

*2019 Nursing Annual Report*



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

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Shelley Aleni, M.S.N., B.S.N., RN-BC

## MESSAGE FROM THE CHIEF NURSE EXECUTIVE



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

12 months, we will be opening our Third Tower expansion of William P. Clements Jr. University Hospital, continuing construction on our North Campus – the future site of new buildings for the Peter O'Donnell Jr. Brain Institute and the Harold C. Simmons Comprehensive Cancer Center – and beginning renovations of 150,000 square feet of the former Sears anchor building at Red Bird Mall, which will expand our footprint into South Dallas and become UT Southwestern Medical Center at RedBird. In the midst of all this growth, we are also submitting our organizational document to the American Nurses Credentialing Center (ANCC) for Magnet redesignation, which for the first time will include both our hospital-based and ambulatory clinical sites. This is in addition to the many strategic initiatives, research studies, and quality improvement projects we are focused on within our teams. It can seem overwhelming.

As I reflect on what it will take to successfully navigate the impending whirlwind of growth, my mind goes back to the basics of why we work at UT Southwestern. Our organizational mission statement is to “promote health and a healthy society that enables achievement of full human potential.” The three pillars of our mission statement give us a foundation for how we will accomplish that: We educate. We discover. We heal.

### EDUCATE

Expanding our clinical sites of service presents us with the challenge of maintaining our standard of care while onboarding hundreds of new staff. We have spent years preparing for nationally projected nursing shortages by forming relationships with schools of nursing and building internal programs focused on recruiting, educating, and retaining new nurses to become our team of the future. We are more committed than ever to that mission, and in 2019 we saw major returns on our investment.

On July 25, after years of dedicated work from our Clinical Education and Professional Practice team, we received a call from the ANCC that our nurse residency program had been accredited with distinction from the Practice Transition Accreditation Program (PTAP). We are the 112th site worldwide to earn PTAP accreditation, and it proves we have met a global standard for best practice when it comes to transitioning nurses into new practice settings. As part of the accreditation, we demonstrated positive outcomes of our program, including retention rates, participation in evidence-based practice improvement projects, and transition of each nurse to independent practice.

We also launched the UTSW Registered Nurse Fellowship. Separate from our residency, the fellowship has been established to assist experienced nurses with exploring career opportunities in other clinical areas. Our goal is to provide a consistent and seamless process in transitioning experienced nurses from one clinical specialty to another.

### DISCOVER

UT Southwestern has a storied research history leading to groundbreaking medical advances. Our commitment to evidence-based practice motivates our nurses to add to our organizational legacy through nursing research. We have now surpassed 130 nurse-led articles published, which is a major milestone for the organization and serves as evidence of the critical role nurses play in leading the pursuit of new knowledge and innovation. Our Nursing Research and Evidence-Based Practice Council has created an environment of support for nurses leading multidisciplinary research teams.

The influence of UT Southwestern nurses spread internationally in 2019. Our nurses spoke or presented all over the world, including Guangzhou, China; Queensland, Australia; Manila, Philippines; Vancouver, Canada; and a myriad of cities across the United States. I encourage you to read about the many nursing-led research projects included in this report!

### HEAL

With all of the growth we are experiencing – and the plans, projects, and priorities that come with it – I hope we never lose sight that our number one responsibility as caregivers is to the patients we serve. I could not be more proud of the nurses on our team or more excited for the journey ahead. Excellence truly is our starting point, not our finish line! I know that to be the case each time I look at our quality outcomes and patient experience scores. They tell the story of our patients, their families, and their experiences while in our care.

In 2019, UT Southwestern saw another remarkable drop in our overall patient mortality rate, following an already significant decrease in 2018. Over the past two years, we have gone from being ranked 57th in the country for mortality in the Vizient Quality and Accountability rankings to 4th in 2019. The significance of that transformation cannot be overstated. It was made manifest through the diligence and teamwork of our nurses, physicians, advanced practice providers, technicians, and support staff, all focused on a shared priority: the patient.

