



# NURSING 2018



A Journey of Excellence



Left to right, standing: Amalia Baker, B.S.N., RN, CPAN; Kim Register, B.S.N., RN-BC, CURN; Anu Samuel, RN, CPN; Teofilia Loza, B.S.N., RN; Elsie Doucet, B.S.N., RN; Anila Ali, PCT; Left to right, sitting: Tamla Wells, B.S.N., RN, CCRN; Joanna Griffith, B.S.N., RN, CPAN; Annies Alancheril, B.S.N., RN

On the cover: Densey Varghese, APRN, RNP-C

Managing Editor: Kelly Murphy, B.S.N., RN, Magnet Program Manager  
 Editor: Victoria England, MBA, B.S.N., RN, NE-BC  
 Assistant Editor: Marie Elmore

## Contents

Message from the Chief Nurse Executive	1
Nursing Philosophy	3
Nursing Mission and Vision	4
UTSW Values and Commitment to Our Patients	4

### Transformational Leadership

A Year of Nursing Excellence	7
PACT Awards	7
Meritorious Service Awards	8
Strauss Awards	8
DAISY Awards	9
Nurse Excellence Awards	10
D Magazine Excellence in Nursing Awards	10
Dallas-Fort Worth Great 100 Nurses	11
Clinical Awards and Achievements	11
Other Honors and Recognitions	12

### Structural Empowerment

Shared Governance Structure	15
Advanced Practice Providers	16

### Exemplary Professional Practice

Educational Levels	23
Certifications	23
Clinical Ladder	23
Nurse Satisfaction	24
Clinical Education and Professional Practice and Development	24
Outreach and Community Involvement	26
Exemplary Professional Practice in Action	27

### New Knowledge, Innovations, and Research

Nursing-Led Research	41
Neuroscience Nursing Research Center (NNRC) Nurse Fellows	42
Posters, Presentations, and Publications	44
Message from Executive Leadership	46
In Memoriam	47

# Message from the Chief Nurse Executive



In 2018, UT Southwestern Medical Center celebrated its 75th anniversary. And as that impressive story unfolded over the year, I noticed something: Our nurses were everywhere – integrated into everything that went on across campus. In that 75th year, I saw the past come to life again in August, when a few dozen nurses returned to UTSW for our first-ever retired nurses’ luncheon. They reminisced about their time here, some dating back to the old St. Paul Hospital, and looked forward to the future of nursing at UT Southwestern.

Today, that nursing journey continues to move ever forward as we look to the institution’s next 75 years and beyond. As the contents of this report show, UTSW nurses remain a vital part of the present and future, and they are still raising the bar in providing care and championing excellence in education, research, and leadership.

The year also had me reflecting on our core values as an institution and what we’re dedicated to as health care providers – namely, excellence, teamwork, innovation, and compassion.

## Excellence

For years now, nurses at UT Southwestern have seen and heard our tagline: “Excellence is our starting point...not our finish line.” I was once asked what that meant: What is our finish line if excellence is the starting point? My answer – perfection! We will always strive for perfection in what we do, knowing that we are human and will constantly be presented with opportunities to improve on that journey.

This year we moved even closer to that ultimate goal of perfection. We’ve done exceptional work with our safety and quality outcomes, significantly reducing our overall mortality rate to well below the average for not only the State of Texas but academic medical centers nationwide and *U.S. News & World Report’s* Honor Roll hospitals. In all, we saved more than 250 lives in 2018 – a result that would not have been possible without our incredible team of nurses.

These accomplishments are impressive on their own, but consider that we achieved them in the face of logistical challenges posed by the Clements University Hospital construction expansion project, as well as higher patient volume and acuity. That’s no small feat.

My heart soars when I see the awards and recognitions our nurses receive for the outstanding work they are doing for patients and families, but I’m even more proud of the fact that they aren’t doing it for the awards. Their commitment to excellence lifts the teams they work with and makes UT Southwestern a place where patients, families, and nurses want to be.

## Teamwork

As part of the nursing team at UTSW, we do everything we can to make sure we arrive at the right answer for patients and families. We know that communication is the cornerstone of health care, and I’m so proud to have watched us more fully weave open conversation and collaboration into the fabric of our work.

We’re becoming a more cohesive UTSW nursing team by reexamining how we look at the relationship between ambulatory and inpatient nursing. We look forward to strengthening that unity across all settings of care. We will also become a more unified team in a literal sense over the next few years, when the nurses from Zale Lipshy University Hospital join their colleagues at their new professional home in Clements University Hospital.

This year has also seen us strengthen our relationships between providers and nurses, and it shows in our improved quality and safety outcomes.

Finally, teamwork also means working together and supporting each other through challenging times and difficult situations, which 2018 had its share of. Through those opportunities, I’m proud of the transparency we’ve shown, the conversations we’ve started, and the efforts we’ve made to make this a safer place – not only for patients to receive care, but for nurses to work.

## Innovation

Our nurses have lived up to the example and spirit that help define UT Southwestern as a bastion of innovation through:

- **Patient Care.** In nursing, we use evidence to drive care, which is why our EPIC upgrade project was so important in 2018. As the system continues to evolve – touching on every clinical discipline – nurses continue to problem-solve and adapt in order to provide the best relationship-based and patient-centered care.
- **Research.** More and more, we’re seeing our nurses at all levels provide vital research contributions, again crossing all disciplines. We’ve increased our number of nurse-led research studies by 40 percent since last year and exhibited more than 140 posters and presentations at national and local conferences.
- **Education.** We’ve seen growth in our partnerships with local schools of nursing, especially through our nursing evidence-based practice fellowships, which strengthen our relationships in the community and enable us to plan for future staffing needs.

## Compassion

Those who know me have heard me speak these words more than once: Simple human kindness matters! Our nurses understand that. I see them live it on a daily basis. There are enough examples of it to fill volumes – more than can fit in this report. I am proud of the compassionate care our nurses provide to our patients, and I know the patients notice it, too.

As you read through these pages, you’ll see some highlighted comments from those patients. Here’s just one of my favorites: *“I did not meet a single person who did not love his/her job or perform it with anything other than knowledge and enthusiasm. As an old retired RN, if I had to be in the hospital, this was definitely the place to be – it was an A+++ experience.”*

To our team of UTSW nurses, thank you for all your contributions in 2018. To those working beside our UTSW nurses, thank you for being our teammates in this valuable work. I look forward to working alongside all of you – and to continuing our journey of excellence!

**Susan Hernandez**, MBA, B.S.N., RN

Chief Nurse Executive  
UT Southwestern 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.



Sabrina Lindley, B.S.N., RN

## UT Southwestern Values

### Excellence

We strive for the highest standards of clinical excellence, educational distinction, research integrity, and administrative quality in all we do. We are rigorous in our commitment to ongoing improvement.

### Innovation

We endeavor to develop new knowledge about diseases and treatments, enhance the lives of patients through better care and treatments, creatively approach challenges, and inspire the next generation of physicians, scientists, and health professionals.

### Teamwork

We work collaboratively and with a shared purpose, drawing on our diverse backgrounds, talents, and ideas and bringing an unwavering integrity to everything we do.

### Compassion

We foster an environment in which patients, visitors, and colleagues are treated with respect, dignity, and kindness in every encounter, every day.

## 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. We endeavor to:

- Enhance quality, patient safety, and service
- Guide professional nursing practice
- Create a healthy work environment
- Cultivate transformational leadership and collaborative governance
- Embrace research, innovation, and technology
- Educate the nursing leaders of the future

## 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 respect the confidentiality of patients, their families, and my colleagues through discrete conversation and attention to privacy.
- I will anticipate the needs of patients and their families rather than waiting to be asked for assistance.
- I will be responsible for keeping our work environments clean and safe.
- I will own and resolve every problem I can or personally hand over the problem to someone who can resolve it.
- I will dress professionally, and I will speak and conduct myself in a manner that always keeps the focus on our patients.



Eunice Boateng, PCT (left), and Adwoa Aninkorah, M.S.N., RN



# Transformational Leadership

As we navigate the dynamic reformation of the health care landscape, nurses at UT Southwestern are paving the way to elevate clinical excellence within our organization and beyond. Each and every day, our nursing teams begin with excellence and consistently aim even higher to fulfill our mission of patient-centric care. Nurses bring vision, influence, compassion, clinical knowledge, and expertise while influencing change throughout our world-class organization. By transforming our culture, nurses have cultivated an environment supportive of patients, families, loved ones, and staff. These values and beliefs shine bright throughout UTSW as we deliver the very best comprehensive, quality care. UT Southwestern recognizes the leadership capacity of every nurse. Leaders exist at all levels of the organization and are vital to creating and sustaining a transformed culture that supports nursing excellence. Organized leadership roles are in place to support the professional practice of nursing.

## Patient Feedback

*“I did not meet a single person who did not love his/her job or perform it with anything other than knowledge and enthusiasm. As an old retired RN, if I had to be in the hospital, this was definitely the place to be – it was an A+++ experience.”*

## A Year of Nursing Excellence

Nurses at UT Southwestern are leaders in all areas of practice. Throughout our system, care is provided for each patient within our hospitals and clinics, spanning research, education, administration, and community work. Empowering our nurses and equipping them with the ability to promote good health and well-being throughout each patient's continuum of care is our top priority. Our nurses lead at every level through direct patient care and beyond, knowing that "excellence is our starting point, not our finish line."



William P. Clements Jr. University Hospital

### UTSW Ranked No. 1 Hospital in DFW for Second Consecutive Year

In 2018, UT Southwestern retained its ranking as the No. 1 hospital in Dallas-Fort Worth and as the No. 2 hospital in Texas, according to *U.S. News & World Report*. In addition, seven UTSW clinical programs ranked among the top 50 programs nationally, with four more designated as High Performing. The rankings reflect the work of thousands of dedicated nurses, physicians, employees, and other caregivers who strive to provide the best possible care today, with continuous improvement and innovation for better care tomorrow.

"These rankings are a testament to the passion our nurses, other clinicians, and staff of our University Hospitals and Clinics have for providing exceptional care to patients and support for their families in North Texas. They also reflect the great educational and training experience we are able to provide to our learners, and our commitment to excellence in biomedical research," said Dr. Daniel K. Podolsky, President of UT Southwestern.

The publication's annual Best Hospitals list, released Aug. 14, showed UT Southwestern ranked nationally in Geriatrics, Neurology & Neurosurgery, Diabetes & Endocrinology, Nephrology, Urology, Pulmonology, and Orthopedics.

"The value of data-driven, exceptional care our dedicated physicians, nurses, and staff provide at UT Southwestern University Hospitals is well-reflected in the high levels of patient satisfaction of these and other recognitions," said Dr. John Warner, Executive Vice President for Health System Affairs.

Susan Hernandez, UT Southwestern Health System Chief Nurse Executive, said the recognition is indicative of the constant compassion and exceptional care provided by UT Southwestern employees.

"Our multidisciplinary team has continued to focus on patient-centered care and clinical outcomes, resulting in a healthier, happier North Texas," Mrs. Hernandez said. "Being ranked the No. 1 hospital in DFW for the second year in a row is in large part thanks to our employees who consistently show compassion to every patient."



### PACT Awards

The PACT program recognizes employees who exhibit exceptional behaviors that achieve the goal of "excellence in patient care and customer service that we would be proud for our families, friends, and ourselves to receive." The program provides a way for patients, co-workers, and physicians to recognize the PACT behaviors "on the spot" and is designed to create a culture of praise and recognition.

The PACT program is a campuswide initiative that goes on throughout the year and encourages employees to recognize staff and physicians for their demonstration of PACT standards, which are:

#### Problem Solving

*To achieve excellence in patient care and service, we take ownership for solving problems through innovation and discovery, and to the satisfaction of patients, customers, or managers.*

#### Ability, Attitude, and Accountability

*We adhere to best practices in our daily work, honor the dignity and diversity of each person, and are accountable for our actions. We will appear and conduct ourselves in a professional and positive manner.*

#### Communications and Compassion

*All of our communications are open, clear, timely, and delivered with respect and confidentiality. We are sensitive to the physical, psychological, emotional, spiritual, and cultural needs of every individual.*

#### Teamwork

*We collaborate as one team to deliver patient-centered care with integrity, trust, and confidentiality. We value the exchange of diverse ideas.*

Many nurses are recognized daily with PACT cards, either submitted electronically or on paper. In 2018, nurses were honored in large numbers for receiving Blue, Silver, and Gold Pin awards:

**2018 Blue PACT Pin Award Winners: 480**

**2018 Silver PACT Pin Award Winners: 387**

**2018 Gold PACT Pin Award Winners: 278**

### Meritorious Service Awards 2018

UT Southwestern nurses are invaluable. An important part of our culture of excellence is to reward and recognize those who have gone above and beyond in providing excellent service and care to our patients. The Meritorious Service Award is bestowed annually to UT Southwestern staff who have provided extraordinary service and care to our patients and demonstrated an excellent work ethic and performance. These recipients exemplify PACT standards and serve as role models to the campus. Employees are recognized and nominated by patients, families, clinical or departmental staff, or leadership.

#### The 2018 nurse recipients were:

**Melinda Alford, RN, CCRN** – Rapid Response Team

**Leah Anderson, M.S.N., RN, CCRN** – Angiography

**Traci Blackowicz, RN** – Multidisciplinary Surgery Clinic

**Homer Capiral, MBA, B.S.N., RN, CVRN-BC** – Invasive Cardiology

**Alexa Collins, B.S.N., RN** – Zale Lipshy Neuroscience ICU

**Ann Cuddy, B.S.N., RN, CCTC** – Transplant Services

**Caryl Dimaano, B.S.N., RN** – CUH PACU

**Tanya Farmer, B.S.N., RN, OCN, CCPR** – Simmons Cancer Center Hem Onc

**Prescilla Flores, RN** – CUH 5 South Delivery Room

**Hazzel Gomez, M.S.N., B.S.N., RN, CAPA, CPAN** – Nursing Education

**Amanda Green, B.S.N., RN** – Emergency Department

**Carol Hall, B.S.N., RN, CWOCN, CFCN** – Wound Ostomy

**Jerry John, RN** – CUH 12 South

**Veronica Kogera, B.S., RN** – Float Pool

**JoKutty Kurian, B.S.N., RN-BC** – Zale Lipshy Psych

**Logan Lane, B.S.N., RN** – Emergency Department

**Fiona Lappe, B.S.N., RN** – CUH 10 North

**Patricia Lee, B.S.N., RN, CCRN** – CUH 7 South SICU

**Katherine Mancini, B.S.N., RN, RNC** – CUH 6 South

**Mirlande Mason, B.S.N., RN** – General Dermatology Clinic

**Maya Mathew, RN** – CUH 6 North

**Brooke McCartney, B.S.N., RN** – Neurology/Multiple Sclerosis Clinic

**Erin Pettyes, B.S.N., RN** – CUH 10 South

**Julie Preston, B.S.N., RN, CRNI** – Imaging Services

**Shalini Rane, B.S.N., RN** – CUH 9 North

**Esmeralda Sepulveda, M.S., B.S.N., RN, CCRN** – Zale Lipshy PACU

**Megan Campbell Spinks, RN** – CUH 8 North

**Babitha Thomas, B.S.N., RN** – Ambulatory Float Pool

**Michelle Walsh, B.S.N., RN** – Neurology/Multiple Sclerosis Clinic

**Tammy Walton, LVN** – Internal Medicine Subspecialties Clinic

**Nancy Wright, B.S.N., RN, CCRN, CPAN** – ASC PACU/Pre & Post

### Strauss Awards

The 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. The awards are presented quarterly throughout the calendar year. The following nurses were selected for their outstanding care and service during 2018:



**Peggy Bartholomew, M.H.S.M., RN, PMP, CSSGB**  
Quality Project Manager  
University Hospitals Quality and Performance Improvement



**Cathleen Bauer, M.S.N., APRN, ANP-C**  
Advanced Practice Nurse  
Department of Neurology



**Emelita Bennett, B.S.N., RN, CCRN**  
Direct Patient Care  
Zale Lipshy University Hospital  
Apheresis



**Susan Chacko, B.S.N., RN, PCCN**  
Direct Patient Care  
Zale Lipshy University Hospital  
Inpatient Rehabilitation



**Shannon Chalk, B.S.N., RN, CCRN-CMC**  
Nurse Manager  
Clements University Hospital  
7 South SICU



**Claudia Engle, B.S.N., RN, CWOCN**  
Wound Ostomy Nurse  
Clements University Hospital



**Patricia Lee, B.S.N., RN, CCRN**  
Direct Patient Care  
Clements University Hospital  
7 South SICU



**Brianna Reed, B.S.N., RN-BC**  
Ambulatory Registered Nurse  
Multispecialty Clinic



**Michelle Walsh, B.S.N., RN**  
Ambulatory Registered Nurse  
Neurology Clinic



## 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 idiopathic thrombocytopenic purpura, an autoimmune 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 nurses who exemplify our mission from both hospitals and clinics and are recognized throughout the year. All nominees receive a DAISY Award pin, while winners receive a 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 winners from UT Southwestern for 2018 are shown above right.



