents) to discuss the diagnosis and treatment plan from a multidisciplinary perspective. The meeting's

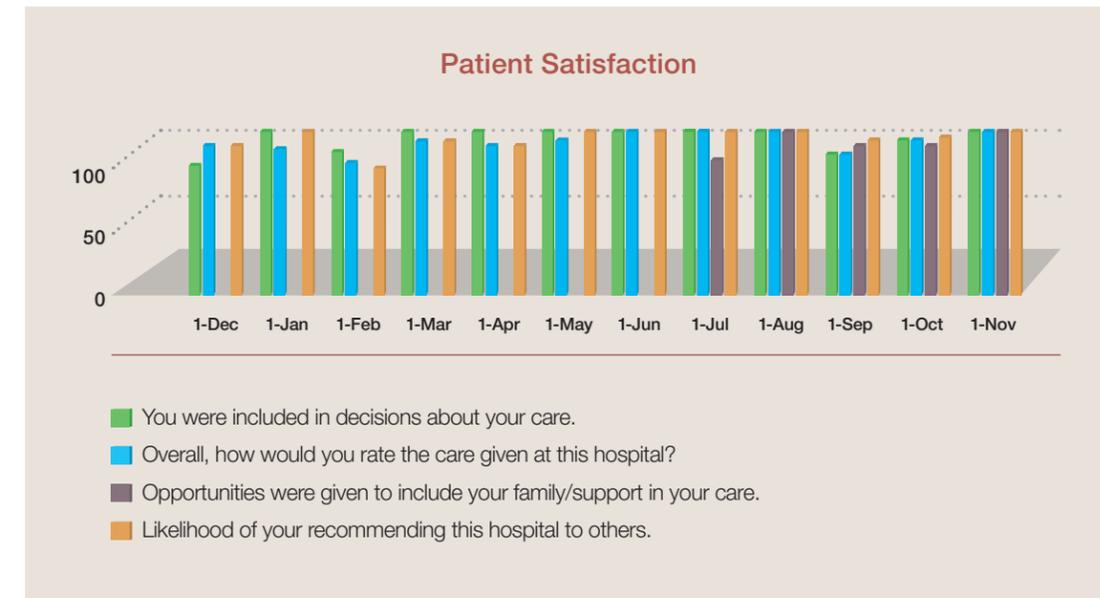
support is the No. 1 predictor of good recovery in psych patients.

In May 2016, the UBC implemented the APNA "Recovery to Practice" curriculum in a class open to all psychiatric staff. This curriculum focuses on knowledge, communication, attitudes, and interventions for patients with trauma and mental illness. It is a patient-centered approach promoting recovery and trauma-based care principles. All staff attended the eight-hour class (including physicians) between May and the present. The class was also part of a statewide Institutional Review Board study to measure recovery knowledge pre- and post-class. Data are submitted from each class and a report is generated with demographics for each participating organization. Classes are ongoing, offered every other month and open to all hospital staff on a voluntary basis.

As an indicator of this initiative's success, the Department had hoped to achieve scores of 90 percent ("very good") or higher on the



Charlotte "Gaile" Hall, B.S.N., RN, psychiatric nurse at Zale Lipshy



theme is that the patient and family are part of the planning and their input is vital. This allows for better communication, a team atmosphere, and for patients and families to be involved and engaged in the recovery process. The Department firmly believes in the importance of including families in care planning because

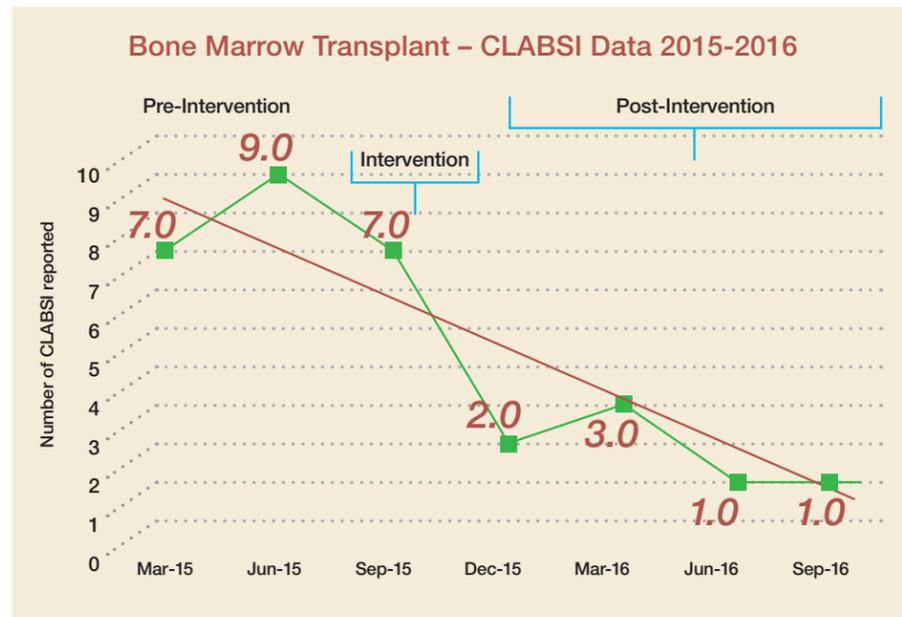
patient satisfaction survey by September 1, 2016. As shown in the graph above, which details the questions asked of patients to reach the overall patient satisfaction score, the Department's hopes were realized.

# High-Risk Oncology Unit Turns CLABSI Rate Around With Education, Audits, Teamwork

11 South is an adult stem cell transplant, bone marrow transplant, and oncology unit serving patients diagnosed with hematologic malignancies. In 2016, the unit's nursing team was faced with the challenge of a severely increased CLABSI rate, but team members proved their adaptability by successfully implementing an action plan that was able to stabilize numbers.

Due to the nature of the cancers the unit treats and the high-dose chemotherapy its nurses administer, the majority of 11 South patients have a central line and spend several days severely neutropenic. Not only does a central line-associated blood stream infection greatly increase the cost to the hospital, it can cost the patient even more and can easily be the difference between life and death in the unit's immunocompromised world. Because of the increased risk posed to patients, infection control and central line care have always had an urgent importance to the unit's staff and management.

A unit-based task force was formed under the guidance of the unit leader with the participation of frontline staff nurses, an infection preventionist, the medical director, and a clinical educator. A new action plan was officially implemented in September 2015 and focused heavily on education and audits. Unit leaders ran a REDCap survey among staff to assess their understanding of policy and current practice. Teams then reviewed current evidence, CDC guidelines, and recommendations from other related professional organizations. One of the biggest changes made was to switch the unit's central line cap and tubing change from once to twice each week as a trial for three months. Based on the REDCap survey results, training and validation of central line care skill was mandated for all unit-based



and float staff. But the plan would not have been complete without some important players outside the unit as well: The hospital CLABSI committee and physician champions offered their input, expertise, and constant support, and the float pool leadership and staff proved their flexibility by working alongside the unit during the whole process.

The desired outcome of the initiative was that 11 South would achieve and maintain a National Health Safety Network (NHSN) standardized infection ratio (SIR) of less than 1.0 for CLABSI, which is the gold standard across the nation for similar populations of patients, and to disseminate best practices and outcomes learned from the initiative to other departments locally and nationally. As the graph above shows, the unit's improvement was notable once the action plan was implemented.

## It Takes a Team to Support Patient Experience

On September 28, 2016, an 11 North transitional care coordinator/social worker informed the 11 North team that an end-of-life patient on the unit expressed that his last wish was to celebrate Christmas with his family. The staff jumped into action and collaborated with several areas of the hospital to obtain items so that his wish could be granted. Staff from 10 North, the Medical Intensive Care Unit, and Nutrition were called and together were able to provide Christmas decorations and a Christmas tree, enabling 11 North staff to decorate the patient's room, which looked awesome! The patient was awake and alert, and he was full of smiles when he saw it. Nutrition was also called to see if a meal could be prepared for the patient. Within 15 minutes, the call was returned with a Christmas meal menu for the whole family! All of this – the tree, the room decorations, and the family meal with all the trimmings – happened within three hours of the staff being notified of the patient's wishes. The patient's family was overwhelmed with everything and amazed that the 11 North staff was able to accomplish all of this in such a short time. The family was very happy, and the greatest joy was that the patient was awake to enjoy it all and celebrate Christmas with his family as he wished. He passed that night around midnight. The experience reminded all involved of the specialness of caring for patients and their families, one day at a time.

# Wound Ostomy Team Grows, Expands Services

In 2016, the Enterostomal Nursing Department at UT Southwestern changed its name to the Wound Ostomy Department. In recent years, UTSW's wound ostomy program has grown from a "department" of one to now eight certified Wound Ostomy Continence Nurses (WOCNCB). This team specializes in all aspects of skin care and ostomy management, providing care to patients at both Zale Lipshy and Clements University Hospitals. In 2016, the team began offering ostomy clinics at offsite ambulatory clinics as well, ending the fiscal year having treated hundreds of patients for chronic wounds and having attained a healing rate of 95 percent.



Rebekah Gandara, B.S.N., RN, CRRN (left), and Diana Dobbins, A.D.N., RN

## Leader Development

Due to the increased complexity, acuity, and overall volume of the patient population at Zale Lipshy University Hospital, four Assistant Nurse Managers developed and submitted a formal proposal to the Manager, Director, CNE, and CFO requesting an adjustment to the budgeted FTEs (full-time equivalents) for the hospital to support patient care acuity and staffing needs.