As you read through these pages, you will see some highlights from our year of educating, discovering, and healing. I want to personally thank our UTSW nurses for their contributions in 2019 – and also express my gratitude for the many who work alongside them. The partnership, collaboration, and teamwork I witness on a daily basis are inspiring. Our horizon is a lot less overwhelming knowing we have a strong team in place that is ready for the challenge.

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



## VALUES IN PRACTICE

### 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.

### 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

### 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.

Saleh Abdulla, B.S.N., B.S., RN



LEADERSHIP THAT IS TRULY TRANSFORMATIONAL DOES NOT FOCUS SOLELY ON SOLVING PROBLEMS, FIXING BROKEN SYSTEMS, AND EMPOWERING STAFF. RATHER, IT COLLECTS AND DIRECTS NEW IDEAS AND INNOVATIONS THAT CAN TRANSFORM THE ORGANIZATION TO MEET THE DEMANDS OF THE FUTURE.

### A YEAR OF NURSING EXCELLENCE

As the health care landscape continues to change in rapid and dynamic ways, leaders of the Nursing Division at UT Southwestern continually strive to create the systems and environment necessary to anticipate and outpace those changes and ensure the elevation of clinical excellence within our organization.

Unlike yesterday's leadership requirement for stabilization and growth, today's leaders are required to transform their organization's values, beliefs, and behaviors. It is relatively easy to lead people to where they want to go; the transformational leader must lead people to where they need to be. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice. It also acknowledges that transformation might create turbulence and involve atypical approaches to solutions.

To fulfill UT Southwestern's mission of excellence in patient-centered care, our nursing leaders influence change by listening, challenging, guiding, and affirming, which is the very essence of transformational thinking. Every day, our world-class nursing teams deliver comprehensive, quality care, bringing compassion and understanding to our patients and their loved ones, going beyond the routine, and making a real difference in the process.

Pilar Bararan, RN (left),  
and Jennifer Gage, B.S.N., RN

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In 2019, 198 UT Southwestern nurses were recognized with a variety of awards for their dedicated leadership, exemplary service, and significant contributions to clinical excellence and patient-centered care.

# PACT

## 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.

Driven by employee and patient satisfaction, 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, developing solutions 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.



Beatrice Potkay, LVN (left), and Anthony Williams, LVN

## Nurse PACT Awards

Many nurses all across UT Southwestern are recognized daily with PACT cards, submitted either electronically or on paper. In 2019, nurses were honored in large numbers for receiving Blue, Silver, and Gold Pin Awards:

22 nurses earned the Blue PACT Pin Award

18 nurses earned the Silver PACT Pin Award

68 nurses earned the Gold PACT Pin Award

To nominate a nurse for the PACT award, visit:  
[utsouthwestern.net](http://utsouthwestern.net)

## Meritorious Service Awards 2019

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 UT Southwestern employees exemplify PACT standards (Problem-Solving; Ability, Attitude, and Accountability; Communications and Compassion; and Teamwork) and serve as role models to the campus.