**Helen Bankston, B.S.N., RN, CCTN** – Kidney/Liver Transplant Services



**Houston Carr, B.S.N., RN, CPAN** – Zale Lipshy PACU



**Sheena Joseph, B.S.N., RN, PCCN** – CUH 8 North



**Jacob Shelton, B.S.N., RN** – Emergency Department



**Brenna Youssef, B.S.N., RN, CCRN** – CUH 8 South MICU

## DAISY Celebration and Reunion

On September 27, 2018, the Office of Nurse Excellence hosted a UT Southwestern Daisy Celebration and reunion to recognize all past Daisy Award nominees, winners, and leaders. This event was open to all to celebrate extraordinary nurses. It was an absolute honor to have several special guests at this celebration. Among them were the co-founders of the DAISY Foundation. More than 70 UTSW staff attended this exciting event.



Helen Bankston, B.S.N., RN, CCTN (left), and Beverly Gamboa, B.S.N., RN



Nurses and leaders come together to celebrate all past Daisy Award nominees and winners.

## UTSW Nurse Excellence Awards

During Nurses Week, in May 2018, following the annual State of Nursing Address, UTSW presented its third annual Nurse Excellence Awards. More than 65 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 showing devotion and compassion in caring for patients and their families. The six winners of the 2018 Nurse Excellence Awards were:



**Leader of Nursing Excellence Winner**  
**Shannon Chalk, B.S.N., RN, CCRN-CMC** – Nurse Manager, Clements University Hospital, 7 South SICU



**Friend to Nursing Excellence Winner**  
**John O'Neal, M.M., M.Div., BCCI** – Director of Chaplain Services



**Frontline Care Provider Nursing Excellence Winner**  
**Patricia Lee, B.S.N., RN, CCRN** – Clements University Hospital, 7 South SICU, Direct Care Nurse



**Advanced Practice Nursing Excellence Winner**  
**Carolyn Sutton, M.S., APRN, WHNP-BC** – Advanced Practice Registered Nurse



**Clinical Educator Nursing Excellence Winner**  
**Mari Ann Lewis, B.S.N., RN-BC** – Ambulatory Clinical Educator



**Ambulatory Nursing Excellence Winner**  
**Rebecca Tutt, B.S.N., RN-BC** – Ambulatory Float Pool Manager

## D Magazine 2018 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, winners were recognized in three categories: Education/Research, Leadership, and Direct Care.

UT Southwestern is proud to salute our nine recipients of the 2018 *D Magazine* Excellence in Nursing Awards.



Left to right: Liffy Cherian M.S.N., APRN, AGCNS-BC, OCN; Jessica Low, B.S.N., RN; Stefanie Crain, B.S.N., RN; Shannon Chalk, B.S.N., RN, CCRN-CMC; Susan Hernandez, MBA, B.S.N., RN; Nadia Pratt, B.S.N., RN, CCRN; Scarlett Harden, APRN, ACNP-BC; Emily Holmes, B.S.N., RN, CNOR; Kelly Murphy, B.S.N., RN

**Shannon Chalk, B.S.N., RN, CCRN-CMC**  
Assistant Nurse Manager  
Clements University Hospital 7 South SICU  
Direct Care

**Liffy Cherian, M.S.N., APRN, AGCNS-BC, OCN**  
Clinical Nurse Educator  
Education/Research

**Stefanie Crain, B.S.N., RN**  
Clements University Hospital 12 South  
Direct Care

**Scarlett Harden, APRN, ACNP-BC**  
Advanced Practice Provider  
Pulmonary Hypertension Clinic  
Direct Care

**Susan Hernandez, MBA, B.S.N., RN**  
Chief Nurse Executive  
UT Southwestern Health System  
Leadership

**Emily Holmes, B.S.N., RN, CNOR**  
Neurological Spine Coordinator  
Zale Lipshy University Hospital OR  
Direct Care

**Jessica Low, B.S.N., RN**  
Clements University Hospital 6 North Med/Surg  
Direct Care

**Kelly Murphy, B.S.N., RN – Nurse Manager**  
Clements University Hospital 7 South SICU  
Direct Care

**Nadia Pratt, B.S.N., RN, CCRN**  
Assistant Nurse Manager  
Clements University Hospital 7 South SICU  
Direct Care

**2018 Dallas-Fort Worth Great 100 Nurses**

Dallas-Fort Worth Great 100 annually recognizes 100 professional registered nurses 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 was honored to have eight nurses receive this award in 2018.

**Great Nurses. Exceptional People.**



**DFW Great 100 recipients** (left to right): Shannon Chalk, B.S.N., RN, CCRN-CMC; Farida Minner, B.S.N., RN-NIC; Todd Bailey, M.S., B.S.N., RN, NE-BC; Shannon Dunleavy, B.S.N., RN, CCRN; Linda Chan, B.S.N., RN, OCN; Kelli Holzwarth, B.S.N., RN; Liffy Cherian, M.S.N., APRN, AGCNS-BC, OCN; (seated): Susan Hernandez, MBA, B.S.N., RN

**Clinical Awards & Achievements**

**Patient Safety Star Winners:**

**Mirlande Mason, RN**  
*Dermatology Clinic*

**Cynthia “NaChae” Wrenn, B.S.N., RN, CCRN** – Clements University Hospital, 9 South CVICU

**Professional Involvement Spans Nation**

Numerous nurses across the system had the opportunity to be abstract reviewers for various local, state, and national professional conferences; many others were invited to be part of standardized testing reviews such as the National Council Licensure Examination (NCLEX) or to speak, teach, or present in various ways at a multitude of venues across the nation. These are just some of the ways UTSW nurses shine their lights bright in the professional and clinical world.

**UT Southwestern Honored by Texas Nurses Association District 4**

On December 6, 2018, the Texas Nurses Association District 4 honored UT Southwestern with a “Consumer of the Year Award” for supporting the district as a site for the spring forum as well as multiple monthly meetings.



**Nurses Recognized During UTSW’s 75th Anniversary**

*Homecoming: Retired nurses reunite and a new tradition begins*

**“Once a Nurse, Always a Nurse”**

In August 2018, retired UT Southwestern nurses gathered for a luncheon at William P. Clements Jr. University Hospital, the first event of its kind in UTSW history.

In the spirit of UT Southwestern’s 75th anniversary year, Chief Nurse Executive Susan Hernandez, MBA, B.S.N., RN, had the idea to invite the institution’s retired nurses to reminisce about their time here and join in looking to the future of nursing at UTSW. Invitations were sent, and a few dozen retired nurses attended the inaugural “Homecoming” lunch and presentation about nursing excellence at UT Southwestern.

“I want to say thank you for what you did as UT Southwestern nurses,” Mrs. Hernandez told the special guests. “You laid the foundation for many of us to come behind you and continue that greatness. I am



UT Southwestern retired nurses and nursing leaders returned to campus for a luncheon to remember their time at UTSW.

excited every day about where I work and what I do – and that’s because of these people and this place.

“I think we should be more connected as UTSW nurses,” she continued. “Just because you’re retired doesn’t mean that you’re no longer passionate about being a nurse or passionate about UT Southwestern.”

The Rev. John O’Neal, M.M., M.Div., BCCI, Director of UTSW Chaplain and Volunteer Services, offered a blessing, and Associate Chief Nursing Officers Victoria England, MBA, B.S.N., RN, NE-BC, and Todd Bailey, M.S., B.S.N., RN, NEA-BC, spoke about nursing initiatives at UT Southwestern, outlining the four goals of UTSW nursing excellence:

1. Recruit and retain the best nursing school graduates
2. Develop a strategic relationship with schools of nursing
3. Create an environment that rewards and recognizes the expert nurse
4. Leverage improvements in technology to enhance nursing care delivery

“The goal of our focus on these initiatives is to improve the health of our patients and save lives,” Mrs. England said. “Our post-training surveys show that 93 percent of our participants agree that interdisciplinary teamwork has a direct effect on patient care.”

The focus on teamwork and continuous learning was a theme throughout the event.

“Everything we do in nursing starts with the UTSW values,” Mr. Bailey said. “As we move forward, we’ll continue to deliver high-quality care through clinical expertise, process, focus, and use of teamwork principles.”



From left: Mica Choate, B.S.N., RN, CPAN; Nursing Manager Valorie Frederico, B.S.N., RN, CPAN; Assistant Nursing Manager Laura Duran, M.S.N., RN-BC, CNRN

**Clements University Hospital Designated a Level III Neonatal Facility**

The Neonatal Intensive Care Unit (NICU) at Clements University Hospital received a Level III Designation from the State of Texas after a rigorous survey conducted by the American Academy of Pediatrics (AAP). According to the AAP, a Level III Neonatal Facility is “a hospital NICU organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness.” All aspects of care were reviewed and compared to best practices as well as outcomes for the babies who received care in our NICU. The team was excited to hear that no deficiencies were noted and that our NICU was clearly Level III-worthy in providing high-quality care. This Level III designation is valid for a three-year period. Congratulations to the NICU team!



Julie Latimer, RN, cares for an infant patient in the Clements University Hospital Neonatal Intensive Care Unit.

# Structural Empowerment

In our daily quest for excellence, clinical nurses have a voice within the UT Southwestern shared governance organizational structure, which is built on a solid foundation of teamwork and collaboration. Shared decision-making and accountability empower nurses with a process for determining professional nursing practice. These organizational standards are developed through staff-led interdisciplinary committees, task forces, and councils to improve patient outcomes and experiences. Nurses of all levels take conscious ownership of patient care, safety, ethics, research, performance improvement, and evidence-based practice. Our shared governance structure supports the practicing nurse as a key decision-maker with a credible, sought-after perspective. This model strengthens practice by supporting relationships and partnerships among clinical areas, providing an innovative and collaborative environment to bolster our quality patient outcomes.

Michael Valenzuela, B.S.N., RN-BC



## Patient Feedback

*“It was obvious from observing the nurses and doctors as they performed their jobs that they have had the highest level of training. They performed like a well-oiled machine, with each person working in tandem with every person in the room.”*

## Shared Governance Structure

UTSW hospitals and clinics have a robust shared governance structure that includes all staff from all areas and disciplines, as demonstrated in the model below and the examples on the following pages.

2018 witnessed the expansion of the UTSW shared governance structure into the ambulatory services. The new UTSW Ambulatory Shared Governance Councils are headed by the overarching Ambulatory Clinic Leadership Council (ACLC) with Cindy Harper, M.S.-M.A.S., RN, as the Chair. Within that umbrella are two other councils:

### Ambulatory Practice Council (APC)

Co-Chairs: **Jaya Yohannan**, M.S.N., RN;  
**Jennifer Davis**, M.S.N., RN, CNL

### Ambulatory Nursing Excellence Council (ANEC)

Co-Chairs: **Karen Burgess**, M.S.N., CMSRN;  
**Sharyla Ferguson**, M.S.N., RN

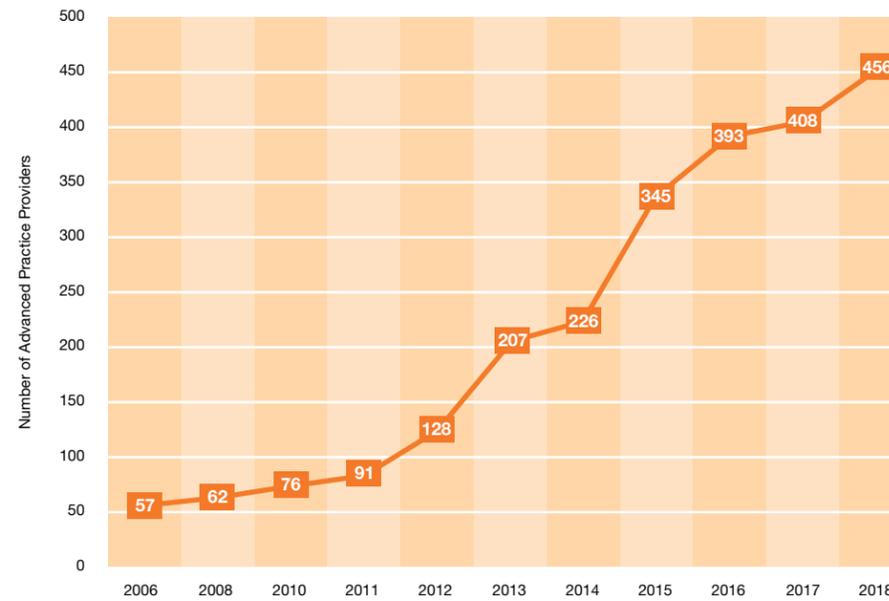
## 'First Things First' Course Implemented for New Ambulatory Leaders

A knowledge gap was identified for new leaders transitioning to the ambulatory setting, so a "First Things First" course was developed to give leaders – both new to ambulatory and/or new to leadership overall – the basics for being successful in their first 90 days of their new role. The course began in September 2018. Objectives of this course include:

- a. Identify resources and contacts within the organization to aid new leaders with personnel management and other HR needs.
- b. Utilize tools presented to effectively integrate nurses into their new role as a clinic leader.

Participants' knowledge and confidence in their new roles improved across the board.