The ANMs – **Laura Duran**, M.S.N., RN; **Maria Darauay**, B.S.N., RN; **Maria Flores**, B.S.N., RN; and **Steven Sisson**, B.S.N., RN – developed an acuity tool outlining specific care needs by patient diagnosis and type. They also conducted a literature review of clinical practice guidelines for patient populations, as well as an outside organizational practice comparison. They then classified eight months of unit-specific patient data into two separate assignment models and identified the historical volume for each assignment model for the average daily census, using the calculated results to arrive at the required FTEs.

Thus, based on patient and unit-specific clinical and financial data, the ANMs' proposal resulted in staffing adjustments to meet the increased care needs. The experience also gave the ANMs the opportunity to understand the elements involved in making budgetary requests and decisions, which previously had been done at a Manager level or above.

## Imaging Services Nursing

A unit goal of the Imaging Services Nursing Department is to “reduce patient suffering” in every way possible. Imaging Services is accomplishing this goal by:

- Reviewing and revising workflow processes for more patient-centric care
- Reviewing barriers causing procedural delays and collaborating with Imaging Services modalities and physicians to reduce delays and increase patient satisfaction
- Increasing the exchange of information/expertise between Imaging nursing and Imaging Services leadership and radiologists, all working collaboratively to increase patient satisfaction and decrease procedural delays to include introduction of the “mini huddle” and procedure delay report
- Enhancing the connection to the patient through communication before and after procedure phone calls

## Outpatient Clinics

### Satellite Clinics: Transplants Across Texas

Patients needing evaluation for lung, kidney, or liver transplants can be referred to UT Southwestern outpatient clinics located in seven cities across Texas. Patients can receive pre-transplant consultation services and post-transplant follow-up care at these satellite clinics – which are staffed by UT Southwestern transplant teams, including specialty nursing staff – while all transplant surgeries take place in Dallas at UT Southwestern’s state-of-the-art William P. Clements Jr. University Hospital.

### Advanced Practice Nurses

Nationally certified and state licensed, Advanced Practice Providers (APPs) at UT Southwestern include clinical nurse specialists (CNSs), nurse practitioners (NPs), physician assistants (PAs), certified nurse midwives (CNMs), and advanced practice registered nurses (APRNs).

In 2016, APP Director Rhonda Hough, D.N.P., APRN, CPNP-AC, introduced the role of the Assistant Director into the UT Southwestern APP leadership structure. This was the result of a rapidly expanding number of APPs hired to practice across the UTSW health system. This growth accentuated the essential need for APP specific professional development, education/training, and role development. This expanded APP leadership included the introduction of four Assistant Directors to complement Dr. Hough’s work. These four individuals work in the areas reflective of both their clinical expertise and administrative experience. The Assistant Director integration provides expertise in the recruitment of qualified candidates, ensures that initial and ongoing training and education meet applicable standards, and provides direct administrative supervision to staff within particular areas. These efforts also provide the organization with enhancements surrounding APP clinical competency, intentional professional development, and

improved compliance with regulatory rules. These APP leaders are helping to bridge this gap by partnering with current leaders and by supplying the necessary support and resources to those providers.

*The Assistant Directors are:*

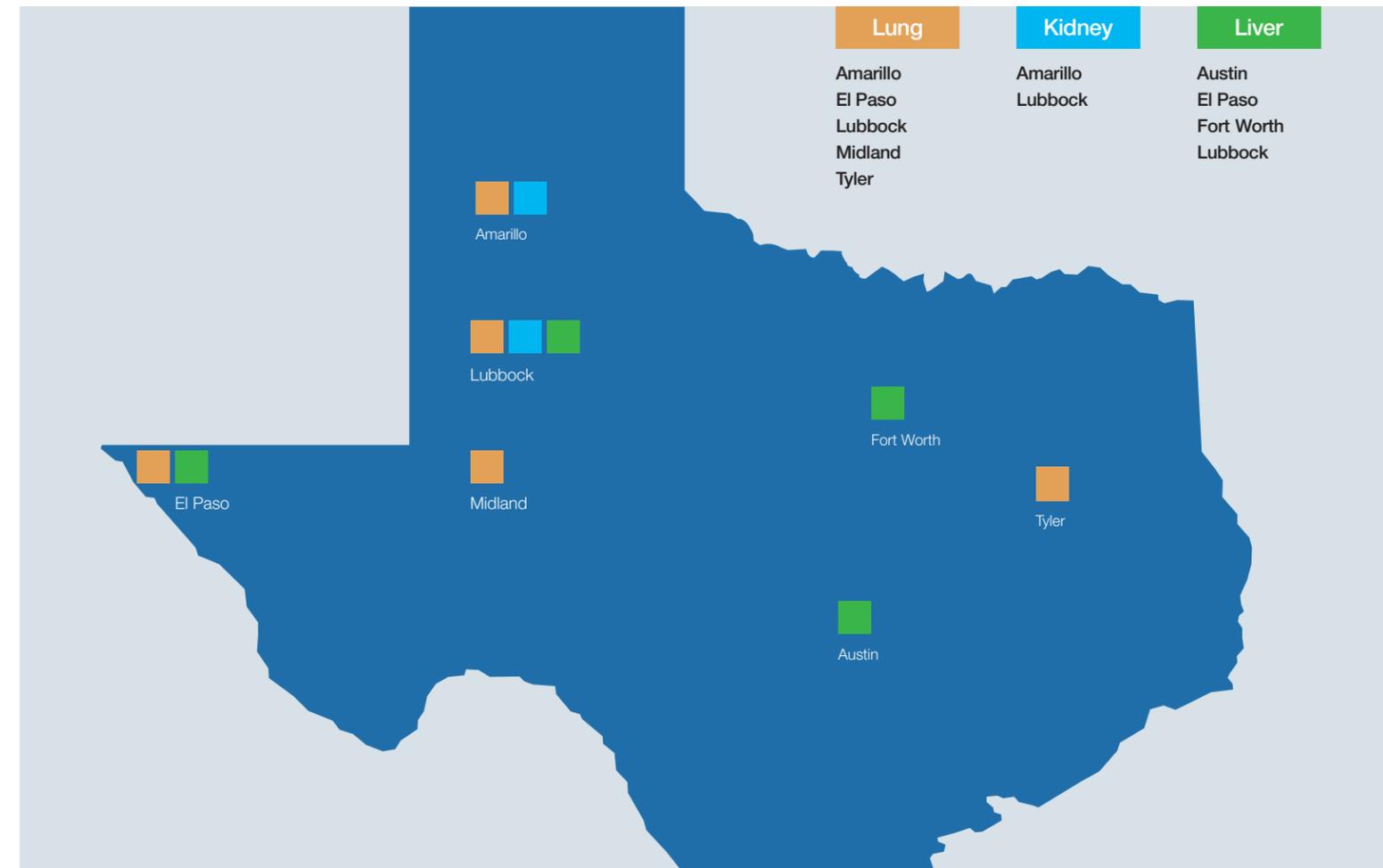
**Aimee T. Dunnam**, APRN, NNP-BC – University Hospitals

**Christopher McLarty**, CNP, APRN, ENP-BC – Ambulatory Services

**Kimberly George**, M.S.N., APRN, ACNS-BC, ONC – Simmons Comprehensive Cancer Center

**Kimberly Oas**, M.S.N., APRN, FNP-BC – Peter O’Donnell Jr. Brain Institute

“This was the absolute kindest staff that we have ever encountered in a hospital.”



# Advanced Practice Nurses

**Debbie Arbique, D.N.P., FNP-C, CEN, CFN, APRN, DABFN, FAFCEI**

**Category: Innovation, Research, and Evidence-Based Practice**

Debbie Arbique is a Doctor of Nursing Practice and board-certified family nurse practitioner with broad research, clinical, and teaching experience spanning a 21-year career at UT Southwestern. Dr. Arbique currently works clinically in the UT Southwestern Division of Cardiology's Hypertension Section, where she is also a Research Coordinator and Sub-Investigator, roles in which she participates in a number of research studies. In the clinical setting, Dr. Arbique serves as a blood pressure specialist, caring for patients with hypertension, hypotension, and neurogenic orthostatic hypotension. In the lab, she is currently involved in more than 10 research studies, including: "Mechanisms of Muscle Blood Flow Dysregulation and Exercise Intolerance in Chronic Kidney Disease"; "Detection of Adherence to Antihypertensive Medications with Therapeutic Drug Monitoring"; "Usefulness of Ambulatory Blood Pressure Monitoring and Cold Pressor Test in Detecting Autonomic Failure"; "Neural Mechanisms of Tyrosine Kinase Inhibitor-Induced Hypertension in Humans"; "Blood Pressure Outcomes in Anti-Vascular Endothelial Growth Factor Receptor (VEGFR)/Tyrosine Kinase Inhibitor (TKI)-Induced Hypertension"; "The Role of Aldosterone on Augmented Exercise Pressor Reflex in Hypertension: Outcomes in Patients With Primary Aldosteronism Treated With Adrenalectomy or Mineralocorticoid Receptor Antagonists"; "Pilot Study to Determine Prevalence of Non-adherence to Antihypertensive Medications in the Primary Care Clinics"; "Neural Mechanisms of Aldosterone-Induced Insulin Resistance"; and "Preventing Metabolic Side Effects of Thiazide Diuretics With KMgCitrate."

In 2016, Dr. Arbique's contributions to research led to the publication of two manuscripts;

Velasco A, Solow E, Price A, Wang Z, Arbique D, Arbique G, Adams-Huet B, Schwedhelm E, Lindner J, and Vongpatanasin W. "Differential Effects of Nebivolol vs Metoprolol on Microvascular Function in Hypertensive Humans." *American Journal of Physiology: Heart and Circulatory Physiology*, May 2016.