*The 2019 nurse recipients of this award were:*

Teena Abraham, M.S.N., RN, CEN, CPEN  
Emergency Department

Anna Zita M. Alayon, B.S.N., RN, CNOR  
Zale Lipshy Surgical Services

Dean Marc Apolonio, B.S.N., RN, CNOR  
CUH Surgical Services

Jill Brown, M.S.N., RN, OCCTM, ACM-RN  
Care Coordination

Elizabeth Chavez, B.S.N., RN  
Kidney-Liver Transplant Clinic

Erlinda Doman, RNC-MNN, IBCLC  
CUH 6 Blue Mother/Baby

Matthew Ebby, B.S.N., RN  
CUH 12 Blue

Lakina Ferguson, B.S.N., RN  
Zale Lipshy 6th Floor Rehab

Emily Flahaven, M.S.N., RN  
Nursing Informatics

Jennyfer Garcia, B.S.N., RN  
CUH 8 Green

Leslie S. Green, B.S.N., RN, CMSNR  
Float Pool

Imelda Gutierrez, B.S.N., RN  
Sleep and Breathing Disorders Clinic

Sheretta Houston, RN  
Radiation Oncology Clinic

Leah Jock, RN-BC  
Ambulatory Float Pool

Sheena John, B.S.N., RN  
Zale Lipshy Surgical Specialty

Kristin Kania, B.S.N., RN, CWOCN  
Wound Ostomy

Oneida Knoll, LVN  
Plastic Surgery Clinic

Katherine Knott, RN  
CUH 5 Blue Delivery Room

Barbara Lohrenz, RN  
CUH Dialysis

Ariel Sturgis Lopez,  
B.S.N., RN, BMTCN, OCN  
Simmons Cancer Center BMT Program

Megan Love, RN  
Adult Otolaryngology Clinic

Donna Matheou, RN, OCN  
CUH 11 Green Oncology

Lori McGarry, M.S.N., B.S.N., RN  
CUH 9 Blue CVICU

Kanokwan Nelson, RN  
CUH Surgical Services

Sara Nelson, B.S.N., RN, PCCN  
Heart and Lung Clinic

Racheal Norris, B.S.N., RN  
IMSS Clinic

Carol Paschal, RN-BC  
Occupational Health Clinic

Joni Patnugot, RN  
CUH 6 Green

Gulzar Plumber, B.S.N., RN, PCCN  
CUH 12 Green

Karisa Price, B.S.N., RN  
Zale Lipshy Day Surgery

Sona Raphi, B.S.N., RN-BC, CWON  
Zale Lipshy Neuro ICU

Deborah Reed, LVN  
Medical Dermatology Clinic

Erandi Santacruz, LVN  
Digestive Diseases Clinic

Sarah Skodack, RN  
CUH 7 Blue SICU

Jennifer L. Speas,  
B.B.A., B.S.N., RN, CBCN  
Simmons Cancer Center

Madeleine Stevens, B.S.N., RN-BC  
Medical Center at Las Colinas

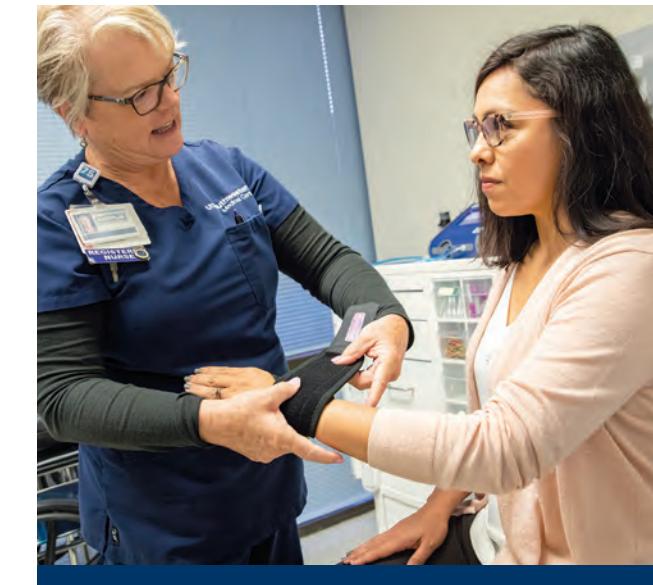
Katherine Stovall, B.S.N., RN  
CUH 9 Green

Lori Syfrett, B.S.N., RN  
CUH 7 Green

Michael Valenzuela, B.S.N., RN-BC  
Ambulatory Float Pool

Jessica Volpicella, B.S.N., RN, BMTCN  
CUH 11 Blue BMT

Britney Webster, B.S.N., RNC-NIC  
CUH Neonatal ICU  
Shannon West, RN  
Medical Center Richardson/Plano



Carol Paschal, RN-BC

## 2019 DAISY Awards

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 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. Any nurse working at UTSW can be nominated for the DAISY award.