**Advanced Practice Providers**  
(Nurse Practitioners and Physician Assistants)



## Advanced Practice Providers

### Structured Onboarding Process Decreases APP Turnover Rate

Advanced Practice Providers (APPs) have been an integral part of the health care delivery team at UTSW since 2006. However, historically there was not a standardized process for onboarding newly employed APPs. The literature is rich with data supporting the benefits of an effective, structured onboarding process, which can result in increased retention rates, decreased turnover rates, and increased satisfaction and engagement, all of which can enhance employee performance and productivity. In September 2016, the Office of Advanced Practice Providers (OAPP) implemented its inaugural structured APP onboarding and orientation program.

The structured APP 12-week onboarding and orientation program was designed to guide the new hire through a smooth, purposeful transition into the UTSW workforce. The program includes a "New Employee 'Lifeline' Binder" containing valuable information and materials specific to the UTSW family. For example, the binder includes the mission and vision statements of UTSW, the UTSW organizational chart, and listings of members of senior executive leadership. More importantly, information regarding the resources offered by the OAPP are specifically highlighted in the binder. These resources include specific contact information for reaching the OAPP leadership team, along with the OAPP organizational chart, APP Continuing Medical Education (CME) information, overview of the APP Clinical Ladder Manual, the APP Mentoring Program, and other educational opportunities specifically geared toward the APPs.

Each newly hired APP's Lifeline Binder also includes an individualized orientation manual with specific clinical objectives tailored to the needs of the APP in his or her specialty area. A calendar of activities is provided to the APP, including a schedule for "meet and greets" with key personnel in the specialty department to facilitate the establishment of relationships from the beginning of employment. Additionally, the new APP completes weekly goals that are created by

Amanda Brown, B.S.N., RN



## UT Southwestern Nursing Shared Governance



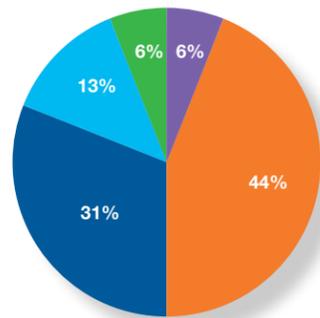
the APP and his or her assigned preceptor, which augments the APP's engagement in the new role. Once they complete their onboarding process, the APPs receive a brief six-question survey to assess the onboarding experience. This survey is sent approximately six months after their start date.

Post-onboarding survey responses indicate that 44 percent of the respondents felt the onboarding program was very organized, and 100 percent indicated the onboarding program prepared them to perform their specific job responsibilities.

The OAPP is mindful of the fact that the average cost of replacing an APP exceeds 100 percent of a base salary as turnover cost. Since the inception of the UTSW OAPP in 2014 and its initial strategies to standardize onboarding, and the subsequent systematic onboarding program begun in September 2016, the OAPP has seen a significant increase in APP utilization and a likewise significant and sustained decrease in APP turnover. In FY13, the average APP turnover peaked at 20 percent; the FY18 average turnover rate was 5 percent, with an all-time high of more than 400 APPs employed throughout UTSW.

### Advanced Practice Providers Onboarding Process

(post-onboarding survey responses)



- Very Organized
- Somewhat Organized
- Could Be Better
- Acceptable
- Very Disorganized

### Reducing Sitter Cases, Improving Patients' Functional Status via Agitated Behavior Scale (ABS) Assessment

The caseload of one-to-one observation of nonsuicidal patients places an increased strain on staffing and patient care needs in many hospital units. These unbudgeted full-time equivalent (FTE) units increase overtime usage and pull resources away from direct patient care. More importantly, patient outcomes and length of stay are negatively impacted by decreased compliance and a decreased ability to follow the plan of care when patients are incapacitated by an altered mental status (AMS).

In an effort to reduce sitter usage and improve patients' functional status, a "sitter task force" was formed at UTSW and was charged with reviewing cases and determining alternatives to sitter situations. Upon review of many of the nonsuicidal sitter cases, it was determined that the length of time for each case could often be mitigated by interventions targeted at improving patients' AMS. Specifically, this team found that using an agitated behavior scale (ABS) is an effective tool for assessing patients' baseline agitation related to AMS and that reassessing the ABS at least once each shift could help providers determine if the interventions were working.

The tool was rolled out to three of the inpatient units with the highest historical sitter usage caseloads, and this nurse-driven protocol proved to be effective. All three units saw a significant reduction in the total sitter usage as well as the length of each sitter case. What a great example of nurses being empowered to make a significant and direct impact on this patient population.

### Synopsis in the EMR: Recapturing the Apheresis Patient Story

With the advent of electronic medical records (EMRs), a clear patient story can easily become lost. In the past, physicians would review nursing apheresis procedure flowsheets in the paper charts. However, in the EMR used at our institution (EPIC), physicians did not have access to apheresis display screens due to differing configurations based on provider type. An employed solution was for nurses to write a procedure summary note that included final machine data, but this documentation was not standardized and did not provide sequential data from previous procedures to make patient-specific treatment decisions. Historical and current data are needed for such decisions. Historical data, such as inlet flow rates, use of calcium to treat citrate reactions, or use of a tissue plasminogen activator, drives future treatment. Current data, such as most recent hematocrit or vital signs, are used to adjust procedure-run parameters. Further, inefficiencies occurred

due to having to toggle between tabs in the EMR, such as between prior procedure notes, labs, and recent vital signs, to determine parameters for that day's procedure.

To improve this situation, physicians, advanced practice providers, nurses, and technologists at UTSW collaborated on identifying data points needed to assess patients for their apheresis procedures. Nurses worked with the EMR team to develop a well-organized, comprehensive, and easily accessible report. All this was developed into an "apheresis synopsis" display screen within the EMR. This screen ensures that all relevant parameters are automatically displayed at the end of a procedure for ease of viewing. It also allows physicians to view sequential apheresis procedure data to observe for any trends, allowing appropriate adjustments in the apheresis plan.

The apheresis team now uses the synopsis screen to help coordinate and improve patient care in the clinic. The synopsis is a summarized report displayed as a running timeline of procedures, containing infor-

Sergio Manzano, M.S.N., RN, CPTN



Carol Bjorkman, M.S., APRN, FNP-C (left), and Jennifer Alpher, B.S.N., RN, CCRN

**Call Prioritization Project Helps Minimize Interruptions to Patient Care Delivery**

Hospitalist providers reported an average call/page volume of one call per minute, a volume that was interrupting care delivery and interfering with timely response to needs. After unit caregivers were experiencing an associated delay in response to pages, and consequently, a delay in responsiveness to patients' questions, implementation of a call prioritization project was developed.

Initiated on June 1, 2018, the goals of the project were to improve communication in provider paging, promote patient safety, decrease duplicate pages, improve response to high-priority pages, and increase overall efficiency.

Working collaboratively, the nursing team of CUH 10 North and the hospitalist providers began asking each caller to designate the time frame for the response required, a simple measure that, in the first six months since implementation, helped meet the project's goals on every front and has now become standard procedure.

**Outpatient Surgery Center Opens New Extended Care Unit**

The UT Southwestern Outpatient Building opened on campus in December 2006, with its second floor dedicated to the Outpatient Surgery Center (OSC) and its third floor to housing the Medallion Guest Suites. These suites were designed as hotel rooms to provide overnight accommodation for cosmetic plastic surgery patients after their surgery.

As the years went by, it became clear that this was not a beneficial economic venture for the Department of Plastic Surgery, so the space occupied by the Medallion Guest Suites was returned to the hospital.

It was decided after the very successful opening of the William P. Clements Jr. University Hospital in December 2014 that there was an opportunity to utilize the Guest Suites space in a different way. After a couple of alternative architectural designs were considered, the renovation began in March 2018.

The Guest Suites were converted from hotel rooms to a new hospital unit, which was named the Outpatient Surgery Center Extended Care Unit. The construction included addition of oxygen, suction, and hand washing sinks in all the rooms; furniture; a Nurse Call system; replacement of ductwork to allow for regulation of air exchanges; and new flooring, paint, and ceiling tiles. Other items were added such as a crash cart, a Pyxis medication dispensing machine with a refrigerator, and refrigerator/freezers to accommodate nutrition services for the patients and staff. The conversion team arranged for new services such as laundry, trash, EVS, biohazard, nutrition, pharmacy, lab, radiology, chaplain, and other needed services.

On October 29, 2018, the new unit opened. It was intended to be used for 24- to 48-hour stays for patients having surgery at the OSC, not exclusively plastic surgery but any other services that might have a need to keep a patient for an extended care stay.

The hours of operation are 9 a.m. Monday through 7 p.m. Saturday. The unit is staffed with two ACLS-certified nurses during open hours and a patient care technician (PCT) during the day. Advanced practice providers (APPs) provide additional coverage from 7 p.m. to 7 a.m.

A project such as this is successful only with full cooperation and collaboration from a whole host of people in many different working arenas, and we are so grateful to all involved.



Newly renovated Extended Care Unit patient room



The Outpatient Surgery Center team celebrates opening day at the new Extended Care Unit.

**Bridging a Gap in Ostomy Care**

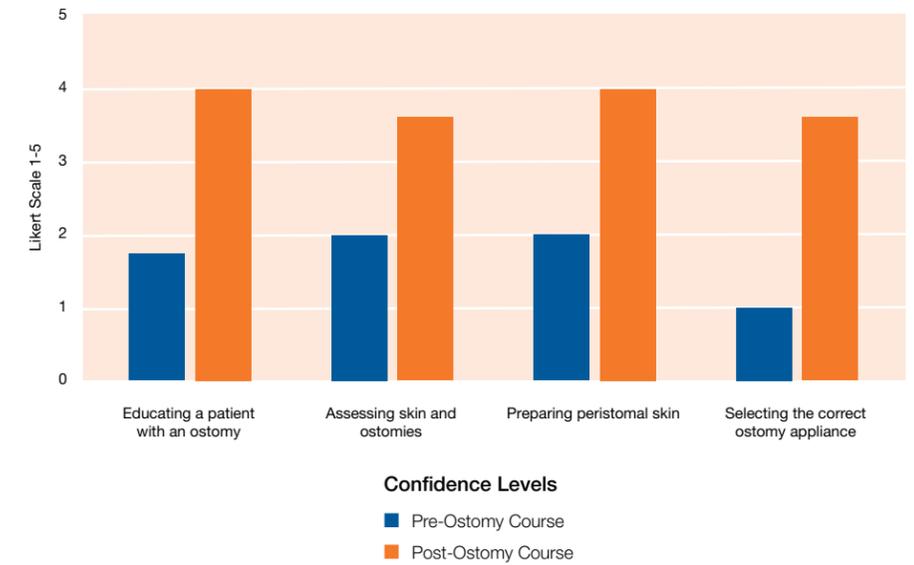
In order to "improve patient outcomes and enhance the general ostomy knowledge for the entire nursing team," a goal identified in 2018 by the Wound Ostomy and Continence Nurses Society, the UTSW Wound Ostomy and Continence (WOC) nurses implemented an evidence-based Ostomy Care Associate (OCA) program to close an identified gap between a patient's initial stoma placement and its integrity in the outpatient/home care setting.

The objectives were for program participants to gain knowledge in the assessment and management of patients undergoing a fecal or urinary diversion, percutaneous tube, or development of a fistula. Participants demonstrated the appropriate stoma measurements and application of pouching systems, identified common peristomal complications, implemented appropriate interventions, and assessed when to refer a patient to the WOC nurse or physician. The program consists of 12 weeks of online coursework with an in-person class training every month; upon completion, participants sit for an exam.

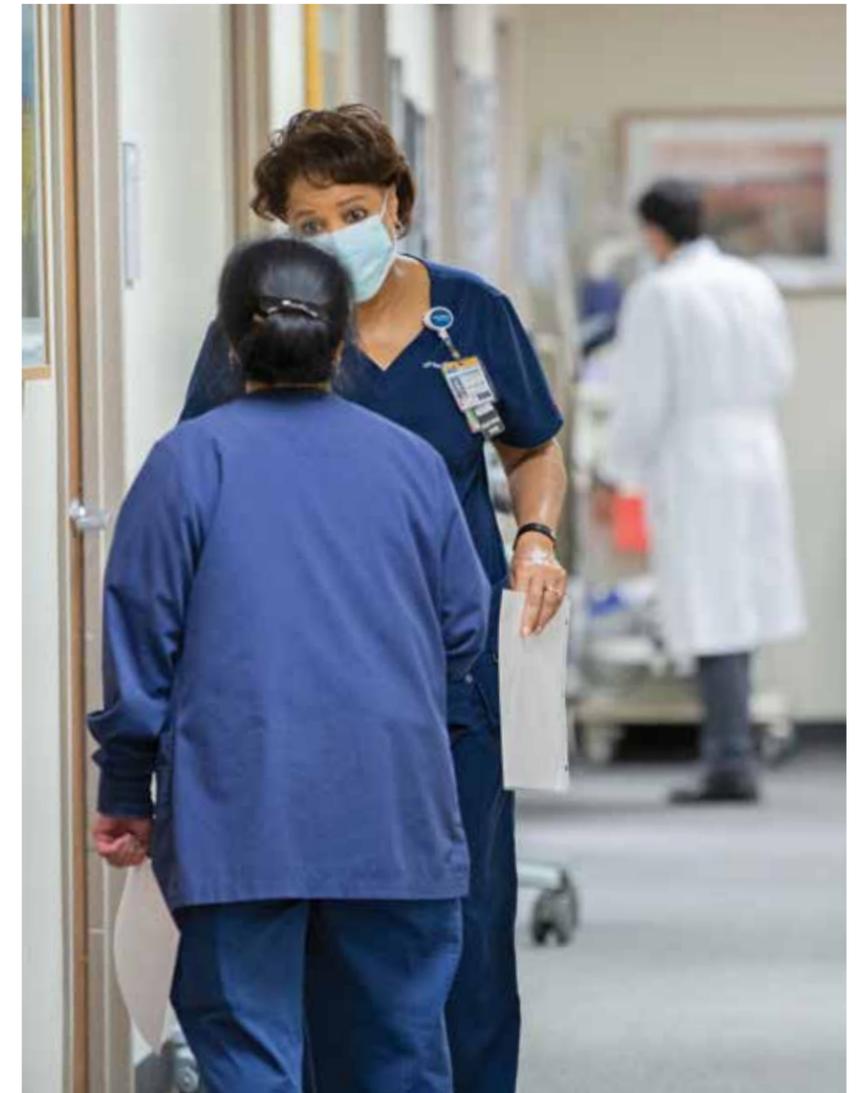
The OCA program was presented to AVP/CNO, who approved it for ambulatory. Michele Houghton, B.S.N., RN, CWON, submitted the program to UTSW's "One Big Idea" contest to have the OCA course span both outpatient and inpatient settings. The executive team approved the idea, and the program was offered to nurses across the care continuum.

The first cohort of participants completed this OCA course over the summer of 2018, and the second cohort of participants has now been enrolled. A Redcap survey was sent to all OCA participants before and after taking the course. The survey results indicated an increase in confidence levels of 47 to 53 percent from pre-course to post-course outcomes in all questions! The largest improvement was in the confidence level of "selecting the appropriate ostomy appliance" followed by "confidence in providing patient education."