Vongpatanasin W, Peri-Okonny P, Velasco A, Arbique D, Wang Z, Ravikumar P, Adams-Huet B, Moe OW, and Pak CY. "Effects of Potassium Magnesium Citrate Supplementation on 24-Hour Ambulatory Blood Pressure and Oxidative Stress Marker in Pre-hypertensive and Hypertensive Subjects." *The American Journal of Cardiology*, June 2016.

Dr. Arbique is an active member on both the UT Southwestern Medical Center and Parkland Health & Hospital System Ethics committees, for which in 2016 she presented on the topic "Policy Development & Organizational Issues: Ethics Committees and Distributive Justice."

Dr. Arbique also volunteers in the community extensively. Her community involvement includes service with the DeSoto Police Department as a Citizen on Patrol, for which she received the Volunteer of the Year Award on April 16, 2016. Dr. Arbique regularly conducts health fairs at the police department, checking blood pressures and educating the community about healthy lifestyles. In addition, she leads numerous Heartsaver/AED/First Aid classes, both at the police department and elsewhere in the community on weekends.



**Debbie Arbique, D.N.P., FNP-C, CEN, CFN, APRN, DABFN, FAFCEI**

**Keri Draganic, D.N.P., ACNP-BC**

**Category: Quality Improvement and Outcomes**

Keri Draganic is a Doctor of Nursing Practice in the Division of Cardiovascular and Thoracic Surgery at UT Southwestern Medical Center, where she provides care to patients after cardiovascular or thoracic surgery and at the point where healing and recovery begin. Although her tenure at UTSW has been short, she has demonstrated a willingness to investigate the evidence for best practices and the implications for her patients.

One way Dr. Draganic demonstrates her passion for her patients is looking at quality improvement initiatives. She has an avid interest in treating sepsis within the adult population, which includes specifically fluid resuscitation in the treatment of sepsis in patients with underlying congestive heart failure (CHF). For her Doctorate of Nursing Practice (D.N.P.) capstone project, Dr. Draganic chose a retrospective review of outcomes in septic CHF patients who received the recommended intravenous fluid (IVF) resuscitation described by the *Surviving Sepsis Bundle* versus those who received more or less.

She also made a commitment to professional development through her participation in the Advanced Practice Provider (APP) Clinical Ladder and entry into the Neuroscience Nursing Research Center (NNRC) Fellowship program at UTSW. Dr. Draganic was one of six nurses and the first APP to be accepted into the program in its second graduating class. Her participation included 1:1 mentorship with members of the NNRC, which provided her with direction and served to keep her on track to graduation with her D.N.P. in December 2016.

Other examples of Dr. Draganic's involvement at UTSW include her grant submission to the Doris Bloch Foundation for research funding for her study on preoperative PT values to postoperative therapeutic Coumadin levels in patients with mechanical valve replacement. In addition, she conducted a Journal Club presentation on transfemoral aortic valve replacement and was recently nominated and has accepted the Co-Chair of the Nursing Research and Evidence-Based Practice Committee.

Finally, outside of caring for patients and research, Dr. Draganic holds memberships in various professional organizations, including the American Association of Nurse Practitioners (AANP), North Texas Nurse Practitioners (NTNP), American Association of Critical Care Nurses (AACN), and Society of Critical Care Medicine (SCCM). She is a wonderful asset to UTSW, where her enthusiasm and passion are contagious.



**Keri Draganic, D.N.P., ACNP-BC**



Lakina Ferguson, A.D., RN

**Leticia Khosama, M.S.N., APRN,  
NP-C, AOCNP**

Leticia was recognized as the UT Southwestern 2016 APRN of the Year, demonstrating exceptional performance in several categories: being a role model, providing leadership, serving the community, and being a compassionate caregiver. Leticia received accolades from patients and co-workers for her consistently compassionate, intelligent, and comprehensive care.

Leticia graduated from nursing school magna cum laude in 2005 and began working with oncology patients in 2007; that was when she “found her calling.” Her work began in the Parkland Oncology Clinic, and she graduated with her M.S.N. in 2012, while serving as a GI/GU nurse navigator. Her passion for her patient population continued into her APRN role as a GI/GU Medical-Oncology APRN and is evident in her involvement in multiple clinical research studies in coordination with the Clinical Research Office.

Leticia has achieved national certification in her specialty (AOCNP) and is an active member of the Oncology Nursing Society.

Since February 2013, Leticia has volunteered at GDAS Cancer Clinic in Plano, providing care for underprivileged patients who don’t live in Dallas County.

Leticia’s abstract (in collaboration with Muhammad Beg, M.D.), “Interaction Between Regorafenib and Warfarin Therapy,” was accepted for a poster presentation at the 2017 Gastrointestinal Cancers Symposium (ASCO-American Society of Clinical Oncology).



Leticia Khosama, M.S.N., APRN, NP-C, AOCNP

**“The nurses were, from start to finish, upbeat, friendly, and very positive, very willing to help.”**

### Huddle: An Old Concept Made New Again

In order to improve patient throughput and match resources with needs, nurses from 10 North, 12 North, and 12 South implemented a “bed huddle” initiative involving three inpatient units. Huddling is a collaborative process whereby Emergency Department patients, transfer patients, and direct admits are placed in the unit with the first available bed and staff to provide care. Successful implementation required hospitalist provider input into placement for geographical assignments and unit staff input for patient placement in the unit with the most available resources, all in real time. The resulting decreased wait time for bed placement led directly to patient, provider, and staff satisfaction.

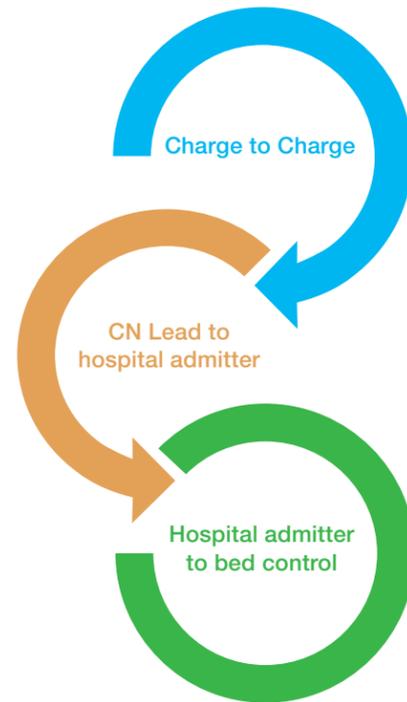
### CVICU Surpasses Milestones in 2016

The mission of the CVICU is to provide compassionate, quality care that is respectful, patient- and family-centered, safe, and cost-efficient. CVICU patients are primarily adults, but postoperative adolescent cardiothoracic surgical patients who can be treated with adult protocols and equipment may also be admitted to the CVICU.

The CVICU has the only nurse-driven adult ECMO program in the Dallas-Fort Worth area, as well as the nation’s only nurse-driven ex-vivo program for potential lung transplant organs. In early 2016, the CVICU medical and surgical faculty performed the first combined liver/lung transplant. The unit has achieved more than 500 heart transplants and is on its way to surpassing 1,000 lung transplants. The CVICU staff is participating in the Nurse Residency Program this year and also has accepted three internal candidates for the unit’s CAT program. The nursing team is active in the ongoing work with the collaborative Anesthesia/Surgeon ECHO to ICU handoff project.

**Bed Huddle** 0800/2000/PRN

**Charge RN#** 10N-38660—12N-73017—12S-38278



**Lead Charge RN communicates with 10N/12N/12S CN**  
 Beds available  
 RN open for admits  
 Pending DCs  
 Preferred bed assignment

**Lead Charge RN communicated with hospitalist admitter**  
 Beds available/with open RN  
 Preferred 1st/2nd/3rd bed available  
 PD pts. routed to 10N, ACE pts. to 12S  
 Reviews targeted discharges

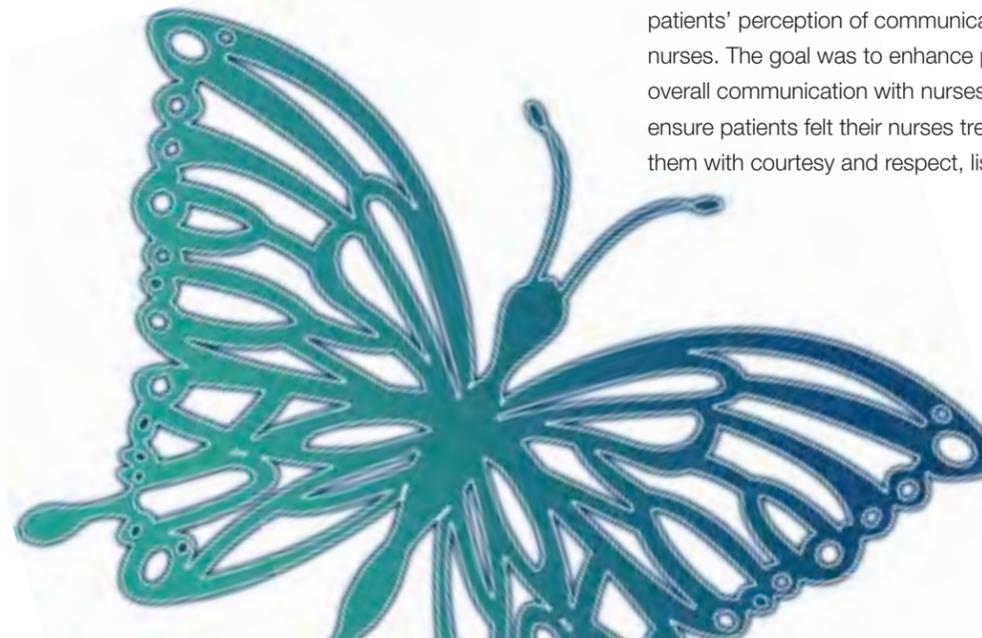
**Hospitalist admitter will request beds as per huddle as admissions are received. PD will be placed on 10N. CNs will communicate between units and HA as needed throughout shift.**

### Medical ICU Nurses Initiate End-of-Life ‘Butterfly Project’

Signage is widely accepted as a form of communication within the hospital setting, whether it’s to denote hazards, cautions, exits, restricted areas, or other messages that can be symbolically conveyed to affect staff behavioral and situational expectations.