The award committee selects a nurse who exemplifies our mission. The recipient receives a DAISY Award 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, as it takes a team.

*DAISY honorees from UT Southwestern for 2019 were:*



Mary Lou Boyer,  
B.S.N., RN, CCRN  
*Zale Lipshy Pavilion  
Neuro ICU*



Mary Russell, B.S.N.,  
RN  
*CUH 9 Blue CVICU*



Kay Jones, RN,  
CCRN  
*Heart-Lung  
Transplant Clinic*



Rodney Skidmore,  
RN  
*CUH 8 Green  
Telemetry*



*To nominate a nurse for the Daisy Awards, visit:  
[ais.swmed.edu/redcap/surveys/?s=M8RTmp](http://ais.swmed.edu/redcap/surveys/?s=M8RTmp)*

## 2019 Diana and Richard C. Strauss Service Excellence Award Nurse Recipients

The quarterly Strauss Award recognizes employees from all clinical settings who exemplify excellent care and service in a professional and positive manner, dedication to teamwork, and compassion for patients, guests, and co-workers. *Nurse honorees in 2019 were:*



Treone Driver, LVN  
*Ambulatory  
Family Medicine*



Smitha Issac, M.S.N.,  
RN, CCRN  
*Charge Nurse,  
7 South Surgical  
Intensive Care Unit  
Clemens University  
Hospital*



Laurie Marroquin,  
RN  
*Ambulatory RN  
Coordinator  
Obstetrics and  
Gynecology*



Elizabeth B. Phillips,  
B.S.N., RN  
*Surgical Services  
Clemens University  
Hospital*



Michelle Roberson,  
M.S.N., RN-BC,  
NE-BC, CMSRN  
*Nurse Manager,  
12 South  
Clemens University  
Hospital*



Stephanie  
Vanderhill, RN  
*Patient Safety  
Coordinator  
Ambulatory Nursing*



Kelsey Wright,  
B.S.N., RN  
*Medical Intensive  
Care Unit  
Clemens University  
Hospital*

## D Magazine 2019 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 celebrates the recipients with a luncheon hosted by John Warner, M.D.; Susan Hernandez, MBA, B.S.N., RN; and nurse leadership.

*UT Southwestern is proud to salute our 20 recipients of the 2019 D Magazine Excellence in Nursing Awards. They are:*

1. Emelita Bennett, B.S.N., RN, CCRN, QIA Apheresis  
*Direct Care*
2. Shelley Brown-Cleere, M.S.N., RN  
*Director, Neuroscience Services  
Leadership*
3. Sharron Coffie, M.S.N., RN, CNS-BC  
*Assistant Director, Nursing  
Leadership*
4. Barbara Crim, MBA, B.S.N., RN, CNOR  
*Clinical Educator  
Education/Research*
5. Calli Davis, M.S.N.-Ed., RN  
*Manager, Clinical Education &  
Professional Development  
Education/Research*
6. Linda Denke, Ph.D., RN, CCRC  
*Director, Nursing Research  
Education/Research*
7. Claudia Engle, B.S.N., RN, CWOCN  
*Certified Wound, Ostomy, and Continence  
Direct Care*
8. Sara Gray, B.S.N., RN, CCRN, SCRN  
*Zale Lipshy Neuroscience ICU  
Direct Care*
9. Marygrace Hernandez-Leveille, Ph.D., APRN, ACNP-BC  
*Assistant Director, Advanced Practice  
Providers  
Education/Research*
10. Lori Hodge, D.N.P., RN, OCN, NEA-BC  
*Director, Medical & Oncology Services  
Leadership*
11. Kelli Hulsman, M.S., B.S.N., RN, IBCLC, LCCE  
*Lactation Consultant and Childbirth  
Educator  
Education/Research*
12. Verita Ingram, MBA, B.S.N., B.B.A., RN  
*Nurse Manager, Imagine Services  
Direct Care*
13. Kay Jones, RN, CCRN  
*Pulmonary Hypertension  
Direct Care*



## 2019 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, subacute care, school nursing, nurse leaders, academics, and many more.