Ostomy Care Associate (OCA) Course Cohort 1



Marcie Buford, MBA, B.S.N., RN, CCTC (facing), and Cheryl Nava, B.S.N., RN, CCTC





## Patient Feedback

*“This is probably the best-run organization I have ever seen. The staff worked together beautifully, and the focus was always on patient care. Great compassion, knowledge, and skills. Everyone should get this level of care.”*

# Exemplary Professional Practice

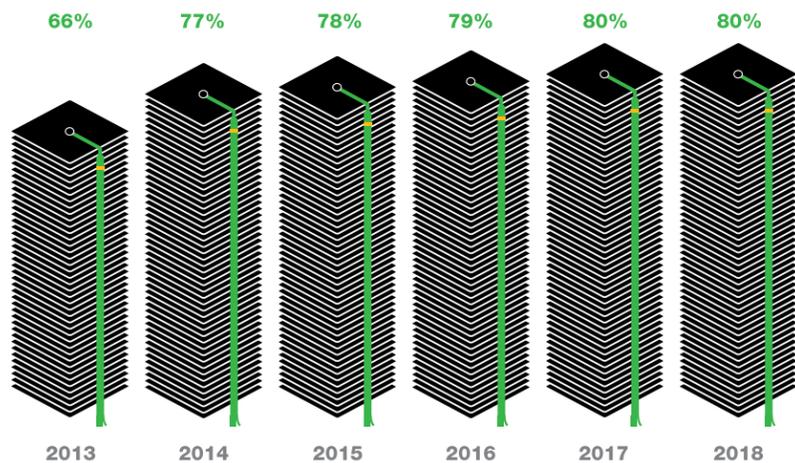
Our roadmap for the future of nursing includes strategic goals and provides nurses with an environment that fosters excellence through continual learning and the development of transformational leaders. UT Southwestern Medical Center exemplifies the true essence of the Magnet model. As an organization that values, recognizes, and encourages continuing education and professional certifications, we believe these are vital components to building the professional development and practice of our nurses. As a leading academic medical center, we support our nurses to push past the status quo to create a new level of excellence. Through interdisciplinary relationships, professional autonomy, nurses as teachers, establishing professional models of care, and maintaining a resource-rich environment, we continue to shine within our community, state, and nation.

## 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 below, we have steadily maintained this objective.

Percentage of UTSW RNs with B.S.N. degree or higher



## 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 because these certifications assure them that the nurses caring for them have demonstrated experience, knowledge, and skill in the complex specialty of their care. Nurse certification and the continuing education required to maintain it play an important role in the establishment of an environment of professionalism and a culture of retention. Certifications also differentiate UT Southwestern from other

health care organizations, demonstrating to consumers that we have attracted the most skilled and experienced nursing professionals. The listing on page 24 shows the number of educational opportunities that UTSW hosted in 2018 to continue to help support the nurses professionally through national certifications.

In addition, each quarter, UT Southwestern offers an American Academy of Ambulatory Care Nursing (AAACN) Review Course, an on-site opportunity for ambulatory nurses who are interested in becoming board certified in their discipline to take part in the AAACN. In 2018, 12 nurses participated in this program.

## Clinical Ladder

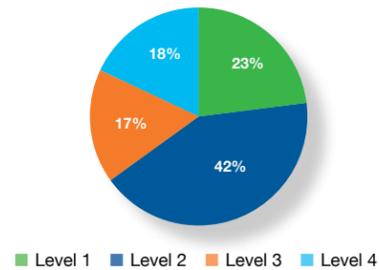
UTSW’s Clinical Ladder process encourages clinical growth and professional development, addresses recruitment and retention, and inspires and rewards nurses in direct patient, non-administrative roles for work that surpasses our starting point of excellence.

“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.)

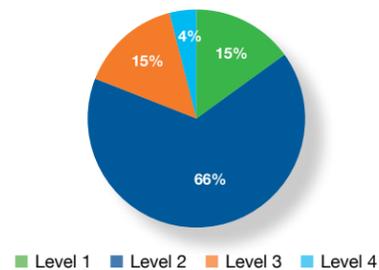
The UTSW Clinical Ladder is open to all clinical nurses involved in direct patient care.

## 2018 Clinical Ladder Participation

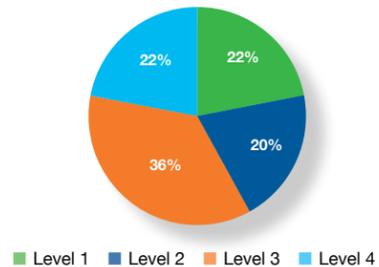
Hospitals & Hospital-Based Clinics



Ambulatory Clinical



Advanced Practice Providers  
(50 APPs - 28 PAs, 22 APRNs)

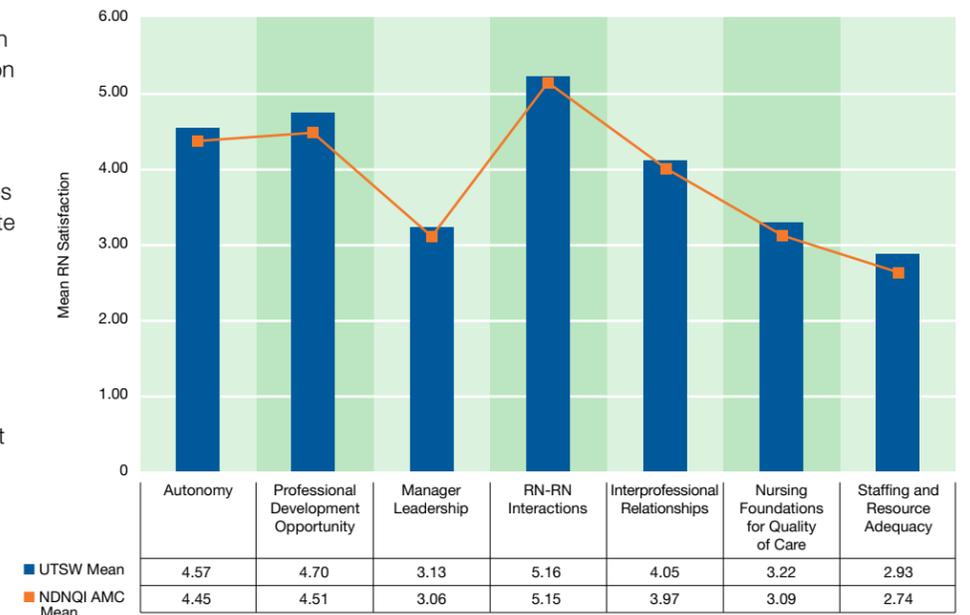


## Nurse Satisfaction Survey

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. All eligible nurses were provided the opportunity to participate in the UTSW 2018 National Database of Nursing Quality Indicators (NDNQI) Nurse Satisfaction survey. With more than 1,700 nurses sharing their voice, there was a 6 percent increase from 2017’s participation rate; the overall UTSW nurse participation rate was 93 percent, putting us 24 percent above the average of all participating facilities. Fifty-nine percent of the 61 contributing areas also reached an impressive 100 percent participation rate. 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 Magnet categories of nurse satisfaction.

The NDNQI survey confidentially asks nurses dozens of questions, spanning autonomy, professional development, manager leadership, nurse-to-nurse interactions, interprofessional relationships, nursing foundations for quality of care, staffing, and resource adequacy. As the graph above indicates, UTSW nurses compare favorably to top-performing academic medical centers in every single required Magnet category. This is something we are truly proud of.

UTSW 2018 Nurse Satisfaction vs. NDNQI Academic Medical Centers (AMC)



## Clinical Education & Professional Practice (CEPP)

Throughout 2018, the Department of Clinical Education & Professional Practice (CEPP) has focused on education and training, professional development, and the professional practice of clinical staff working within UT Southwestern Medical Center. CEPP is committed to connecting with the clinical workforce to equip nurses and others with knowledge, skills, and leadership abilities. CEPP’s mission and vision is to provide the necessary tools for frontline staff to deliver safe, high-quality, patient-centered care, while elevating professional standards and practices and integrating evidence-based care. The department is focused on partnering with organizations within the community to not only support clinical knowledge but also build the bridges needed to ensure staff have the skills to meet current and future patient care needs. This includes clinical orientation as well as education on standards of care and quality improvement. CEPP is committed to achieving and surpassing excellence while advancing the practice of staff members who provide patient care in our hospitals and clinics.

## Certification Review Course Opportunities

- 6 Oncology Certification Review Course: Certified Breast Cancer
- 39 Oncology Certification Review Course
- 24 Oncology Certification Review (OCN)
- 38 Certified Perianesthesia Nurse/Certified Ambulatory Perianesthesia Nurse Certification Review Course
- 22 MedSurg Certification Review Course - Day 1
- 16 MedSurg Certification Review Course - Day 2
- 72 Stroke Certified Registered Nurse Certification Review Course - Day 1
- 40 Stroke Certified Registered Nurse Certification Review Course - Day 2
- 12 Stroke Certified Registered Nurse Certification Review Course - Day 1

## Education & Training Remains Active Year Round

To enrich education and training of UTSW clinical staff, our education departments oversee housewide and unit-specific clinical education. The Clinical Educators/Professional Development specialists for each department or area are charged with coordinating and implementing educational activities to meet the identified educational needs. With the ever-changing nature of or introduction to new clinical practice, 56 initiatives were assigned and/or presented to clinical staff using evidence-based methodologies such as the “CHANGE Week” standardization. This approach streamlines the day-to-day requests for education while strategically organizing and scheduling when initiatives will be implemented, allowing staff to be better prepared by proactively knowing when practice changes will take effect.

In conjunction with the CHANGE Week initiatives, e-learning modules, routine instructor-led courses, and unit-based initiatives are consistently offered to enhance patient care delivery relating to quality initiatives, NDNQI results, performance gaps, patient and staff satisfaction, and patient safety. In addition, 150 e-learning modules were developed throughout 2018 to educate and validate clinical competency and practice.

UT Southwestern's education departments hosted Preceptor Workshop programs. More than 125 staff members attended or trained in the workshop titled "Developing Preceptors for Clinical Practice," a program designed to provide individuals with preceptor training tools to help them in turn train novice staff to successfully integrate into professional practice in their specialties.

### Professional Development

As a large academic medical center and Magnet organization, UT Southwestern strives to ensure continuing education activities are readily available and offered in accordance with the Texas Nurses Association. This process is overseen by an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. UTSW's approved Provider Unit is housed within the education departments. UTSW and the clinical education departments continue to offer the availability of Continuing Nursing Education (CNE) through the departments' support of programs and events such as:

- Nursing Grand Rounds
- Nurse Residency Program
- Nurses Week Events
- Professional Development Days
- UTSW's 1st Nursing Critical Care Symposium
- The Thoracic Symposium
- Risky Business
- The International Neuroscience Research Symposium
- Abstract Bootcamps
- First Things First
- Leadership Training
- Lunch & Learns
- Journal Clubs

### New Nurse Graduates

The education team remains engaged with the new nurse graduates beyond hire by providing a robust, clearly defined, and evidence-based curriculum to meet their learning needs. Evaluation of their experiences provides purposeful data for



Julie Garrett, B.S.N., RN, CAPA

generating program improvements that allow CEPP to narrow the practice gap during their transition into practice. Engaging in dynamic discussions with the nurse residents to incorporate changes based on their feedback provides the opportunity for UTSW to better meet their needs, thereby ensuring success at their six-month and 12-month anniversary dates.

### Warm UTSW Welcome for Experienced Staff

Orientation sets the stage for experienced but new-to-UTSW employees to thrive in their new work environments. Typically, orientation occurs in three stages: general orientation (day 1), general hospital and clinical orientation (days 2–5), and a precepted clinical experience thereafter. The precepted clinical experience consists of new employees being paired with other experienced staff in the department and/or unit of hire. In addition to general clinical orientation, specialty-specific orientations such as surgical services are provided. For example, the clinical educators for surgical services developed a department-specific orientation encompassing technical skills, equipment, and competencies unique to patient populations and their role responsibilities.

### Keeping Our Patients Safe

UTSW's American Heart Association (AHA) Training Center's extensive assessment and realignment has had a significant impact on the daily operations of the AHA programs. Our education departments ensure UTSW remains compliant with evidence-based guidelines as set forth by the AHA.

Transitioning to the AHA's Resuscitation Quality Improvement (RQI) program has resulted in a shift from a traditional compliance model to perpetual resuscitation skills competency. This has gradually set a new standard of excellence within Clements University Hospital and Zale Lipshy University Hospital.

In July 2018, UT Southwestern was honored at the RQI 2020 Keynote and Healthcare Networking Conference for being an RQI Pioneer since 2014. In 2016, the AHA noted that "resuscitation quality improvement initiatives are critical to saving lives of in-hospital cardiac arrest patients." Based on early evidence, low-dose, high-frequency learning practices are more effective at increasing competency.

### Leaders in the Community

One of the most rewarding ways UT Southwestern nurses share their experience with the community is by providing their skills, knowledge, and time as volunteers. From formal volunteer programs to impromptu acts of service, UTSW 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 nurses to participate in many ways and through a variety of local entities, sharing their expertise and developing professionally through community involvement.

UTSW hosts a number of events and activities throughout the year, connecting and partnering with other schools of allied health and nursing, as well as local area high schools. Affiliation with these organizations illustrates the solid commitment we have for supporting learning opportunities with institutions of higher learning. Serving as a clinical site for programs focused on

health professions, within the DFW area as well as programs across the United States, allows UT Southwestern to assist in developing the next generation of clinical staff through a shared experience between the students and clinical teams. UTSW nurses continue to strengthen and support these opportunities by:

- Attending internal and external career fair events throughout the year
- Creating education affiliation agreements
- Developing strategic partnerships
- Increasing awareness of careers within the health care profession through the High School & College Students Symposium (HACS) and Higher Opportunities for Professional Education (HOPE) program

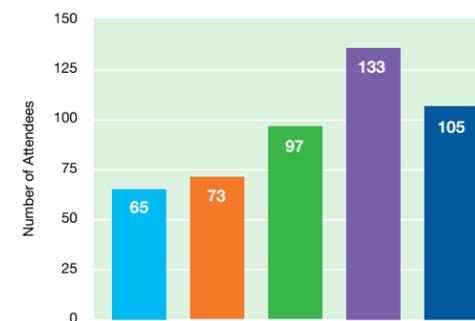
Ambulatory staff enjoyed hosting 41 students on the South Campus for the February 2018 HACS, which had an ambulatory focus. The agenda included a panel of ambulatory care team members (MOA, RN, NP), a visit to the UTSW willed-body program, an animal sciences tour, and poster viewing at eight different clinics.

**Ambulatory Clinical Placements:** 47 B.S.N. students were hosted at UTSW for their community health rotations across 15 different clinics. The goal of this program is to introduce RN students to the outpatient setting and the role of the RN as it relates to population health and the care continuum throughout the community and beyond.