Nurses on Unit 8 South, a medical intensive care unit at Clements University Hospital, provide a high volume of end-of-life care and are experts in meeting the specific needs of this patient population and their families. The bedside RN is the coordinator of care. When goals of care change, the nurse is pivotal to updating all staff involved in care. Prior to September 2016, there was no signage to indicate to the unit and to ancillary staff that a particular patient’s goal of care had transitioned to end-of-life care. Nurses, led by Nurse Manager Ruben Castillo, M.S.N., B.S.N., RN, and Candice Coker, B.S.N., RN, saw a benefit in having such signage and launched the “Butterfly Project.”

In choosing the butterfly as the end-of-life symbol for the signage, the unit’s nurses consulted the Palliative and Supportive Care team and conducted a literature review. That review revealed that while similar signage is commonly used in pediatric and women’s health and is recommended, there is minimal data on the use of signage in adult populations to indicate an end-of-life setting.



End-of-life care can involve frequent interruptions to patients and their families, adjustments to visitor guidelines, and changes in orders and expectations of care (affecting labs, X-rays, consults). End-of-life settings also can involve surprises, such as ancillary staff members witnessing a situation they may not be prepared to encounter. Other ancillary staff might enter a room for a patient discussion or evaluation that is no longer appropriate to the patient’s care.

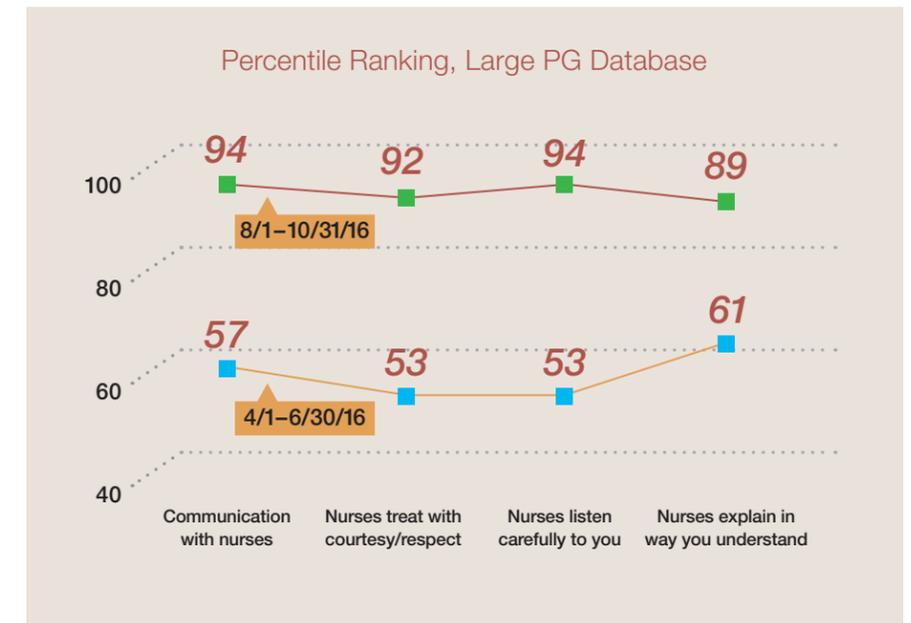
The 8 South nurses surmised that such instances could easily be avoided once an appropriate symbol was found and the staff was educated on its purpose and meaning. Placing the symbol on the patient’s door when he/she had transitioned into end-of-life care would, nurses believed, promote an environment of tranquility and privacy by decreasing unnecessary interruptions to patients and families during end-of-life care and thereby also promote dignity for all involved.

The unit created the butterfly as its end-of-life symbol and began using it as needed in September 2016. The MICU anticipates continuing the signage indefinitely, and 8 South has had requests from other units to make the signage a hospital-wide initiative.

### Improving the Nurse-Patient Connection Through Communication

A team of nurses and nurse leaders across five units put into place a Meaningful Patient Connection (MPC) initiative to improve patients’ perception of communication with nurses. The goal was to enhance patients’ overall communication with nurses and ensure patients felt their nurses treated them with courtesy and respect, listened to

### Initial Results—4/1–6/30/16 vs 8/1–10/31/16



them carefully, and explained things in an understandable way. New or revisited processes put into place to improve the patient experience included:

- A reintroduction to AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You)
- Commit to sit/engage
- Hourly rounding
- Bedside shift reports
- Use of whiteboards

Using these hardwired evidence-based initiatives, which are proven to have a positive impact on patient satisfaction and engagement, the multiple units improved patient scores on both fronts.

The team involved in this initiative included:

**Ruben Castillo**, M.S.N., B.S.N., RN, CCRN, Nurse Manager, 8 South Medical Intensive Care Unit

**Kavitha Nair**, B.S.N., RN, OCN, Nurse Manager, 11 South Bone Marrow Transplant/Oncology

**Nancy Neal**, B.S.N., RN, Nurse Manager, 12 North and 12 South, Medicine Units

**Amy (Flores) Johnson**, B.S.N., RN, Nurse Manager, 10 North Medicine Unit

**Valerie Brooks**, M.H.A., B.S.N., RN, Nurse Manager Surgical Oncology, 11 North

**Lori Hodge**, D.N.P., RN, OCN, NEA-BC, Director, Medical & Oncology Services

**Kathy Price**, M.A., MT(ASCP), CSSBB, Director, Lean Six Sigma

**Dee Taylor-Akins**, M.S., SPHR, SHRM-SCP, Sr. Organizational Development Consultant

### Apheresis Clinic Improves Patient Safety With MEWS Scoring

Over the years, health care clinicians have become aware of the significant physiologic deterioration in patients prior to a Code Blue event. The use of Rapid Response Teams (RRTs) for early intervention to decrease the clinical problem of rescue failure while also decreasing mortality and morbidity has gained deserved recognition. The purpose of this project was to examine the use of the Modified Early Warning System (MEWS) scoring via the electronic medical record (EMR) in the Apheresis Clinic to reduce sentinel events. Standardization of vital sign limits within MEWS acts as a common understanding of when to call the RRT to help manage patient care.

The Clinic's aim in this project was to decrease Code Blue and other adverse events and increase the use of the RRTs through earlier identification for at-risk patients. MEWS scoring was implemented in October 2015 with data collection occurring until October 2016.

Decreasing sentinel events in the Apheresis Clinic with the use of advanced assessment and use of the RRTs involved:

- Comparing patient safety before and after implementing MEWS in the Apheresis Clinic from October 2015 to October 2016.
- All patients visiting the Clinic received an assessment of MEWS vital signs regardless of their diagnosis or reason for being at the clinic. This includes assessing the patient's temperature, heart rate, and respiratory rate (which in turn includes oxygen saturation, blood pressure, and neurological mentation).
- The preclinical data presented an opportunity for improvement to decrease unanticipated events in the Apheresis Clinic. The existing MEWS scoring from the in-patient setting was added to the apheresis patient's EMR. Apheresis clinicians were educated on the UTSW standard operation procedure of MEWS. Patients at risk were identified with a

visual score before procedures, during a procedure, and at discharge. The MEWS vital sign parameters were also added to the apheresis order sets, along with setting the alarm limits on the cardiac monitors within the unit to match MEWS scoring vital sign limits. A collaboration with RRTs was established with the implementation of MEWS scoring in the Clinic and when to initiate an advanced assessment.

### Results Before and After Implementation of MEWS

Variable	Pre-MEWS	Post-MEWS	P-Value
Study Months	Jan-Sept 2015	Oct 2015-Oct 2016	N/A
Patient Encounters	375/month	447/month	N/A
Code Blue	2	0	0.12
Clinic RRT	11	47	<0.001
Lobby Rescues	5	1	0.62

Modified Early Warning System (MEWS), Rapid Response Team (RRT)

### Aston Ambulatory Services Rolls Out Patient Responsiveness Initiative

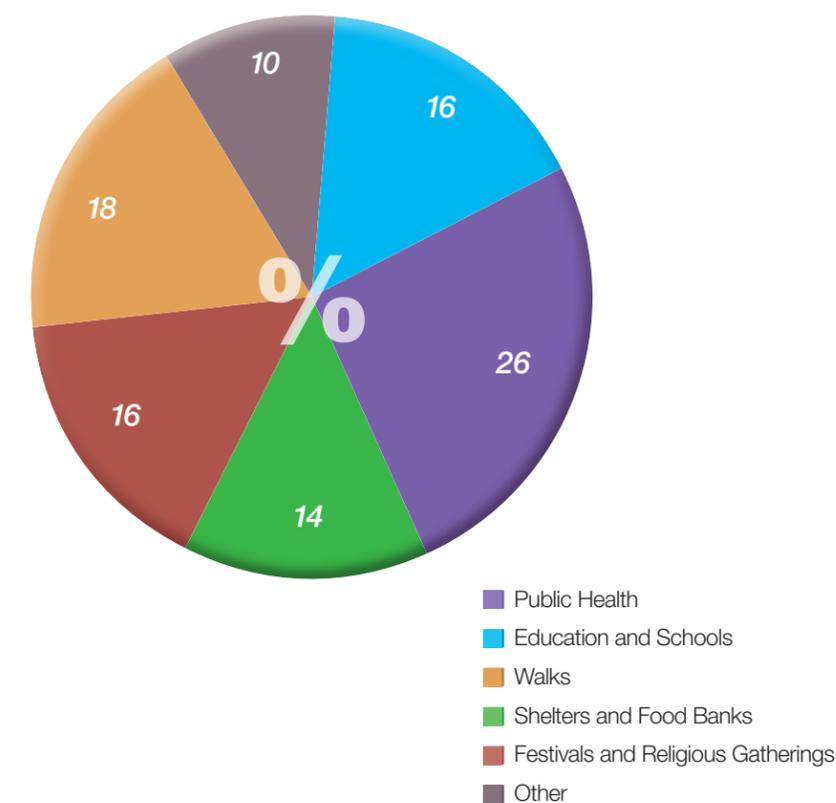
As part of seven strategic initiatives set by the Ambulatory Services Committee, the Patient Responsiveness Initiative seeks to improve ambulatory services response times to patient telephone calls, MyChart messages, and refill requests. The Project Team, made up of ambulatory triage RNs, data management analysts, and outside consultants, are working with each clinic to assess current clinic practices, implement a telephone triage decision support tool, and redeploy nurses and clinical staff to support telephone triage and in-clinic functions. The initiative also includes development of health system standards for responding to patient messages, guidelines for division of work that allow nurses and clinical staff to work to the top of their license, certification, training, and skill set, and recommendations for clinic-specific staffing and productivity standards for nurses and other clinical staff.