*UT Southwestern was honored to have nine nurses receive this award in 2019.*



Back row (left to right): Elizabeth Vial, B.S.N., RN, BMTCN, OCN; Alexa Collins, B.S.N., RN; Keri Draganic, D.N.P., APRN, ACNP-BC; Julie Cox, B.S.N., RN  
Front row (left to right): Nisha B. Jacob, D.N.P., APRN, FNP-C; Marygrace Hernandez-Leveille, Ph.D., APRN, ACNP-BC; Emelita Bennet, B.S.N., RN, CCRN, QIA; Carol Hall, B.S.N., RN, CWOON, CFCN; Amy Weaver, M.S.H.A., B.S.N., RN, CEN

## UTSW 2019 Nurse Excellence Awards

During Nurses Week, in May 2019, UTSW bestowed its fourth annual Nurse Excellence Awards. More than 70 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 patient care and outcomes. Nominees notably make UT Southwestern and the community better through effective listening, inspiring others, actively participating, and showing devotion and compassion in caring for patients and their families.

There are six categories: Leader of Nursing Excellence, Ambulatory Nursing Excellence, Advanced Practice Nursing Excellence, Friend of Nursing Excellence, Clinical Educator of Nursing Excellence, and Frontline Care Provider Nursing Excellence.

*The six winners of the 2019 Nurse Excellence Awards were:*



**Leader of Nursing Excellence Winner**  
Shelley Brown-Cleere,  
M.S.N., RN  
Director of  
Neuroscience  
Services



**Ambulatory Nursing Excellence Winner**  
Laureen Flores,  
B.S.N., RN  
Neurological  
Surgery



**Advanced Practice Nursing Excellence Winner**  
Leonor Sosa, M.S.N.,  
APRN, AGACNP-BC  
Kidney-Liver  
Transplant Service



**Friend of Nursing Excellence Winner**  
Reginda Dorman  
Certified Medical  
Assistant,  
Heart-Lung  
Transplant Clinic



**Clinical Educator of Nursing Excellence Winner**  
Mandi Longoria,  
B.S.N., RNC-OB,  
IBCLC  
Ambulatory Clinical  
Nurse Educator



**Frontline Care Provider Nursing Excellence Winner**  
Cheryl Thomas, B.S.N.,  
RN, PCCN  
Clements University  
Hospital, Cardiovas-  
cular/Interventional  
Radiology



Left to right: Jacqueline Stitt, M.S.N., RN, CNOR; Rita Goriola, PCT; Reginald (Reggie) Stubblefield, B.S.N., RN

### Advanced Practice Nurse of the Year:

Leonor Sosa,  
M.S.N., APRN, AGACNP-BC

### Patient Safety Awards

Patient Safety “Good Catch” Awards are earned by staff who submit event reports for processes in which they’ve identified a safety concern and intervened on behalf of our patients or facilities. Submissions are vetted through the offices of Clinical Safety and Medication Safety, and awards are bestowed monthly at the unit or clinic level for recognition.

*The “Good Catch” Nursing Award winners in 2019 were:*

Shannon Braugh, B.S.N., RN, CNOR  
(7 North)

Angelica Infante, B.S.N., RN, CNOR (OR)

Kim Marchand, RN, OCN  
(SCC Infusion Clinic)

### Patient Safety Star 2019 Nursing Award Winners were:

#### Inpatient

Clinical  
Rebecca Workman, RN, CCRN (SICU)

#### Outpatient

Clinical  
Sharon Williams, LVN (Dermatology)

AT UT SOUTHWESTERN, SOLID STRUCTURES AND PERSONNEL POLICIES DEVELOPED BY INFLUENTIAL NURSE LEADERS PROVIDE AN ENVIRONMENT IN WHICH NURSES ARE EMPOWERED TO HAVE A MEANINGFUL SAY IN THE WORK THEY DO AT THE FRONT LINES.