CEPP entered into an agreement with Texas Woman's University to provide a high-quality clinical experience that allows the nursing students to have consistency in the clinical environment, practice, and processes at UT Southwestern. Called the **Clinical Academic Alliance Program (CAAP)**, the five core focus areas for CAAP participants include:

- Disease-specific knowledge
- Clinical and interpersonal skill development
- Professionalism
- Leadership and management skills
- Exposure to research principles and practices

### High School & College Students Symposium Attendance Total



- 2/1/2016
- 4/1/2017
- 8/9/2017
- 10/31/2017
- 2/18/2018



First day of class for the July 2018 graduate nurse residency program

## Exemplary Professional Practice in Action

### Meet the IR Team Behind the Screens and Scenes

Nursing plays a significant role within the Health System Information Resources (HSIR) team at UTSW. As clinicians, nurses can hear and identify with the issues and concerns raised by hospital staff and are able to converse in a language medical personnel are comfortable with and are able to understand. The nurses in HSIR are passionate about the work they do because they understand that the changes made or new applications applied can impact many, many patients and have a positive (or negative, if done poorly) impact on patient outcomes and care.

**Training:** In HSIR, there are three registered nurses (Kathy Shook, B.S.N., RN; Shiny Abraham, M.S.N., RN, NI-BC; and Lisa Timson, A.D.N., RN) who train various clinical staff, including registered nurses, nurse practitioners, physician assistants, and physicians. Nurses training nurses is one of the best ways to address clinical questions that occur during electronic medical record (EMR) training. There is a higher level of acceptance when the material is taught by another medical professional.

**Quality & Testing:** As members of the Quality and Testing team, Shelly Douglas, B.S.N., RN, and Rita Messimer, A.D.N., RN, use quality assurance and testing best practices in the delivery of HSIR application solutions. They are able to use their nursing knowledge and experience to ensure the system changes support all workflows and end-user use and to ensure test scripts reflect nursing practice, scope, and workflow.

**Technical Services Team:** This team maintains the back-end infrastructure of various applications and modules within EPIC and other third-party applications. Kinjal Panchal, B.S.N., RN, is a business analyst who supports BCA (business continuity access), the BLOB (an image storage system), IVR, Interconnect, and EPIC printing. On a monthly basis, she and the team install special updates to various EPIC servers and continually monitor for issues so applications continue to work. Being part of Technical Services allows nurses to foster their interest in technical IT concepts while still utilizing their clinical background.

**Clinical Decision Support:** Angela Carrington, B.B.A, RN, and Irma Donahue, B.S.B.A., RN, work on the Clinical Decision Support team, which is responsible for creating best practice alerts and order

sets. They use their clinical knowledge to determine which alerts are appropriate and which just create noise and have, in fact, significantly reduced the number of inappropriate alerts. They also work on electronic prior authorization for medications and electronic prescription of controlled substances. Their knowledge of clinical workflows helps tremendously on the implementation and troubleshooting of any issues that arise.

**EMR Team:** Nancy Dean, B.S.N., RN, Nedra Hennelly, M.S.N., RN, Sharon Ayacannoo, B.S.N., RN, Pam Goad, MBA, B.S.N., RN, and Scott Minnerly, M.S., B.S.N., RN, work on this team and are responsible for configuring and supporting EPIC's EMR. Their clinical knowledge helps identify possible solutions that are not always obvious to non-clinicians. As with other teams, the nurses on the EMR team act as liaisons and translators between operations and the technical build teams.

In summary, the nurses in HSIR provide additional skills that help with the design, training, testing, and support of various clinical applications, adding an understanding of workflows, a sense of urgency, and insight into impact analysis, which



Reginald (Reggie) Stubblefield, B.S.N., RN (left), and Sojam Joseph, B.S.N., RN, PCCN

are added benefits. Even though they are removed from direct patient care, they still significantly impact patients' lives.

### Central Monitoring Unit (CMU) Addresses Need for Efficient Management of Telemetry Events

William P. Clements Jr. University Hospital currently has approximately 400 non-ICU patient beds and 192 registered telemetry boxes. Based on these numbers, if the facility is at full capacity, only 48 percent of patients could be monitored. To avoid this potential problem, the hospital's Central Monitoring Unit (CMU) addressed the need to improve the coordination and flow of information to nursing staff regarding patients on telemetry and pulse oximetry, which in turn could decrease the number of patients being monitored without abnormal telemetry events.

The CMU devised two plans to help nursing units manage the high number of patients on telemetry and pulse oximetry while improving communication with staff. First, it created a "CMU Escalation Report" to track all patients with no abnormal telemetry events in the course of 24 hours. It also set up associated shift logs to document and review patients' histories to ensure no abnormal telemetry events were missed. By daily faxing and emailing this report to nurse managers/assistant managers and

unit medical directors, the CMU estimates the number of patients needing telemetry could actually be reduced by 20 to 25 percent daily.

The second plan, called the "CMU Escalation Process," is aimed at improving the information flow to nurses by establishing essentially a chain of command to follow to escalate care for abnormal telemetry/pulse ox events if calls are not answered by staff in a timely manner. With an eye toward avoiding alarm fatigue and having potentially critical events going unnoticed, monitoring technicians now have the nurse manager contact readily available to them and know who in the chain of command to contact when needed.

### Mitigating Adverse Events in Intrathecal Chemotherapy Administration Using a Nurse-Led Interprofessional Approach

**Significance and Background:** Because all chemotherapy poses some risk, it should be administered as is appropriate for a patient's specific disease, given by correct route, and checked for accuracy by a chemotherapy-credentialed nurse prior to administration. Inadvertent events in intrathecal (IT) chemotherapy administration can prove fatal, and the rescue steps to reverse the effects are ineffective, which is why the procedure is listed as high risk.

**Methods:** A multidisciplinary approach guided the root cause analysis that revealed significant breaks at all levels, including ordering, dispensing, verification, and delivery of IT chemotherapy, according to American Society of Clinical Oncology (ASCO) standards of safe chemotherapy administration. Rapid-cycle improvement (RCI) methodology was used to implement changes to address gaps starting from high to low impact, thereby improving efficiency and safety.

**Outcome/Implications to Nursing:** Standardization of a nurse-led IT chemo administration workflow resulted in system changes and creation of a more efficient process in alignment with regulatory standards. Having an interdisciplinary practice and a standardized approach are two elements adopted by highly reliable organizations to consistently increase safety at all levels, thus improving patient outcomes.



**Health System Information Resources Team** Front row (left to right): Shiny Abraham, M.S.N., RN, NI-BC; Kinjal Panchal, B.S.N., RN; Lisa Timson, A.D.N., RN; Nancy Dean, B.S.N., RN; Rita Messimer, A.D.N., RN; Pam Goad, MBA, B.S.N., RN; Back row (left to right): Angela Carrington, B.B.A., RN; Nedra Hennelly, M.S.N., RN; Scott Minnerly, M.S., B.S.N., RN; Kathy Shook, B.S.N., RN; Shelly Douglas, B.S.N., RN; Irma Donahue, B.S.B.A., RN



D'Amber Howell, B.S.N., RN (left), and Meena Punnoose, B.S.N., RN

### Creating a Healing Environment by Minimizing Sleep Interruption

Sleep quality is correlated with improved healing and improved patient satisfaction. Because patients in the Hospitalist Unit frequently complain of sleeplessness due to needless interruptions in their sleep during the hours of 2300 and 0500, a plan was devised and managers approved.

The project goal was to improve patients' quality of sleep and thereby provide a more healing environment and increase patient satisfaction scores in the area of quietness of the environment.

The plan was simple and involved creating a sign for use with patients who meet certain criteria. The plan was discussed with individual patients and their family during daily rounds. Results were positive. The patient population included hospitalist patients and geriatric patients. Exceptions were those who needed a higher level of care.

The pilot began the second week of May 2017 and ended in September 2017. Because of its success, the measurement of this project has continued into 2018.



Deborah (Debbie) Ashley, RN

### Spotlighting Simmons Cancer Center

The Academy of Oncology Nurses & Patient Navigators Ninth Annual Navigation & Survivorship Conference took place in Dallas Nov. 15-18, 2018. Harold C. Simmons Comprehensive Cancer Center's team of senior clinical program coordinators joined the 1,000 attendees to learn, network, and engage with other professionals from across the country who serve in the vital role of navigating oncology patients through the care continuum. Highlights included insightful presentations on immunotherapy and navigation metrics, as well as the conference's keynote address by former Second Lady of the United States Jill Biden, Ed.D. Praising navigators and sharing her personal experiences with cancer, as well as insights as Co-Founder of the Biden Cancer Initiative, Dr. Biden was an inspiration to all in attendance.

Following the event, the Simmons team attended a departmental retreat to review conference learnings and best practices in order to clearly define role responsibilities, implement assessments to establish a thorough patient-centered approach, and identify key navigation metrics to monitor as the team continues to lay the groundwork for strong bonds between the patient, family, navigator, and support services.

### Nursing Involvement in Cancer Survivorship

In order to provide patients with detailed summaries of their cancer treatment and long-term survivorship recommendations, Simmons nurses are involved in the creation and distribution of treatment summaries and care plan documents. First, nurses review the current medical record to assist in the creation of treatment summaries and survivorship recommendations. A nurse then tracks the patient appointments and coordinates with the clinical team to ensure the patients are identified at follow-up to receive their treatment summary and care plan. Finally, the nurses within the clinic provide the patient with the documents at the follow-up visit and assist with answering patient questions and providing follow-up recommendations.



Sharla Houston, B.S.N., RN

### Nursing Research Project

A group of nurses involved in the Evidenced-Based Practice (EBP) Workgroup identified the need for an EBP project regarding the use of cryotherapy on patients receiving neuropathy-causing chemotherapy drugs. While working on this project, it was discovered that not enough literature existed to support formal recommendations on this practice. Therefore, the group initiated a new nursing research project to add to the body of evidence on the subject. The current research project meets the criteria for classification as a clinical trial and is therefore undergoing extensive review and approvals before patient recruitment can begin.

### NoMMaD: A Unique Approach to a Healthy Work Environment

Moral distress occurs when a nurse or other member of the health care team knows the morally correct action to take in a particular situation but constraints prevent him/her from taking that action. Repeated or long-term exposure to moral distress or moral residue, resulting from the inability to carry out what one believes to be ethically and morally appropriate, can cause one to feel "morally numb" to ethically challenging situations or clinically burned out. Left unresolved, feelings of anger, confusion, anxiety, guilt, and powerlessness can result. The impact to health care organizations can be seen in turnover and low employee morale/satisfaction and can adversely affect patient care.

Nurses are in a unique position to facilitate a healthy work environment by partnering with other disciplines in response to moral distress. NoMMaD (No More Moral Distress) was developed as an avenue to respond to morally distressing clinical situations by providing a safe forum and focused communication techniques to help lighten the burden. The initiative is intended to help minimize burnout, increase retention, and improve job satisfaction and quality of patient care. This nurse-led approach utilizes specially trained bedside nurses working in collaboration with a core team that includes a chaplain, ethicist, clinical psychologist, and representation from the Employee Assistance Office and Palliative Care team.



Lino Jacob, RN



**NoMMaD Team** Front row (left to right): Shelley Brown-Cleere, M.S.N., RN; Sarah McCraw, B.S.N., RN; Michael Rubin, M.D.; Mona Robbins, Ph.D.; Linda Chan, B.S.N., RN, CMSRN, OCN; Back row (left to right): Lori Hodge, D.N.P., OCN, NEA-BC; Stefanie Crain, B.S.N., RN; Rachel Herbeck, D.P.T., PT, GCS; Megan Murphy, OT; Mat Ramirez, Chaplain; John O'Neal, M.M., M.Div., BCCI

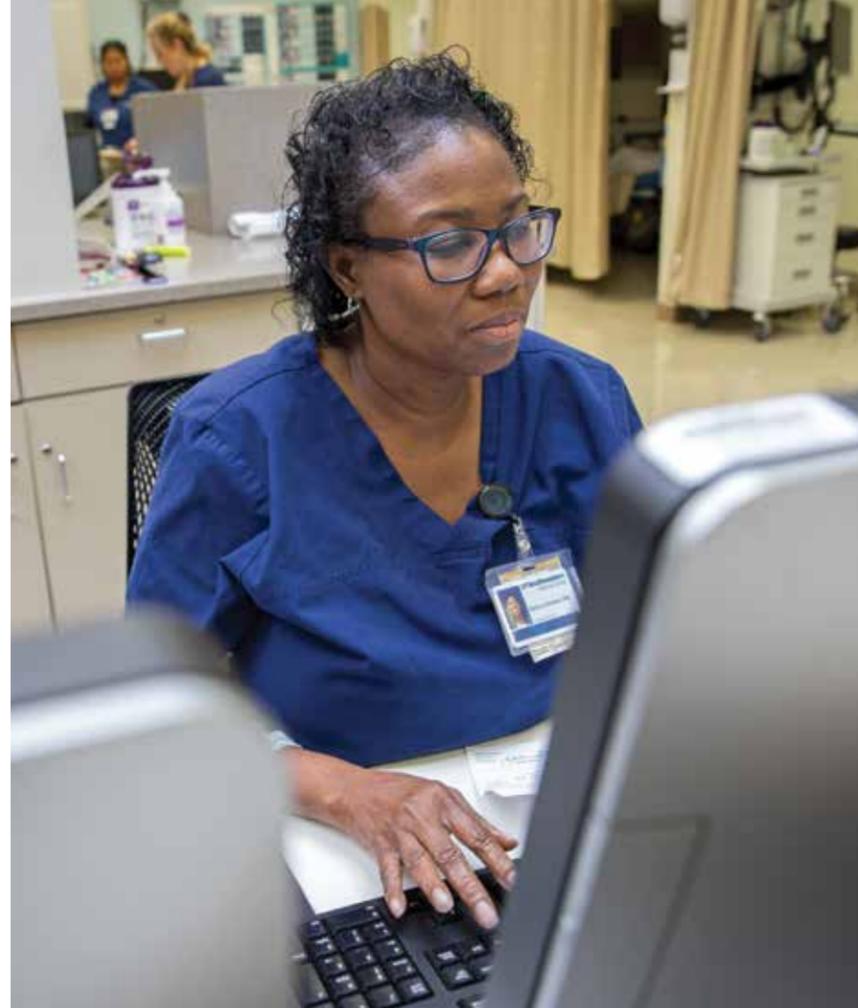
The NoMMaD team is activated by referral from unit leadership, typically as the result of a challenging medical case or multiple challenging cases over a short time span. Sessions are scheduled and discussion is initiated by the Nurse Facilitator, but the participants define the actual course of the discussion, which is steered to clarify the medical facts, elicit areas of disagreement or dissatisfaction, clarify relevant ethical principles and policies, explore the true impact of the situation, and help identify coping strategies.

NoMMaD was piloted in February 2017, and 11 NoMMaD sessions were held throughout the year. Since then, the initiative has grown. In 2018, more than 23 sessions involving more than 300 participants, including nurses, therapists, and physicians, took place. The core team has expanded to include additional chaplains, physician experts, and a clinical nurse specialist. Additional facilitators were added and their role was expanded beyond nursing to include physical therapists and a social worker. Qualitative results from post-session surveys are overwhelmingly positive, with participants acknowledging a renewed sense of resolution and an appreciation for the organization's recognition of the need for support. Referrals to NoMMaD have steadily increased to such groups as Nurse Managers and Resident Physicians as they complete their ICU clinical rotations.

### Operation 'Freedom Day': An Innovative Approach to Transitioning Care in Transplant Patients

New transplant patients are often nervous about their independence and self-care at home after transplant discharge, which in turn often leads to an increase in after-hours phone calls to the Transplant Center and unnecessary visits to the emergency room. To ensure a safe and better transition to independence, a program called "Freedom Day" was developed.