The initiatives goals are to:

- Decrease turnaround time for patient messages
- Get patients the right level of care at the right time
- Improve workflow efficiencies in the clinic to decrease throughput times and to decrease follow-up items after appointments
- Increase patient, staff, and provider satisfaction

In conjunction with this initiative, a new course was made available in 2016 for all existing RNs throughout the ambulatory clinics and incorporated into new ambulatory RN orientation. Titled "Enhancing the Role of RNs in Ambulatory Care: Telephone Triage & Epic Decision Support Tools," the course covers topics such as care coordination, top-of-license practice, and the value of the RN in ambulatory care. It is designed to inspire RNs taking the course to feel empowered and valued as an integral component of the care that is provided at UTSW.

### Nurse Community Involvement



### Leaders in the Community

One of the most rewarding ways UT Southwestern nurses share their experience with the community is by lending their skills, knowledge, and time as volunteers. From formal volunteer programs to impromptu acts of service, our nurses make a difference in the health and well-being of their local communities while also bettering themselves as nurses by offering their services and lending a hand. UT Southwestern encourages the nursing staff to participate in many ways and through many local entities, sharing their expertise and developing professionally through community involvement.

# New Knowledge, Innovation, and Research

*“Everybody was knowledgeable and kind. They clearly knew what they were doing and did it well.”*

## Vital Research Contributed by Nurses

UT Southwestern Medical Center's Nursing Research Program has two strong programs to support nursing research within the hospitals and hospital-based clinics. Structures and processes have been developed and implemented to involve more nurses at all levels in the research process and in disseminating new nursing knowledge gained through research efforts.

The Nursing Research and Evidence-Based Practice Council (NREBPC) works diligently with its members and nurses across the organization to stimulate research ideas and create an environment of scientific inquiry. The Neuroscience Nursing Research Center (NNRC) is dedicated to ensuring that nurses at all levels are able to provide vital research contributions to the science of caring for patients with neurological illness.



**Nursing Research and Evidence-Based Practice Council**  
*Back Row:* Tomas Armendariz, B.S.N., RN, CMSRN; Shelli Chernesky, M.S.N., RN, CCRN, NE-BC; Karen Martin, M.S., RN, SCNS, CWOCN; Linda Chan, B.S.N., RN, OCN; Autumn Webb, M.B.A., B.S.N., RN, CCRN; Keri Draganic, D.N.P., APRN, ACNP-BC; Maria Grabowski, M.S.N., RN, OCN  
*Middle Row:* Jean Hoyt-Sehnert, M.S., B.S.N., RN, NEA-BC; Stefanie Crain, B.S.N., RN; Catherine Bailey (TWU), M.S., Ph.D.; Kelli Hulsman, M.S., IBCKC, LOCE  
*Front Row:* Amy Weaver, M.S.H.A., B.S.N., RN, CEN; Stephanie Huckaby, M.S.N., RN, RN-BC; Deb Spitzer, M.S.N., RN, OCN



**NNRC 2016 Fellows**  
*Back Row:* Linda Chan, B.S.N., RN, OCN; DaiWai Olson, Ph.D., RN, CCRN, FNCS; Sonja Stutzman, Ph.D.  
*Middle Row:* Natalie Martinez, M.S.N., RN, FNP; Linda Dobson, B.S.N., RN; Tobi Duncan, B.S.N., RN, OCN; Rocky Sonemangkhara, B.S.N. RN  
*Front Row:* Samarpita Sengupta, Ph.D.; Emelita Bennett, B.S.N., RN, CCRN; Charlene Supnet, Ph.D.

# Nursing-Led Research in 2016

Throughout 2016, UT Southwestern nurses were involved in nursing research and evidence-based practice initiatives in specific areas. Many either published their research or presented their findings in poster and/or podium presentations at professional gatherings locally and across the country. Some of this nursing-led research is noted below and on the following pages.

## Evidence-Based Practice and Research 2016

**Kamal Abdulkhadir**, B.S.N., RN, NIHSS. ECHO-ICU enhancing communications for handovers from the operating room to the ICU.

**Susan Alex**, APRN, ANP-BC. Identifying barriers to nurse compliance with depression screening in stroke patients.

**Tomas Armendariz**, B.S.N., RN, CMSRN, **Shelli Chernesky**, M.S.N., M.B.A., RN, CCRN, **Julie Earnest**, M.S.N., M.B.A., RN, CCRN, **Dara Mariani**, B.S.N., RN, CCRN, and **James West**, B.S.N., RN. Rapid response ... using MEWS in apheresis.

**Tamara Bennett**, B.S.N., RN. END-PANIC – pupil study in ICU.

**April Crow**, B.S.N., RN, and **Maureen LeDaneur**, M.S.N., APRN, ACNS-BS. Music rehab.

**Rebecca Dill**, B.S.N., RN. The impact of motivational interviewing on self-perceived burden in chronic neurological patients (MI-patients).

**Amanda Dirickson**, FNP, and **Maddy Stewart**, RN. HER stroke.

**Keri Draganic**, D.N.P., APRN, ACNP-BC. A retrospective review of preoperative PT value to postoperative Coumadin levels in mechanical valve replacement patients (POT-C).

**Keri Draganic**, D.N.P., APRN, ACNP-BC. CHF M&M post-sepsis resuscitation.

**Victoria England**, M.B.A., B.S.N., RN, NE-BC. Patient supply servers save steps?

**Maria Grabowski**, M.S.N., RN, OCN, **Deb Spitzer**, M.S.N. OCN, **Shaghayegh Rezaie**, M.S., B.S.N., RN, OCN, **Catherine Close**, B.S.N., RN, OCN, and **DaWai Olson**, Ph.D., RN, CCRN, FNCS. How nursing attitudes and education needs may add barriers to patient discussion on fertility preservation for cancer patients.

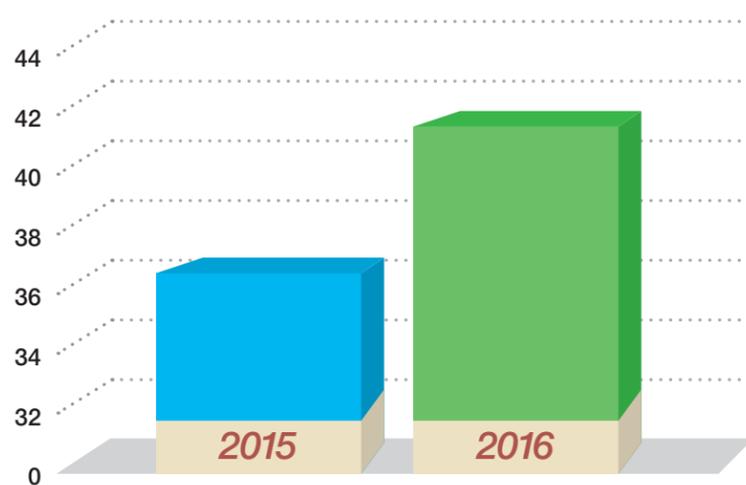
**Kim Harrison**, B.S.N., RN, CCRN, and **Desiree Low**, RN. ON RAMP.

**Meghan Hoffman**, B.S.N., RN. NBP/ABP study.

**Max Holder**, B.S.N., RN. Ultrasound and IV impact on DVT.

**Kelli Hulsman**, B.S.N., RN, IBCLC, LCCE. Maternity practices associated with infant feeding following hospital discharge: A multi-site study.

Division of Nursing – Nurse-Led Research Projects That Affect Patient Outcomes  
Research Comparison 2015 – 2016



**Taylor Jensen**, B.S.N., RN. So long to PONG.

**Michael Levy**, RN, ACNP-BC, CNRN. Incidence of local pin site inflammation following Gamma Knife procedure (Ipin study).

**Karen Martin**, M.S.N., RN, ACNS, CWOCN, and **DaiWai Olson**, Ph.D., RN, CCRN, FNCS. Language of data II.

**Karen Martin**, M.S.N., RN, ACNS, CWOCN, and **DaiWai Olson**, Ph.D., RN, CCRN, FNCS. Language of data III.

**Linda Merritt**, M.S.N., RN, and **Stephanie Huckaby**, M.S.N., RN, NEA-BC. Determining the needs of fathers of premature neonates.