### STRENGTHENING PRACTICE THROUGH COLLABORATION

The Nursing Division at UT Southwestern develops, directs, and empowers staff to find the best ways to accomplish our organizational goals and achieve desired outcomes through a variety of structures and programs, knowing one size does not fit all.

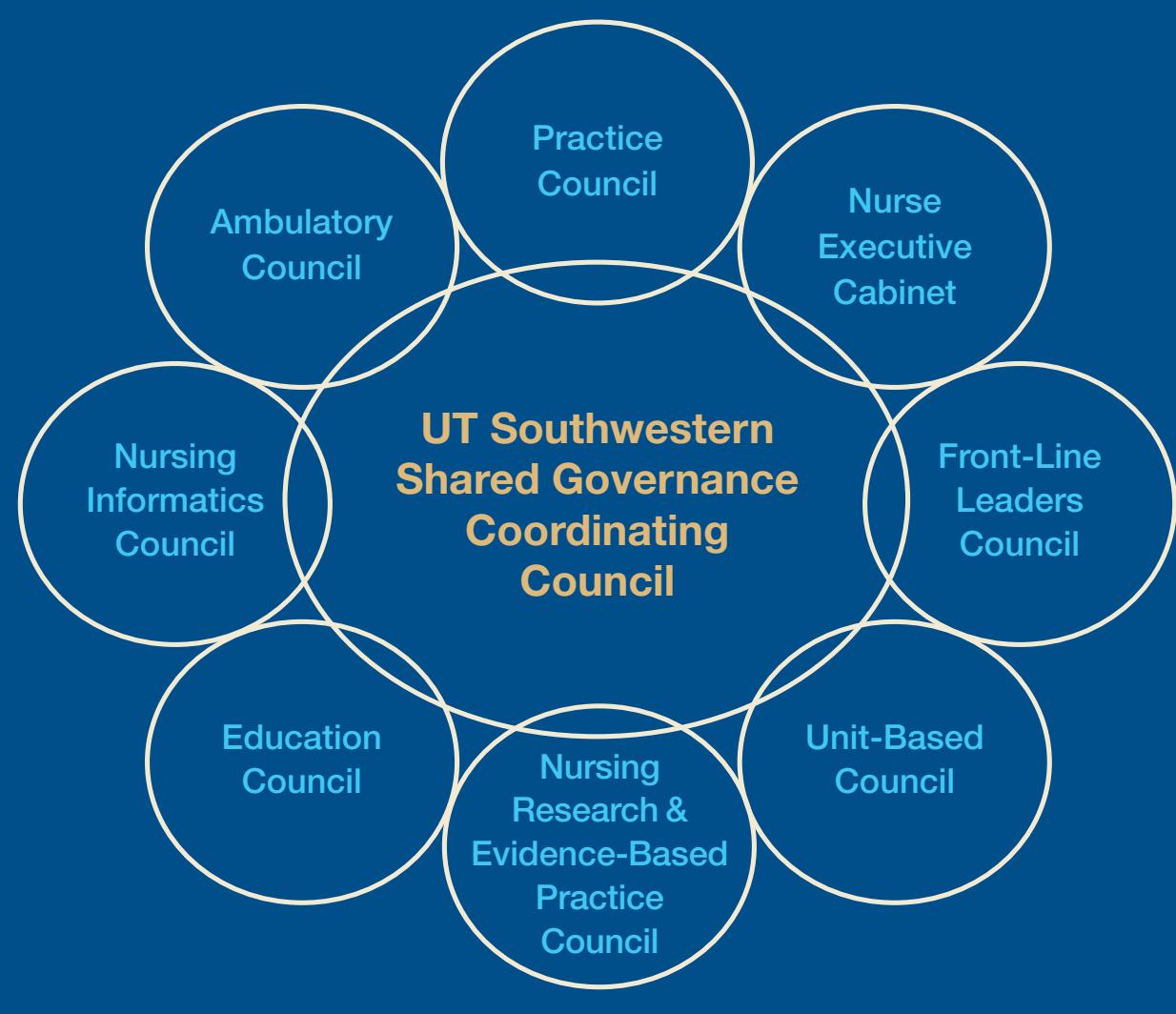
Clinical nurses have a voice within the UT Southwestern shared governance organizational structure, which is built on a solid foundation of teamwork and collaboration. Shared decision-making and accountability empower nurses with a process for determining professional nursing practice. These organizational standards are developed through staff-led interdisciplinary committees, task forces, and councils to improve patient outcomes and experiences.