A collaboration between inpatient and outpatient nurses to empower abdominal transplant patients and their families for a



Nancy Dennis, B.S.N., RN

safe and successful discharge, the Freedom Day program (FDP) is based on the idea that more practice at being independent while still in the hospital would help alleviate patient anxiety about going home. The abdominal transplant team implemented the program on Sept. 1, 2017, for all new kidney and liver transplant patients.

As part of the FDP, on the second day post-transplant, the inpatient nurse introduced the components of the program to the patient and family. The main components included wound and drain care; medication administration, including insulin; taking vital signs; documenting intake and urine output; and initiating ambulation.

Pre-intervention data were collected from a chart review of 24 abdominal post-transplant patients from June through August 2017. The data revealed 48 after-hours calls to the Transplant Center, or an average of two calls per patient. One hundred seventy-four abdominal transplant patients participated in the FDP in September 2017. Data were collected for a period of 30 days post-transplant. At the end of the third quarter, average after-hours calls per patient to the Transplant Center decreased by 60 percent from the pre-intervention data. The average post-transplant length of stay decreased from 7.8 days to 5.3 days, and the emergency department visit rate decreased from 29 percent to 9 percent.

Overall, as the graphs on page 31 reflect, the FDP has been well-received by abdominal post-transplant patients and has increased their comfort level with being discharged. The collaboration among the team has increased communication concerning patients' achievements toward independence, and the program has helped empower patients to self-care.

### High-Reliability Team: In-Situ Simulation

In 2016, UT Southwestern established a High-Reliability Team (HRT) to assess the quality, safety, and reliability of health care delivery through in-situ simulation. It is a voluntary practice assessment focused on teamwork and communication and designed to unearth potential areas for improvement in processes, practices, and training/education.

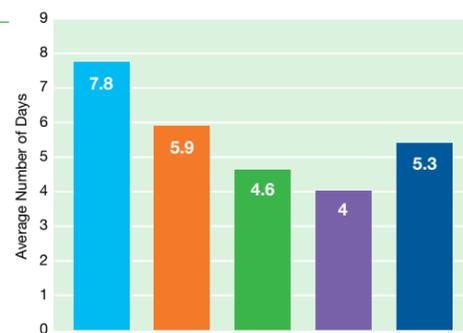
The HRT uses simulation to practice team skills and uncover opportunities for improvement in patient care. Our data has shown definitive increases in participant confidence in speaking up, recognizing patient status changes, utilizing help and resources, delegating tasks, communicating with team members, and using life support skills. During simulation, Team Strategies and Tools to Enhance Performance and

Patient Safety (TeamSTEPPS) concepts are taught to participants, focusing on five components: team structure, communication, leadership, situation monitoring, and mutual support. TeamSTEPPS is an evidence-based program to optimize team performance across the health care delivery system.

The HRT has worked with approximately 1,500 staff and faculty through simulation in scenarios specifically tailored for their unit or clinic. Scenarios included sepsis, malignant hyperthermia, cardiac arrest, respiratory arrest, pre-eclamptic seizures, massive transfusion protocol, and sterile resection process. Through simulation, the HRT has created an Early Arrest Checklist for floor units to use prior to receiving advanced help through the Rapid Response or Code Blue teams.

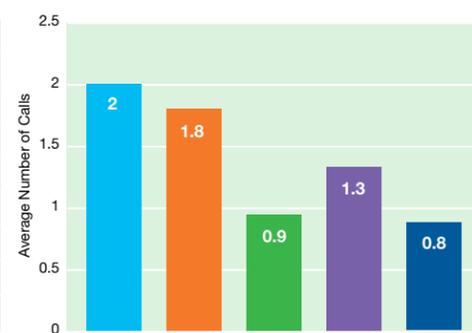
In all, through the various simulations, more than 200 latent safety threats were identified and a process was created to start the closure of those threats; that process is currently being piloted. In addition, the HRT is working on other quality-based projects, including standardizing handoffs and hourly rounding on floor units, and is collaborating with a multidisciplinary team – including ICUs, the blood bank, and the Rapid Response team – to streamline our massive transfusion process.

Average Length of Stay for Patients Participating in Freedom Day



- Pre-Intervention June-Aug 2017 (N=24)
- 2017 Quarter 4 (N=24)
- 2018 Quarter 1 (N=45)
- 2018 Quarter 2 (N=41)
- 2018 Quarter 3 (N=46)

Average After-Hours Calls for Patients Participating in Freedom Day

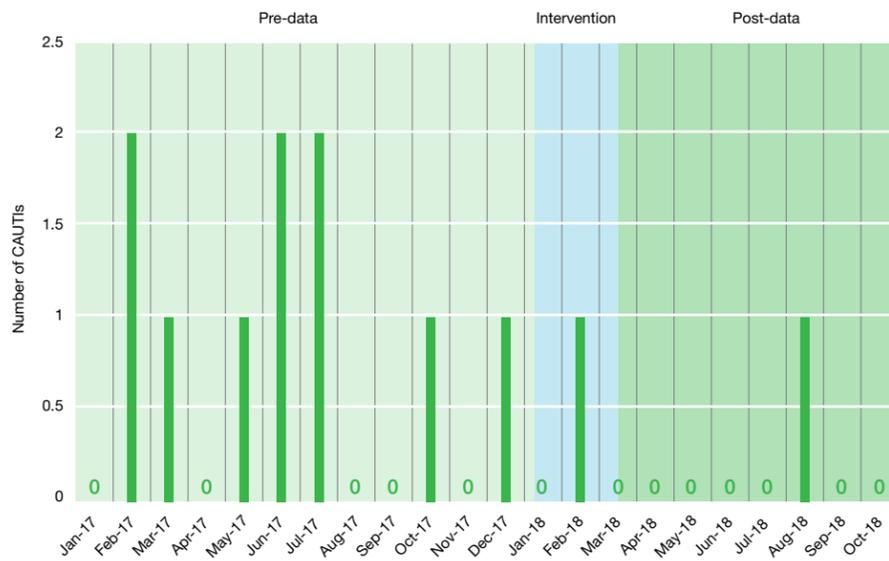


- Pre-Intervention June-Aug 2017 (N=24)
- 2017 Quarter 4 (N=24)
- 2018 Quarter 1 (N=45)
- 2018 Quarter 2 (N=41)
- 2018 Quarter 3 (N=46)



Staff participate in on-site simulation.

### Neuroscience Intensive Care Unit (NSICU) Catheter-Associated Urinary Tract Infections (CAUTIs)



Brandi Ciuffi, M.S.N., APRN, AGACNP-BC



### Reducing CAUTIs in the Neuroscience ICU Patient Population

After logging 12 catheter-associated urinary tract infections (CAUTIs) among the Neuroscience Intensive Care Unit's (NSICU's) patient population in 2016 and struggling again by having 10 CAUTIs in 2017, the NSICU set out to implement an evidence-based project to examine outcomes associated with practice change. In response to existing but controversial literature, the unit decided to implement more selective criteria for sending urine cultures when a patient has a fever. The goal with the new measures was to reduce the number of NSICU CAUTIs to five or less for 2018. Following the practice change (implemented in March 2018), the NSICU has had only one reported CAUTI. Here is how the team did it:

With the guidance of the NSICU Medical Director, bedside staff helped adopt and then develop a protocol that would question/rule out if a patient with a fever needed a urine culture. The protocol called for sending for the culture if the patient had any of the following indicators:

- Fever in kidney transplant recipient
- Fever in a pregnant patient
- Neutropenic fever
- Fever after urologic procedure/surgery
- Fever and known urinary tract obstruction
- Unexplained suprapubic or flank pain
- Spinal cord injury patient with new or worsening spasticity
- New fever or unexplained mental status changes at admission of chronically catheterized patient
- Septic shock

The NSICU Medical Director, Nurse Manager, and CAUTI representative presented this EBP to the UTSW CAUTI committee, and, with the committee's blessing, the unit quickly began implementation. The NSICU CAUTI champions (one Assistant Nurse Manager and six bedside nurses) led one-to-one education in January and February 2018, and the NSICU went live with the protocol on March 1, 2018.

The graph on page 33 shows the NSICU success since that implementation. The NSICU continues to do chart audits that have shown an increase in CAUTI prevention compliance rates among nurses, and this protocol now serves as a model that other ICUs are looking to adopt.

### The Journey to Happiness: An Employee Satisfaction Success Story

Prior to 2016, the UTSW acute care dialysis unit was experiencing nurse dissatisfaction as measured by an internal employee satisfaction survey administered through the Human Resource Department and National Database of Nursing Quality Indicators (NDNQI). Areas of dissatisfaction included the number of on-call hours, the number of overtime hours, and the length of shifts worked versus scheduled. The dialysis unit shared a manager with the surgical intensive care unit, and those in the manager role often struggled to keep up with duties of these two busy and complex units. This led to workflow concerns going unaddressed, day-to-day staffing shortages, and a general lack of understanding for the needs of the departments. At the time, an internal organizational employee satisfaction survey showed the dialysis unit satisfaction scores were among the lowest ranking. That is when employees decided to change things.

Through a series of well-thought-out interventions, employees within the UTSW University Hospitals dialysis units worked together to promote a positive work environment, rise above the nursing shortage, and improve overall satisfaction and retention. These interventions included a Six Sigma work study conducted to determine workflow and the formation of a dialysis-led Unit Based Council (UBC). Based on the framework presented by Allison Ong, D.N.P., M.S.N., RN, CCRN et al. in 2017, this team also introduced the concept of a shared governance model to provide nurses with a voice in decision-making. Next, the dialysis unit nurses created a staffing pilot to include extended hours of operation and new shifts. Nurse satisfaction was measured with a voluntary pre- and

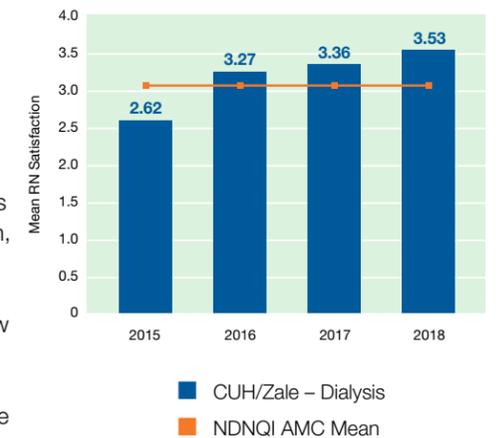


Kaitlyn Sanders, B.S.N., RN (left), and Ashley Britt, B.S.N., RN

post-pilot survey in Redcap, and the results of the pre-pilot assessment were shared with the UBC to develop the first staffing pilot. Finally, the unit was approved for and hired a full-time manager who had expertise in dialysis.

Comparing pre- to post-implementation, the data showed an immediate reduction in overtime by 12 percent. There was no change in the number of on-call shifts worked; however, the biggest impact of the pilot was seen in the nurses' happiness with on-call coverage and on-call utilization, which improved by 34 percent in the first year. The NDNQI results for 2017 showed an improvement in all questions from below the national benchmarks to above the national benchmarks, and that upward trend continued in 2018. Through the work of the UBC and ongoing leadership support, the unit was able to turn around NDNQI scores from the previous 10 percent to its current 90 percent while experiencing zero turnover since 2016.

### CUH and Zale – Dialysis vs. NDNQI Academic Medical Centers (AMC) Mean Practice Environment Scale



## Cutting Out Hair Clipping in the OR

As recently as October 2017, the CUH Surgical Services unit noticed an increase in the percentages of postoperative deep sternal wound infections, so managers formed a project group to examine best practices and develop measures that could be implemented to immediately improve those percentages. They found that in some cases hair clipping was still being performed in the operating room, which is against the Association of Perioperative Registered Nurses (AORN) recommended guidelines and could definitely be contributing to infections from skin abrasions. By aligning UTSW practice with the AORN recommendations, the goals were to achieve:

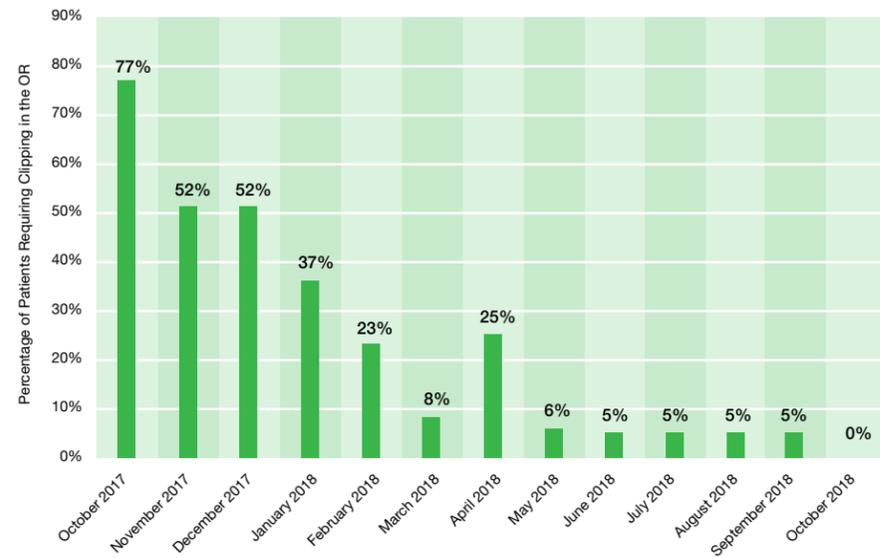
- 100 percent of required clipping performed in Prep/Recovery
- 100 percent of required clipping documentation performed
- 100 percent of required clipping regions inspected by an OR nurse
- 0 percent of touch-up clipping performed in the OR

Through education and monthly audits of clipping and documentation practices, immediate improvements were seen in the infection percentages; the unit achieved 100 percent of all goals by October 2018.

From left: Stacey Sumrell, B.S.N., RN; Sabrina Lindley, B.S.N., RN; Christina McGuire, M.S.N., APRN, AGACNP-BC



## Opportunity for Improvement: Touch Up Clipping in the OR



## UTSW Transplant Programs Soar in 2018

Nurses continue to play an important role in the UT Southwestern transplant programs, which once again in 2018 proved to be among the best in the state and nation.

### Transplant volumes for 2018:

- Nearly 300 transplants performed
- 28 percent year/year growth across all organs

### Local and national benchmarks by volume:

- Heart – U.S. top quartile
- Lung – U.S. top 10
- Liver – U.S. top quartile
- Kidney – 62 percent year/year growth

Overall, the combined volumes equate to having the fourth-largest collective transplant program in Texas.

### Excellence

The transplant programs continued to receive distinction in 2018 through traditional and online sources. For example, the “Heart Transplant 360” video, which offers the viewer an immersive experience of an actual heart transplant, has been viewed nearly 700,000 times since its release in March 2018.

### Outreach

With 15 satellite clinics located throughout the state, UTSW continued to provide subspecialty expertise to underserved areas in 2018. These outlying clinics are a key source of outpatient referrals and inpatient transfers for acutely ill patients, constituting nearly 20 percent of UTSW transplants for the year.