**Kelly Moore**, RN. Investigating the onset of chemobrain in chemotherapy patients: A comparison of early versus late onset.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. DIMINSUNS.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS, **Margaret Dupre**, **Meg Wilson**, B.S.N., RN, CCRN, **Jennifer Wilson**, and **Sondra Perez**. Prosper-patient-centered research into outcomes stroke patients prefer and effectiveness research.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Shelli Cherneski**, M.S.N., M.B.A., RN, CCRN. Stroke readiness.

**Melissa Panter**, B.S.N., RN. Is an algorithm for deciding PICO vs midline access superior to medical experience? (ADVISE ME.)

**Jannelle Plourde**, B.S.N., RN. Perception survey of nursing education & training of peripherally inserted central line catheters in MICU and SICU.

**Michelle Roberson**, B.S.N., RN. Ambulation outcomes in patient > 65 years old.

**Michael Rogers**, B.S.N., RN, CCRN. Wait a tic – Agnes Marshall Walker Foundation research grant.

**Andres Rozo**, B.S.N., RN, and **Hliang Thu**, RN. FACES.

**Kathrina Siaron**, RN. Socrates.

**Anamma Stephen**, B.S.N., RN, CCRN. CHUP.

**Austin Tucker**, B.S.N., RN, and **Karen Martin**, M.S.N., ACNS, CWOCN, RN. No more BS!

**Diana Vasil**, B.S.N., RNC-NIC. The introduction of clinical research trials to the NICU.

**Holly Ware**, B.S.N., RN. BETCHA.

**Amy Weaver**, M.S.H.A., B.S.N., RN, CEN, **DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Sonja Stutzman**, Ph.D. ARAMIS study (in stroke patients on new drug).

**Amy Weaver**, M.S.H.A., B.S.N., RN, CEN, **DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Carry Orrick**, B.S.N., RN, CEN. CATCH – diabetes in ER management.

**James West**, B.S.N., RN. Formatting an experiential learning education module to encourage dysphagia assessment in apheresis patients (FEED ME).

## Publications in 2016

**Bazil J.** “AACN procedure manual.” [Co-author of chapter.] *Critical Care Nursing Clinics of North America*, 2016.

**Dirickson A, Jones D, Riise L, and Olson D.** “Safety and efficacy of nurse-driven acute stroke care.” *Journal of Stroke and Cerebrovascular Disease* (submitted).

**Elmore K.** “Hypertension.” *MedSurg Matters*. In press.

**Holder M,** “IV placement using conventional versus ultrasound-guided techniques.” *Journal of Infusion Nursing*, May 2016.

**Huckaby S.** “Chapter 3: Research evidence in nursing practice.” *Foundations of Nursing Research*, 7th edition [co-author] (submitted).

**LeDaneur M, Olson D, and Stutzman S.** “Is the CABIC clean intermittent catheterization patient education effective?” *Journal of Rehabilitative Nursing*. In press.

**Levy M, Stevenson S, Stutzman S, Whitworth L, and Olson D.** “Incidence of local pin-site inflammation after Gamma Knife procedure.” *Radiology Nursing*. In press.



Luke Mahan, M.S.N., FNP

**Olson D, Batjer H, Zanders M, Harrison K, and Suarez J.** “Therapeutic use of music and television in neurocritical care: A practice survey.” *Journal of Holistic Nursing*, March 2016, 34(1): 6-12.

**Olson D and Fishel M.** “The use of automated pupillometry in critical care.” *Critical Care Nursing Clinics of North America*, March 2016, 28(1): 101-107.

**Olson D and Hoffman J.** “Approaches to therapeutic temperature management.” *Journal of Infusion Nursing*, Jan/Feb 2016, 39(1): 26-29.

**Olson D, Phillips K, and Graffagnino C.** “Toward solving the sedation-assessment conundrum: Neurofunction monitoring.” *Critical Care Nursing Clinics of North America*, March 2016.

**Olson D, Santos A, Santos G, and Stutzman S.** “A novel approach to explore how nursing care impacts intracranial pressure.” *American Journal of Critical Care*. In press.

**Omburo L, Stutzman S, Supnet C, Choate M, and Olson D.** “High variance in pupillary examination findings among postanesthesia care unit nurses.” *Journal of PeriAnesthesia Nursing*, Sept. 2016.

**Nair K.** “Improving nurse competencies for using evidence in practice.” *American Journal of Nursing* (submitted).

**Rogers M.** “Ethical considerations in neuroscience nursing.” *AANN Core Curriculum*. In press.

**Rozo A, Olson D, Thu H, and Stutzman S.** “Situational factors associated with caregiver burnout among emergency department nurses.” *Qualitative Health Research* (submitted).

**Stephen A, Stutzman S, and Olson D.** “Creating healing uniform periods of minimum assessment times.” *Holistic Nursing Practice* (submitted).

**Stutzman S, Olson D, Greulich P, Abdulkadir K, and Rubin M.** “Transferring care from the OR to the ICU: A qualitative inquiry of patients’ and families’ experiences.” *Association of Perio-Operative Registered Nurses Journal*. In press.

**Stutzman S, Olson D, Supnet C, Harper C, Brown-Cleere S, McCulley B, and Goldberg M.** “Promoting bedside nurse-led research through a dedicated neuroscience nursing research fellowship.” *Journal of Nursing Administration*, Dec 2016.

**Supnet C, Crow A, Stutzman S, and Olson D.** “Music as medicine: The therapeutic potential of music for neurological injury.” *Critical Care Nurse*, April 2016, 36(2): e1-e7.

**Ware H, Stutzman S, McGarry L, Bland J, and Olson D.** “Does neurofunction monitoring enhance nursing confidence and comfort?” *Pain Management Nursing* (submitted).

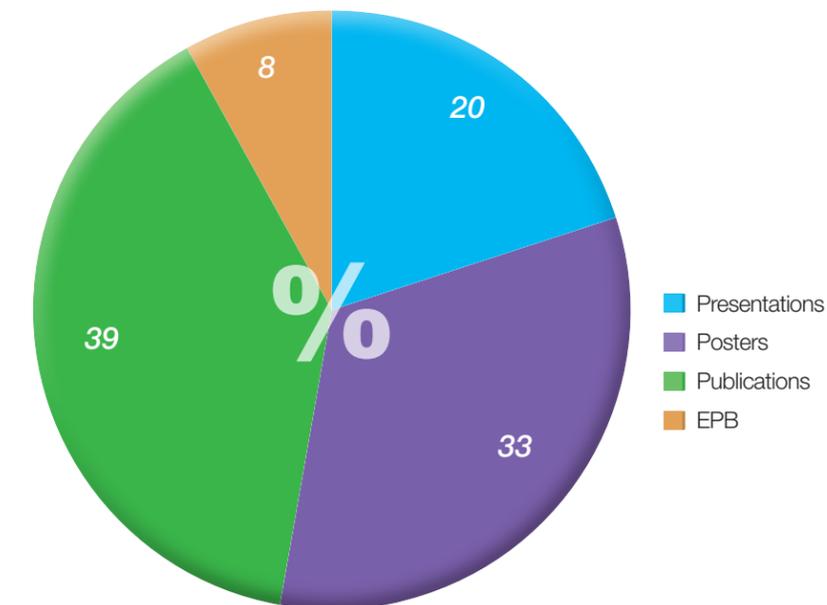
**Weaver A, Hernandez S, and Olson D.** “TeamSTEPPS study.” *Journal of Nursing Administration* (submitted).

**Weaver A, Stutzman S, Supnet C, and Olson D.** “Sleep quality, but not quantity, is associated with self-perceived minor error rates amongst emergency department nurses.” *International Emergency Nursing*, March 2016, 25: 48-52.

**Zhao W, Stutzman S, Saju C, Olson D, Wilson M, and Aiyagari V.** “Inter-device reliability of the Npi-100 pupillometer.” *Journal of Clinical Neuroscience*, May 2016.

## Nurse Presentations and Posters

As evidence of our organizational commitment to professional development, UT Southwestern supports attendance at local, regional, and national conferences. Financial support for continuing education is aligned with organizational priorities and initiatives. Full or partial funding is awarded based on the nurse presenting a poster or delivering a presentation at the podium. Over the past three years, we have taken an increasingly forward-looking approach to supporting our nurses in participating in key conferences through poster and podium presentations. This approach supports our leadership’s strategic goal of positively impacting the nursing profession at UT Southwestern and beyond.



**Nursing Growth and Professional Development 2016**

### Podium Presentations by UT Southwestern Nurses in 2016

**Rebecca Dill**, B.S.N., RN, **Jennifer Wintz**, B.S.N., RN, **Shelli Chernesky**, M.S.N., M.B.A., RN, CCRN, **Lisa Dalton**, M.S.N., M.B.A., RN, NE-BC, **Sean Yates**, M.D., **Nicole DeSimone**, M.D., **Ravi Sarode**, M.D., and **Karen Matevosyan**, M.D. “Comparison of Norfolk sport port and angiodynamic vortex ports for therapeutic plasma exchange.” American Society of Apheresis 2016 Annual Meeting, Palm Springs, Calif., May 2016.

**Amanda Dirickson**, M.S., ANP-C, APRN, SCR.N. “The simple fact of cerebral vasculitis.” American Association of Neuroscience Nurses, New Orleans, La., April 2016.

**Amanda Dirickson**, M.S., ANP-C, APRN, SCR.N. “The simple fact of cerebral vasculitis.” UT Southwestern Zale Lipshy University Hospital, Dallas, Texas, May 2016.

**Victoria England**, M.B.A., B.S.N., RN, NE-BC. “Getting off to a good start.” Dallas-Fort Worth Hospital Council Preceptor Academy, Medical City Dallas Hospital, Dallas, Texas, Jan. 21, 2016; Texas Woman’s University, Dallas, Texas, June 16, 2016; Parallon Business Performance Group, Irving, Texas, Aug. 30, 2016; Texas Health Resources, Arlington, Texas, Oct. 21, 2016.