### Research

As they do every year, UTSW nurses and doctors continued to participate in groundbreaking research in 2018. One good example of this is the national multicenter trial on expanding the use of donor organs in human lung transplantation. The trial includes four major lung transplant centers in the U.S.



Robert Castillo, M.H.A., B.S.N., CCRN, B.S.R.T. (R)(T), RT(R) (left), and Archie Westbrook, B.S.N., RN

UTSW ended up as the highest-enrolling center. Our team pumped 10 pairs of rejected lungs for a cumulative period of more than 114 hours, which equates to nearly five days of ex vivo lung perfusion (EVLV).

### Quality

One of the many transplant-related quality improvement projects for the year involved early extubation in liver transplant patients. Results of the project included:

- Decrease in mean ICU LOS from 3.54 days to 1.83 days
- Decrease in median post-transplant LOS from 8 days to 5 days
- No change in 30-day readmission rate (about 20 percent)

### Overall impacts of the project included:

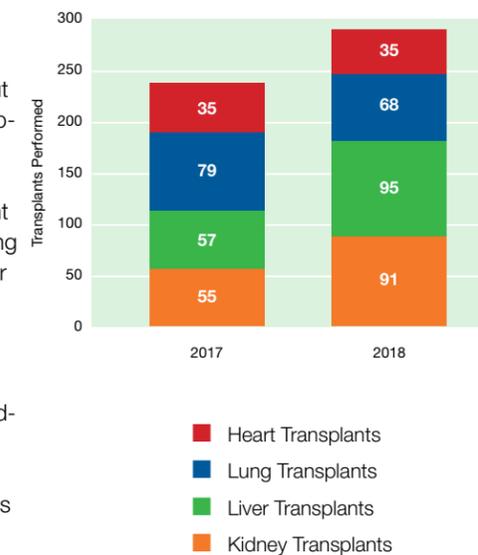
- No reintubation
- Safer and faster transport to ICU from surgery
- Decrease in direct cost (anesthesia, OR time, RT, room/bed)
- Increase in bed availability for backfill patients

### Transplant Coordinators' Certifications

In 2018, the transplant team moved closer to its goal of having 100 percent of its transplant coordinators certified, improving to 79 percent for the year (up from 2016's 33 percent).

In February, UTSW hosted the NATCO CCTC review course; of the total 37 attendees from 15 different states, three were UTSW nurses. The two attendees traveling the farthest for the event hailed from UCSF in Pacifica, California (1,733 miles away), and Yale New Haven Hospital in Connecticut (1,635 miles away).

## Transplants per Year



## Improving Sepsis Recognition to Decrease Mortality

Sepsis is a life-threatening emergency. Without timely treatment, it can cause progressive organ failure and death. In 2015 and 2016, 75 percent of UTSW sepsis cases were admitted through the emergency department (ED) and represented 40 percent of all in-hospital deaths. Through mortality reviews, process analysis tools, data analysis, and reviews of best practices, improvement opportunities were identified, which included more consistent use of a screening tool and development of a nurse-driven protocol. A sepsis performance improvement team initially partnered with an ED-focused interdisciplinary work group comprising nursing, physicians, clinical informatics, pharmacists, and management to leverage the Magnet philosophy, with a goal of expediting bedside care and decision-making in these time-sensitive scenarios.

The revised ED approach began by completing sepsis screening at arrival, initiating a nurse-driven standing delegated order when a patient meets Systemic Inflammatory Response System (SIRS) criteria in combination with a suspected infection, and communicating with the physicians to escalate a medical assessment. Sepsis order sets were designed to further streamline care, alert support staff, and optimize antibiotic selection. This approach was rolled out with process training and education after obtaining nursing staff input and approval.

The new process has contributed to decreasing the UTSW sepsis mortality rate from 16 percent in 2016 to as low as 5.9 percent in 2018. Additional improvements include a more simplified screening in the ICU, nurse-activated standing medical orders (SMOs), and using a sepsis checklist as a visual cue to expedite and ensure sepsis bundle completion. Finally, future goals target the Medical/Surgical units for adoption of standardized screening and a nurse-activated SMO to further improve earlier sepsis recognition.



From left: William (Billy) Langford, RN; Kristina Goff, M.D.; Opetomi Seriki, D.O.; Ashley Britt, B.S.N., RN

## Rapid Response MEWS Rounding

More than 80 percent of patients have symptoms of instability and clinical deterioration (cardiac or respiratory) up to 24 hours before an event (Ludikhuize et al., 2012). A systematic tool is helpful in assisting the nurse in the detection of early deterioration with an ultimate goal of promoting patient safety and preventing medical harm (Albert & Huesman, 2011).

The Modified Early Warning System (MEWS) score is integrated into the electronic health record (EHR) to identify patients potentially experiencing a decline in hemodynamic stability. A MEWS score of 3 or greater necessitates further assessment; that's also the score at which the rapid response team (RRT) proactively rounds on inpatients.

The more elevated the MEWS score, the higher the priority for RRT members and bedside nurses to recognize a condition change and assess the patient. In 2015, a multidisciplinary team was assembled to reassess the scoring values for MEWS.

The MEWS tool scores heart rate, blood pressure, respiratory rate, level of consciousness, and temperature. MEWS scores are calculated using 0, 1, 2, or 3 points for each category based on a patient's vital signs in the EHR. In 2016, we learned through debriefings that respiratory events were our number one reason units called a rapid response and that respiratory events were also the number one cause of Code Blues outside the ICUs. Two more parameters addressing pulse oximetry (SPO<sub>2</sub>) and oxygen (O<sub>2</sub>) requirements were then added to the MEWS score criteria.

The RRT is able to work in conjunction with the primary nurses and physician teams to provide early interventions. These range from: reassessment of the patient, placing the patient on oxygen, obtaining arterial blood gases, receiving and or administering new medication orders, obtaining blood laboratory samples, notifying the physicians, and, if needed, escalating to a rapid response and transferring the patient to a higher level of care.

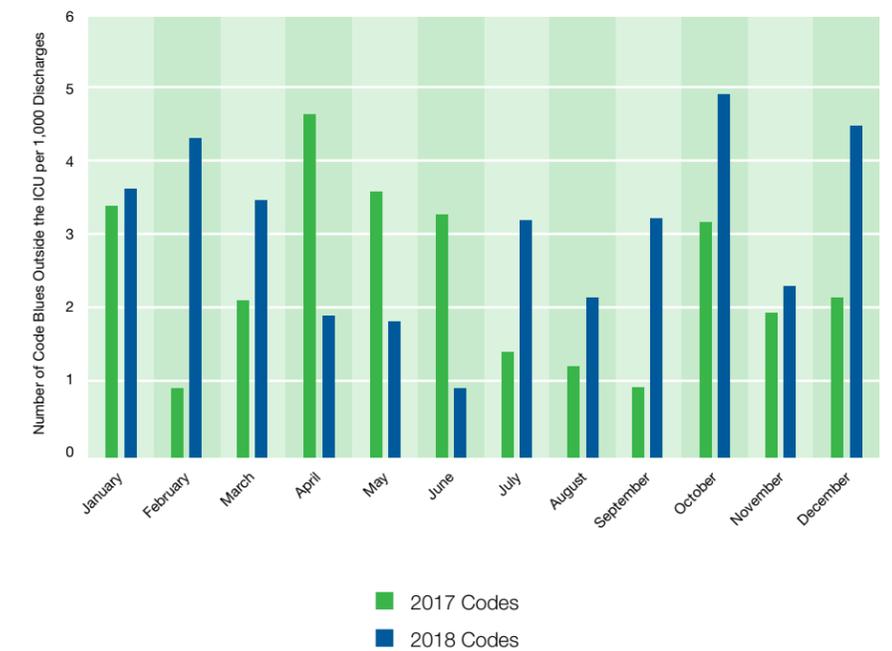
Not only is the RRT involved in MEWS rounding, it is also part of the Code Blue committee, assists with post-assessment of unwitnessed falls, provides backup coverage for endovascular rescue therapy, drives the process of inpatient strokes, and is a key part of our hospital's Code Sepsis team. Presently, the RRT is being trained in the Code STEMI process.

Initially, through the utilization of our RRT, the ambition was to decrease Code Blues outside the ICU (COICU) to three cases per 1,000 discharges. We met this goal two years in a row. The Code Blue committee closely monitors the data month to month and quarter to quarter along with the physician executive sponsors, Dr. Carol Croft and Dr. Jonathan Weissler. Whenever peaks occur in the Code Blue rates, deeper debriefings are completed. Each code outside the ICU is debriefed at the monthly Code Blue meeting, where we also address any area for opportunities and escalate and disseminate any needed education.



Rhonda Dyer, RN-BC (left), and Pragya Patkak, B.S.N., RN

## Code Blues Outside the ICU per 1,000 Discharges Comparison 2017 to 2018



# New Knowledge, Innovation, and Research

In our journey as part of an academic medical center and Magnet organization, we embrace new knowledge, innovation, and research – each of which plays a vital role in the current and future state of medicine and patient care. Nurses at all levels of the organization seek new knowledge and current evidence to frame their practice in leadership, clinical education, advanced practice, and direct patient care. Structures and processes have been developed and implemented to involve more nurses in the research process, and new nursing knowledge gained through research efforts and contributions has been disseminated. UT Southwestern Medical Center’s Nursing Research Program has two strong components supporting nursing research throughout our organization, along with a variety of resources to help support integration of current evidence into practice. The UT Southwestern Library provides electronic, web, and personnel resources to assist with searching and acquiring relevant evidence to guide and transform professional nursing practice.

From left: Mandell Butler, M.S.N., APRN, FNP-C; Cherrie Taylor, RN; Matthew McEwin, LVN



## Patient Feedback

*“Best experience I’ve ever had at a hospital. My care felt very patient-centered, and the staff was very professional, attentive, and friendly. I’m in the health care profession and am aware of how difficult this result is to achieve!”*

## Collaborative Research

As UTSW hospitals and clinics continue to grow, nursing research is growing as well. In order to continue to support, train, and provide the expertise for nurses to conduct research, a nurse scientist with expertise in scientific inquiry is essential. In 2017, Linda Denke, Ph.D., RN, CCRC, joined UTSW in the Office of Nursing Excellence, under the leadership of Victoria England, MBA, B.S.N., RN, NE-BC, Associate Chief Nursing Officer. As the Director of Nursing Research, Dr. Denke serves also as the Director and facilitator of the Nursing Research and Evidence-Based Practice Shared Governance Council, led by Chair Keri Draganic, D.N.P., APRN, ACNP-BC, and Co-Chair Linda Chan, B.S.N., RN, CMSRN, OCN. Dr. Denke's research interests include postoperative pain management, symptom management, and innovative learning environments.



**Neuroscience Nursing Research Center (NNRC) Leadership** (from left): Charlene Supnet, Ph.D.; DaiWai Olson, Ph.D., RN, CCRN, FNCS; Sonja Stutzman, Ph.D.; Caryn Harper, M.S.

### Nursing Research and Evidence-Based Practice Council

Standing (left to right): Chelsie Owens; Maria Grabowski, M.S.N., RN, OCN; Jean Hoyt-Sehnert, B.S.N., M.S., RN, NEA-BC; Victoria England, MBA, B.S.N., RN, NE-BC; Nenita Cuellar, B.S.N., RN, CNN; Renee Schlueter, B.S.N., RN, OCN; Calli Davis, M.S.N.-Ed, RN; Cathy Nakashima, M.L.S., MBA; Byron Carlisle, B.S.N., RN, CCRN; Linda Denke, Ph.D., RN, CCRC; Kelli Hulsman, M.S., B.S.N., RN, IBCLC, LCCE  
Sitting (left to right): Gloria Menard, M.S.N., RN; Morgan Mattay, RN; Keri Draganic, D.N.P., APRN, ACNP-BC; Linda Chan, B.S.N., RN, CMSRN, OCN; Jaimol Sreedharan, B.S.N., RN, CCRN



As a Magnet-designated hospital, our vision is for all UTSW nurses to practice to the fullest extent of their education and training. Innovative partnerships with Texas Christian University and Texas Woman's University through nursing evidence-based practice (EBP) fellowships have grown, and these programs continue to expand beyond the walls of UTSW into the community as UTSW nurses pursue bachelor's, master's, and doctoral degrees. UTSW nurses are actively serving not only on research teams but as principal investigators and mentors to other nurses wanting to pursue research. In these and other ways, our nurses are at the forefront of innovation and the discovery of new knowledge and are catalysts to advancing nursing practice and to enriching patient outcomes through research.

The Neuroscience Nursing Research Center (NNRC) began in 2013 and 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. Under the leadership of Director DaiWai M. Olson, Ph.D., RN, CCRN, FNCS, the NNRC provides guidance to nurses who are interested in engaging in research and leveraging and coordinating existing research-related resources.

## 2018 Neuroscience Nursing Research Center Nurse Fellows

In the fall of each year, the NNRC selects six Fellows to participate in the UTSW NNRC Fellowship. The UT Southwestern nurses chosen for the 2018 Nurse Fellowship program, along with their areas of research, were:



**Kaylynn Armstrong, B.S.N., RN**  
James W. Aston Ambulatory Care Center

"Using Time-In-Motion to Determine Efficient Ways to Work with Insurance Companies Regarding Patient MRI"



**Byron Carlisle, B.S.N., RN, CCRN**  
Zale Lipshy University Hospital

"Cost-Effectiveness of Increased Nurse Staffing Ratios on Neurocritical Care Unit Sensitive Outcomes (The CENSUS Study)"



**Elizabeth Dawson, B.S.N., RN, CNRN**  
Zale Lipshy University Hospital

"Development of a Survey to More Accurately Depict the Impact of Sexual Dysfunction on Medication Compliance in Men with Epilepsy (The DSDE Study)"



**Lakina Ferguson, B.S.N., RN**  
Zale Lipshy University Hospital

"Alleviating Care Partner Post-Stroke Stress Through Education (The ACT Study)"



**Zenebe Geneme, M.S.N., RN**  
William P. Clements Jr. University Hospital

"An Age-Specific Pilot Study of Education to Reduce Stress in Stroke Patients?"



**Patricia Zulim, B.S.N., RN, PMHN-BC**  
Zale Lipshy University Hospital

"Psychiatric Nurses Administering Care Partner Education Improves Recognition of Post-Stroke Depression (The PACE Study)"

## Determining Nurses' Research and EBP Readiness

### Purpose

This study seeks to describe the evidence-based practice (EBP) readiness among all UT Southwestern nurses. Participants will complete a 17-item electronic questionnaire known as the HEAT Survey, which will be accessed through an email link. Participation is voluntary. Data will be analyzed to identify trends in EBP among nurses at UTSW, to identify potential gaps in knowledge, and to establish a baseline to measure outcomes of EBP-focused education interventions. This survey data will guide systemwide EBP education interventions, strengthen implementation, and sustain a culture of best practices at every level of care.

### Background

Because UTSW is a Magnet facility, it is important to build a supportive infrastructure for EBP to flourish. Our aim through this study is to determine EBP readiness of nurses in various specialties (e.g., Advanced Practice, Ambulatory, Hospital, etc.) and design education interventions that foster a culture of nursing research and EBP. The findings will be disseminated within the UTSW nursing program and evaluated over time with the intent to incorporate the findings into the generalizable knowledge of EBP.

EBP is the backbone of health care organizations, and evidence exists that its implementation is associated with the highest-quality care, improved patient outcomes, and reduced costs (Melnyk, Fineout-Overholt, Giggelman & Cruz, 2010). However, despite the international call to action for EBP, little is known about nurse readiness to consistently integrate best evidence into their everyday practice (Melnyk, et al., 2012).

We conjecture that differences do exist in self-reported research and EBP readiness among nurses working in different specialty areas at UTSW. We hypothesize certain variables, including certification status, education level, date of last nursing degree, and years of practice as a nurse, are likely to predict EBP readiness.

### Investigators

Principal investigator: Morgan Mattay, B.S.N., RN; Co-investigators: Victoria England, MBA, B.S.N., RN, NE-BC; Linda Chan, B.S.N., RN, OCN; Susan Hernandez, MBA, B.S.N., RN

## Use of a Lower-Extremity Arteriovenous Fistula in a Patient with Poor Upper Extremity Blood Flow: A Case Report

### Purpose

Plasma exchange (PLEX) is indicated as primary, stand-alone, or adjunct therapy for treatment of myasthenia gravis (MG). Sustainable venous access is required to perform procedures. A peripheral intravenous (PIV) catheter is the first-line access due to decreased infectious and thrombotic risks. Tunneled or non-tunneled central venous catheters (CVC) and subcutaneous central venous ports (SCVP) are commonly used when PIV access is inadequate or unobtainable. An arteriovenous fistula (AVF) is a less commonly used yet viable access option. Unfortunately, many apheresis patients have multiple comorbidities that have implications for venous access options. The following case demonstrates teamwork in meeting the challenges of obtaining and managing such a patient.

### Methods

A 48-year-old obese (BMI 43) Caucasian male diagnosed with MG in the setting of metastatic malignant thymoma to the lungs requiring right lower lobectomy, hypertension, Type 2 diabetes mellitus, and obstructive sleep apnea began receiving inpatient

PLEX treatments for MG exacerbation. He had a previously placed Mediport used for chemotherapy and was on Lovenox. PIV access was unobtainable, so a right internal jugular (RIJ) non-tunneled CVC was used. Prior to discharge, the line was changed to tunneled CVC to continue outpatient procedures.

Due to plans to perform long-term PLEX, a left internal jugular (LIJ) Tidal Port was placed. Initially, the RIJ tunneled CVC was inserted to allow access for a biweekly PLEX procedure while the port insertion healed, but it was left in place due to poor flow rates with the port. Over the next year and a half, both the CVC and the port malfunctioned repeatedly due to fibrin sheath formation and superior vena cava (SVC) stenosis despite the patient being on Lovenox. Fibrin sheath stripping, angioplasty, and line/port exchange were attempted numerous times to improve flow through the catheters. Following a diagnosis of SVC thrombus, the apheresis physician communicated with the referring physician, interventional radiologist (IR), and vascular surgeon to discuss remaining alternatives for PLEX access.

### Results

Given the vascular stenosis of the larger vessels in the neck that had been previously treated unsuccessfully with angioplasty, the recent SVC thrombus, and history of surgery and radiation to the chest, it was decided that a right upper thigh AVF would be the most appropriate access. Because fistula access is rarely performed in the apheresis unit, dialysis nurses worked with those in the unit for the first three treatments to educate the nurses and patients on proper access and complications, such as infection and occlusion. Subsequently, the patient identified an occlusion at home, and the apheresis team quickly coordinated a de-clotting and stenting procedure by IR to ensure access was maintained. After approximately six months, the patient noticed a lack of "thrill" and quickly had it treated in the same manner. Since then, the patient has been consistently treated with PLEX without major complications.

### Conclusion

Multiple comorbidities and the need for sustainable vascular access must be considered in the proper selection of a vascular access device. While many options are available, this case provides an example of a multispecialty team working with each other and the patient to create a unique solution, thus providing high-quality care with fewer complications.

Shahram Pajuh, B.S.N., RN



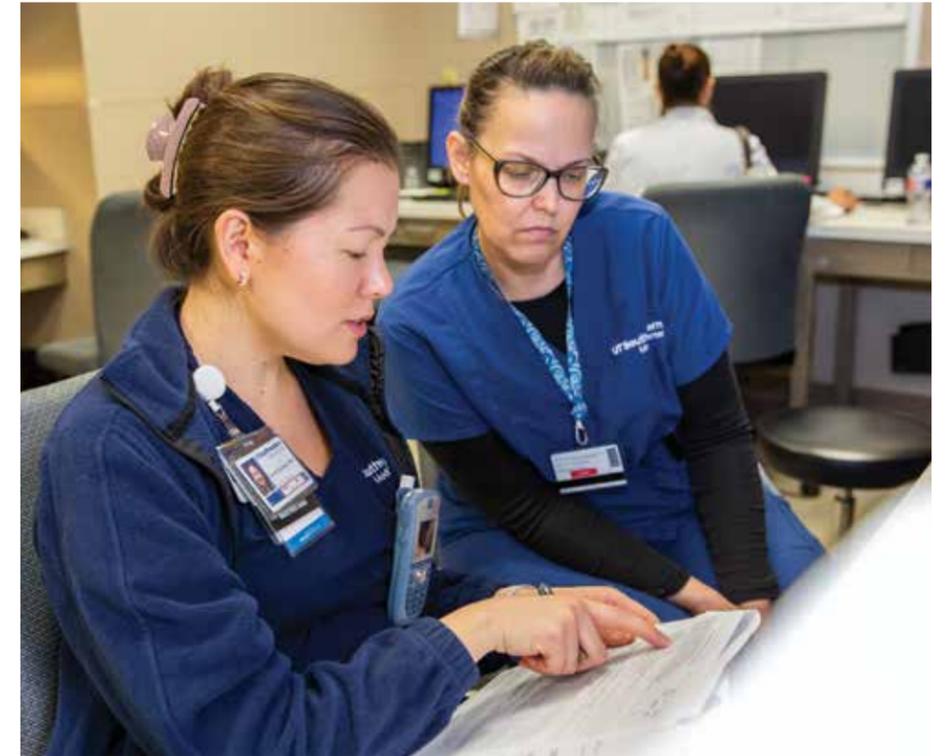
## Nursing-Led Research in 2018

Throughout 2018, 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. A comprehensive listing of this nursing-led research can be found at [utswmed.org/nursing-excellence](http://utswmed.org/nursing-excellence).

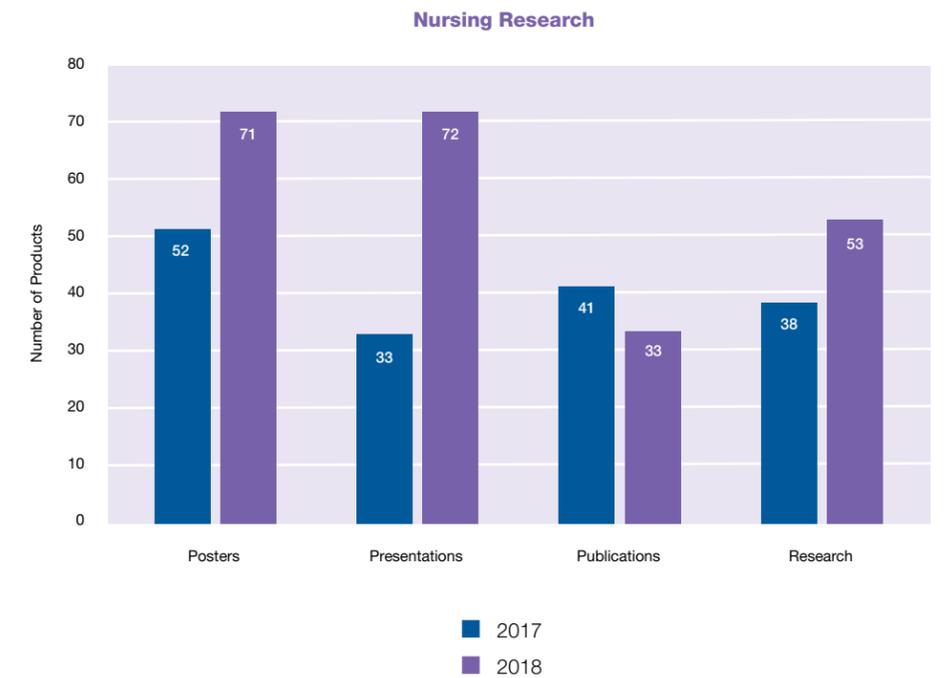
### Publications in 2018

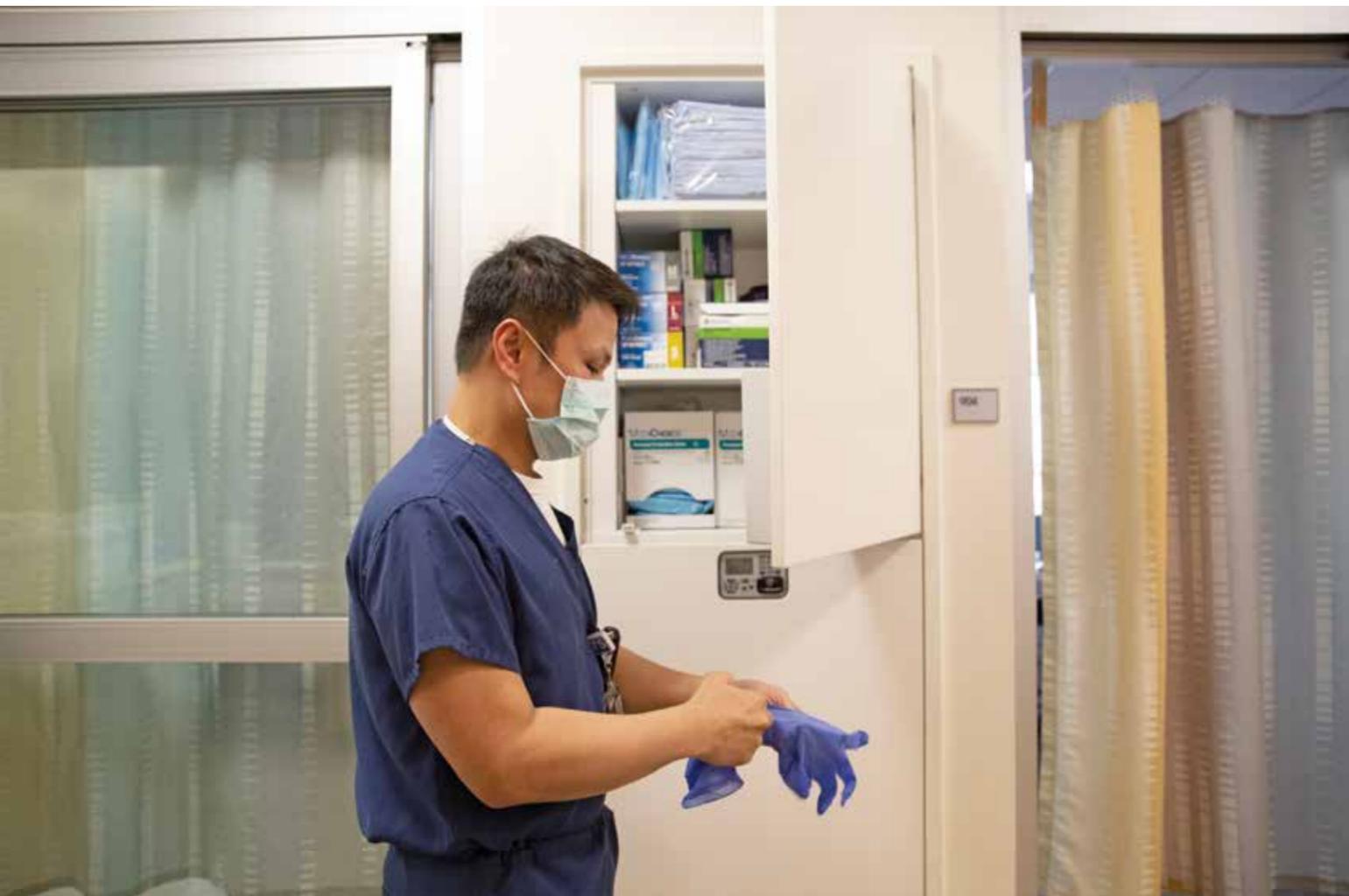
As evidence of our organizational commitment to professional development, UT Southwestern supports attendance at local, regional, and national conferences. Financial support for continuing education is aligned with organizational priorities and initiatives. Full or partial funding is awarded based on the nurse presenting a poster or delivering a podium presentation. Over the past five years, UTSW has 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. Abstracts, posters, podium presentations, and publications by UT Southwestern nurses can be found listed at [utswmed.org/nursing-excellence](http://utswmed.org/nursing-excellence).

The graph at right demonstrates the amount of collaborative nurse-led research, publications, presentations, and posters from nurses throughout UTSW. This includes nurses from both hospitals, all ambulatory locations, and advanced practice nurses.



Laura Sullivan, B.S.N., RN (left), and Kelly Burkart, B.S.N., RN





*Manuel (Manny) Cailling, B.S.N., RN, CCRN*

## Executive Leadership



As we reflect on another year of remarkable growth and change, one of 2018's highlights is the exceptional work done by our nursing colleagues as they continue their focus on elevating the profession of nursing. Each day, as they deliver the outstanding patient care for which UT Southwestern is known, they are also contributing to innovative programs and important research that will benefit patients, advance our organization, and create new opportunities for current and future nurses – not just at UT Southwestern, but across our region and beyond. I am very proud of our nurses' resilience, their commitment to learning, and their desire to always get better. As a rapidly growing number of people look to us for the very best patient care available, all of us count it a privilege to work with nurses whose compassion, commitment, and teamwork help equip us to deliver that care.

**John Warner, M.D., MBA**  
Executive Vice President for Health System Affairs

## In Memoriam

Nurses are the heart of health care. Nursing is a calling and a way of life. As nurses, we know that every day we will touch a life or a life will touch ours. There's much we miss about the colleagues we lost in 2018, but we will forever remember them for their dedication to serving, caring, helping, and making a difference every day in the lives of their patients. Never stop showing someone how much they mean to you!

# For a Nurse

*Your mind knows the world of illness,  
The fright that invades a person  
Arriving in and out of the world,  
Distraught and grieved by illness....*

*In this fragile frontier-place, your kindness  
Becomes a light that consoles the brokenhearted,  
Awakens within desperate storms  
That oasis of serenity that calls  
The spirit to rise from beneath the weight of pain,  
To create a new space in the person's mind  
Where they gain distance from their suffering  
And begin to see the invitation  
To integrate and transform it.*

*May you embrace the beauty in what you do  
And how you stand like a secret angel  
Between the bleak despair of illness  
And the unquenchable light of spirit  
That can turn the darkest destiny towards dawn.*

*May you never doubt the gifts you bring;  
Rather, learn from these frontiers  
Wisdom for your own heart.  
May you come to inherit  
The blessings of your kindness  
And never be without care and love  
When winter enters your own life.*

From a prose poem by John O'Donohue in his book *To Bless the Space Between Us*.



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



**UT Southwestern**  
Medical Center