**Max Holder**, B.S.N., RN. “The impact of US guided IV placement on vein thrombosis risk.” South Florida Chapter of the Infusion Nurses Society 3rd Annual Conference, Miami, Fla., April 2016.

**Donald Jones**, M.M., B.M., RN, CEN, and **Karen Elmore**, M.S.N., RN, NE-BC. “Health-care disasters.” West Coast University, Irvine, Calif., April 2016.

**Abdul Kamal**, B.S.N., RN, **Amy Weaver**, M.S.N., RN, **Hlaing Thu**, B.S.N., RN, and **Sonja Stutzman**, Ph.D. “NREBP educational series – dissemination of project work.” UT Southwestern NREBP-hosted educational series, March 2016.

**Michael Levy**, RN, ACNP-BC, CNRN. “Malignant brain tumors: A look under the microscope and right way to develop a plan for treatment.” American Association of Neuroscience Nurses, New Orleans, La., April 2016.

**Michael Levy**, RN, ACNP-BC, CNRN. “Special lecture: Oh the places you will go! Acknowledging your limitless potential.” American Association of Neuroscience Nurses, New Orleans, La., April 2016; UT Southwestern William P. Clements Jr. University Hospital, Dallas, Texas, May 2016.

**Kelly Murphy**, B.S.N., RN. “Day in the life of a transplant recipient.” Texas Woman’s University, Dallas, Texas, March 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. “Consciousness and delirium in critical care.” Critical Care Nurses Association of the Philippines Annual Convention, Manila, Philippines, February 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. “Getting published.” American Association of Neuroscience Nurses, New Orleans, La., April 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Hot is not hot." Critical Care Nurses Association of the Philippines Annual Convention, Manila, Philippines, February 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Interpreting the guidelines for nursing care of the patient with large hemispheric infarct." International Stroke Conference, Los Angeles, Calif., February 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "The language of data: Results from research on a novel method of teaching statistics." American Association of Neuroscience Nurses, New Orleans, La., April 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Post-intensive care syndrome (PICS). Critical Care Nurses Association of the Philippines Annual Convention, Manila, Philippines, February 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Snow White had a stroke." Critical Care Nurses Association of the Philippines Annual Convention, Manila, Philippines, February 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Stump the chumps: Answers to your professional questions." American Association of Neuroscience Nurses, New Orleans, La., April 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Stephanie Huckaby**, M.S.N., RN, NEA-BC. "Nursing research and evidence-based practice (NREBP) educational series IV, getting started in nursing research: Poster presentations, concepts, creation, and exposition." UT Southwestern Medical Center Hospitals and Clinics, Dallas, Texas, December 2016.

**Michael Rogers**, B.S.N., RN, CCRN. "AMWF research session: When is an ICP transducer providing a value reflecting true ICP (Wait a Tic)?" American Association of Neuroscience Nurses, New Orleans, La., April 2016.

#### Poster Presentations in 2016

**Linda Chan**, B.S.N., RN, OCN, **Tracy McGaw**, M.S.N., RN, CCRN, CNRN, and **Deborah Spitzer**, M.S.N., RN, OCN. "Safe handling of body fluid after hazardous drug administration: Changing policy, practice, and developing a patient/family educational brochure." 6th Annual Cowtown Oncology Nursing Symposium, Fort Worth, Texas, March 2016.

**Linda Chan**, B.S.N., RN, OCN, **Tracy McGaw**, M.S.N., RN, CCRN, CNRN, and **Deborah Spitzer**, M.S.N., RN, OCN. "Safe handling of body fluid after hazardous drug administration: Changing policy, practice, and developing a patient/family educational brochure." 41st Annual Oncology Nursing Society Annual Congress, San Antonio, Texas, April-May 2016.

**Linda Chan**, B.S.N., RN, OCN, **Tracy McGaw**, M.S.N., RN, CCRN, CNRN, and **Deborah Spitzer**, M.S.N., RN, OCN. "Safe handling of body fluid after hazardous drug administration: Changing policy, practice, and developing a patient/family educational brochure." UT Campus National Healthcare Safety Week, March 2016.

**April Crow**, B.S.N., RN, **Cynthia Hill**, B.S.N., RN, **Maureen LeDaneur**, M.S.N., APRN, ACNS-BC, **Sonja Stutzman**, Ph.D., and **DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Rehabilitation research and the new graduate nurse." Association of Rehabilitation Nurses, September 2016.

**Brittany Doyle**, B.S.N., RN, **Michael Rogers**, B.S., RN, **DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Venkatesh Aiyagari**, M.D. "Electronic tool facilitates nurse handover and nurse-led neurocritical care rounds." Neurocritical Care Society 14th Annual Meeting, National Harbor, Md., September 2016.

**Keri Draganic**, D.N.P., APRN, ACNP-BC, and **Stephanie Huckaby**, M.S.N., RN, NEA-BC. "Comparing outcomes in septic patients with heart failure who receive the recommended or less than the recommended IVF resuscitation rates." Iowa Hospitals and Clinics Evidence Based Practice Conference, April 2016.

**Jessica McNeil**, M.S.N., RNC-OB, C-EFM. "Transitioning from a nurse internship to a nurse residency program in an academic medical center." Association of Women's Health, Obstetric and Neonatal Nurses, Grapevine, Texas, June 2016.

**DaiWai Olson**, Ph.D., RN, CCRN, FNCS, and **Venkatesh Aiyagari**, M.D. "Improving hand hygiene compliance in hospital care." Society for Critical Care Medicine 45th Annual Meeting, Orlando, Fla., February 2016.

**Melissa Panter**, B.S.N., RN, **DaiWai Olson**, Ph.D., RN, CCRN, FNCS, **Sonja Stutzman**, Ph.D., and **Venkatesh Aiyagari**, M.D. "Is an algorithm for deciding picc vs. midline IV access superior to medical experience?" Neurocritical Care Society 14th Annual Meeting, National Harbor, Md., September 2016.

**Ali Saherwala**, M.D., **Sonja Stutzman**, Ph.D., **Junaid Kalia**, M.D., **Stephen Figueiroa**, M.D., **Venkatesh Aiyagari**, M.D., and **DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Exploring associations between invasive and noninvasive blood pressure monitoring in patients receiving vasoactive medication infusions." Neurocritical Care Society 14th Annual Meeting, National Harbor, Md., September 2016.

**Deborah Spitzer**, M.S.N., RN, OCN, **Maria Grabowski**, M.S.N., RN, OCN, **Shayayegh Rezale**, M.S.N., B.S.N., RN, OCN, **Catherine Close**, B.S.N., RN, OCN, **Sonja Stutzman**, Ph.D., and **DaiWai Olson**, Ph.D., RN, CCRN, FNCS. "Fertility preservation for cancer patients: Exploring nursing attitudes." American Society of Clinical Oncology, January 2016.

**Deborah Spitzer**, M.S.N., RN, OCN, **Maria Grabowski**, M.S.N., RN, OCN, **Shayayegh Rezale**, M.S.N., B.S.N., RN, OCN, **Catherine Close**, B.S.N., RN, OCN, **Sonja Stutzman**, Ph.D., and **DaiWai Olson**, Ph.D.,



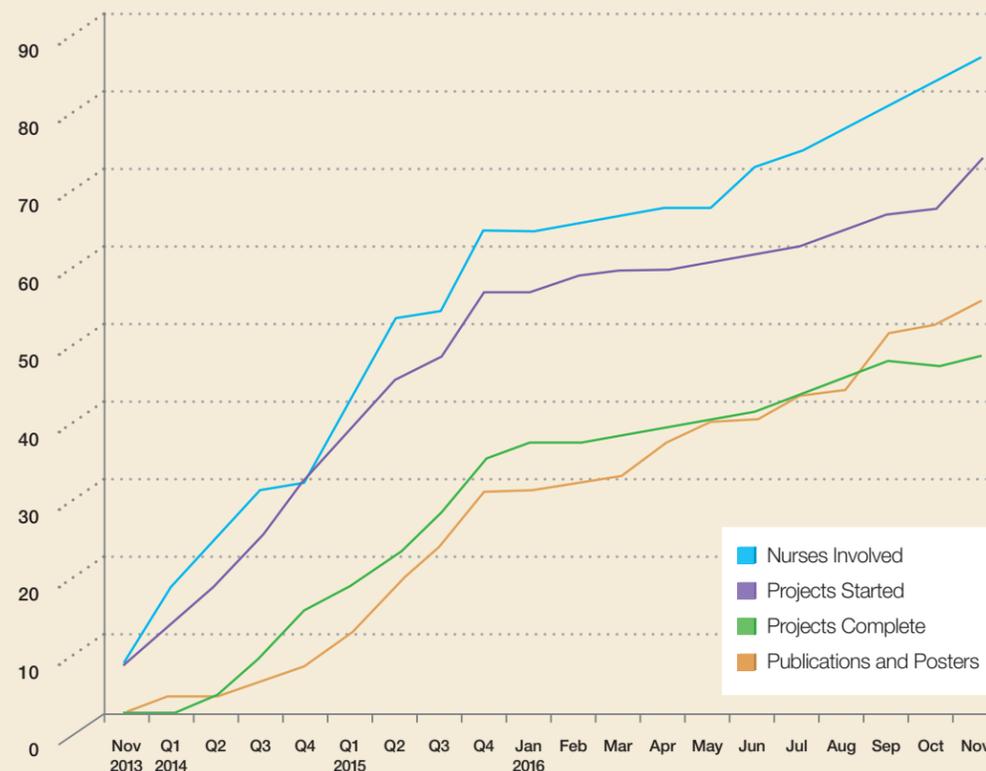
Linda Chan, B.S.N., RN, OCN

### Neuroscience Nursing Research Center Progress 2016

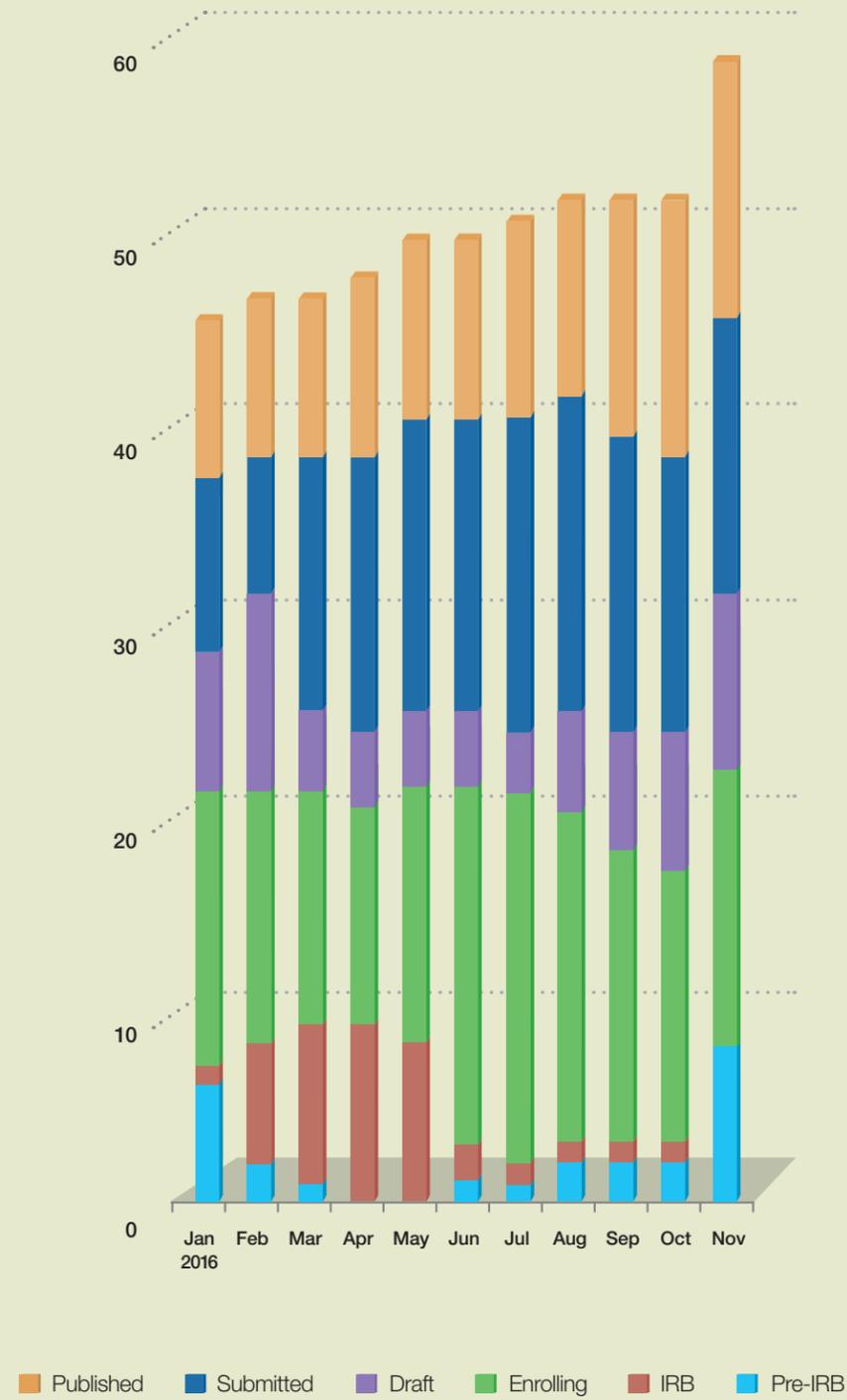
Includes research and other projects (e.g., QI, PI, review articles).

\*Complete = data collection complete (research) or manuscript accepted (non-research publication)

\*Projects may have more than one publication (e.g., poster and manuscript)



**Division of Nursing – Nurse-Led Research Projects That Affect Patient Outcomes  
Research Comparison 2015 – 2016**



RN, CCRN, FNCS. “Fertility preservation for cancer patients: Exploring nursing attitudes.” 6th Annual Cowtown Oncology Nursing Symposium, Fort Worth, Texas, March 2016.

**Deborah Spitzer, M.S.N., RN, OCN, Maria Grabowski, M.S.N., RN, OCN, Shayayegh Rezale, M.S.N., B.S.N., RN, OCN, Catherine Close, B.S.N., RN, OCN, Sonja Stutzman, Ph.D., and DaiWai Olson, Ph.D., RN, CCRN, FNCS.** “Fertility preservation for cancer patients: Exploring nursing attitudes.” 41st Annual Oncology Nursing Society Annual Congress, San Antonio, Texas, April-May 2016.

**Carolyn Swann, M.B.A., RN, and Sarah McCoy.** “ABO mapping.” 2016 UNOS Transplant Management Forum, Indianapolis, Ind., April 2016.

**Jennifer Wintz, B.S.N., RN, Shelli Chernesky, M.S.N., M.B.A., RN, CCRN, and James West, B.S.N., RN.** “Challenges of therapeutic apheresis in a patient with left ventricular assist device: Interdisciplinary collaboration and coordination of care.” American Society of Apheresis Annual Meeting, Palm Springs, Calif., May 2016.

**Jennifer Wintz, B.S.N., RN, Shelli Chernesky, M.S.N., M.B.A., RN, CCRN, Tomas Armendariz, B.S.N., RN, CMSRN, Carol Hall, B.S.N., RN, CWOCN, CFCN, Ravi Sarode, M.D., and Karen Matevosyn, M.D.** “Incorporation of patient’s sequential photographs in the electronic medical records to monitor skin changes in cutaneous T-cell lymphoma and graph versus host disease following extracorporeal photopheresis.” American Society of Apheresis Annual Meeting, Palm Springs, Calif., May 2016.

**Jennifer Wintz, B.S.N., RN, Giovanni Torti, B.S.N., RN, Shelli Chernesky, M.S.N., M.B.A., RN, CCRN, Matthew Strunk, PA, Nicole DeSimone, M.D., and Ravi Sarode, M.D.** “Intraoperative therapeutic plasma

exchange to decrease heparin-induced thrombocytopenia (HIT) antibodies immediately prior to heart transplantation.” American Society of Apheresis Annual Meeting, Palm Springs, Calif., May 2016.

**Fatemah Youseffi, Ph.D., RN, OCN, and Kristen Vaughn, RN.** “Monthly serum HCG (pregnancy test) during active treatment.” 41st Annual Oncology Nursing Society Annual Congress, San Antonio, Texas, April-May 2016.

“I had lots of visitors during my stay, and your staff was amazing. The NICU nurses were very understanding when I had lots of visitors to see the girls.”

# In Memoriam

*Nursing is a calling and a way of life. There's much we miss about the colleagues we lost in 2016, but we remember them for their dedication to serving, helping, caring for, and making a difference in people's lives.*

## Arthur Joseph Goodley



Arthur Goodley, RN, joined UT Southwestern in September 2008 in the Neuroscience ICU and eventually moved to the Float Pool in

January 2015 as a Float Level 5 RN. While in the Float Pool, Arthur spent time providing care to patients in most nursing units across campus, including the ICUs. Arthur was well known and appreciated by colleagues in the Float Pool and throughout the nursing units across campus. The patients Arthur cared for routinely completed PACT cards commending his skills, and we received regular requests that he be assigned to them as their nurse. Because of his passion for clinical analysis and investigation, Arthur was always first to volunteer to staff the Clinical Research Unit. He loved his motorcycle, was an avid dog lover, and was very close to his family. He died July 11, 2016.

Facility before joining the staff at UT Southwestern William P. Clements Jr. University Hospital in the Emergency Department. An Eagle Scout in his youth, Gary was known professionally for his compassion, patience, and poise under pressure – a temperament perfectly suited to the ED, where quick thinking and decisive action in the midst of often-stressful situations is essential for providing excellent patient care. In calmer moments, he enjoyed preparing food for the department whenever the opportunity arose. He died June 1, 2016.

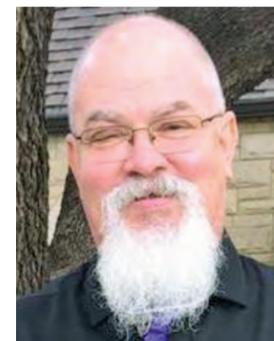
## Patricia Dianne Norman



Patricia "Tricia" Norman, B.S.N., RN, joined the staff of UT Southwestern's cardiovascular intensive care unit in March 2015. Her passion

for and care excellence for the high-acuity patient population quickly vaulted her to the role of lead CVICU RN in the adult ECMO program, a position requiring exemplary skills in the bedside handoff of critically ill patients to the ICU. When the UTSW transplant team requested a group of CVICU RNs to train for its new ex-vivo donor lung assessment program, Tricia was one of eight unit RNs chosen for the team by nursing leadership and physicians based on her critical thinking skills and ability to act independently. Her team members considered her an inspiration and as someone who "wanted to be part of changes to continue to move our unit forward. Tricia was who you always wanted to be there to have your back – an exceptional individual." She died Dec. 15, 2016.

## Gary Leon McEntyre Jr.



Gary McEntyre, A.D.N., RN, originally from Paris, Texas, was a lifelong caregiver. After earning his nursing degree at the University of Texas

Medical Branch at Galveston, he worked at John Sealy Hospital in Galveston and as a paramedic at the Huntsville Correctional

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