Nurses at 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 patient outcomes.

*Dean Marc Apolonio, B.S.N., RN, CNOR*



1,207 UT Southwestern nurses have achieved specialty certification, an indicator of our staff's clinical knowledge, experience, and judgment and an important element for ensuring the consistent safety and satisfaction of our patients.



### SHARED GOVERNANCE IN ACTION

At UT Southwestern Medical Center, nurses are empowered to influence in their clinical practice, quality improvement initiatives, and professional development through a formally organized shared-decision making process called Shared Governance. Shared Governance councils work to promote evidence-based practices, effective use of resources, and identify educational and development programs to meet the needs of the staff and patients while remaining committed to the mission

and vision of UT Southwestern. Ultimately, the council is accountable for upholding professional practice as a collaborative team, promoting high-quality patient care, a healthy work environment, and enhancing patient safety and service.

### Obtaining Better Outcomes via Collaboration on the Inpatient Rehabilitation Unit

To better support patient care and safe patient outcomes, in Q1 of 2019 the Inpatient Rehabilitation team initiated a daily “Team Talk” among nurses, therapists, care coordinators, physicians, and social workers, creating a time for the team to focus on patient goals and make the discharge transition smoother.

These quick but effective meetings last approximately 30 minutes per 20 patients. In some cases, the meetings allow the team to discuss discharge dates that need to be moved up when patients are making better progress than expected. Prior to initiation of the “Team Talk” meetings, the set discharge date would rarely be moved up, resulting in longer than needed inpatient rehab stays. Through this shared governance process, our team has been able to decrease length of stay (LOS) and lower the Functional Independence Measure (FIM) for some patients.

In Q1 of 2019, the team initiated a daily Team Talk between nursing, therapy, care coordinators, physicians, and social work-

ers. It was a time for the team to focus on the patients’ goals and make the discharge transition smoother. Our LOS in Q2 and Q4 is now below the region adjusted rate which is at 13.4 percent. We have reduced the LOS from Q2 to Q3 by 2.5 days. In addition, our FIM change (functional improvement a patient achieves) has improved from 28.2 percent in 2018 to 30 percent in Q3 of 2019. So far for Q4, it’s 29.8 percent which is 1.3 points above the region’s 28.5 percent.

With implementation of the “Team Talk” initiative, the Inpatient Rehabilitation Unit’s LOS decreased by 2.5 days between Q2 and Q3 of 2019. At the same time, the unit’s outcomes in patient functional gains improved from 28.2 percent in 2018 to 28.5 percent in 2019.

### Improving Workplace Civility in the Outpatient Surgery Center

The UTSW Outpatient Surgery Center (OSC) unit-based council (UBC) convened to focus on workplace civility. Co-Chairs Cheri Dunn, RN, and Nicole Dalgetty, RN, led the UBC in examining participants’ nurse satisfaction scores. One response – “I am recognized and thanked for what I do in my job” – was

trending in the 10th percentile. To improve that score, the UBC decided to place more emphasis on the already established UTSW PACT recognition program so staff could share appreciation to each other for going above and beyond. (For a program description, see “PACT Awards,” page 10.)

In addition, to further show appreciation for stellar work and dedication to co-workers and patients, the UBC put into place formal staff birthday celebrations, Employee of the Quarter awards, and special lunches commemorating Nurses Week, PCT Week, Surgical Tech Week, and nurses’ achievement of certifications.

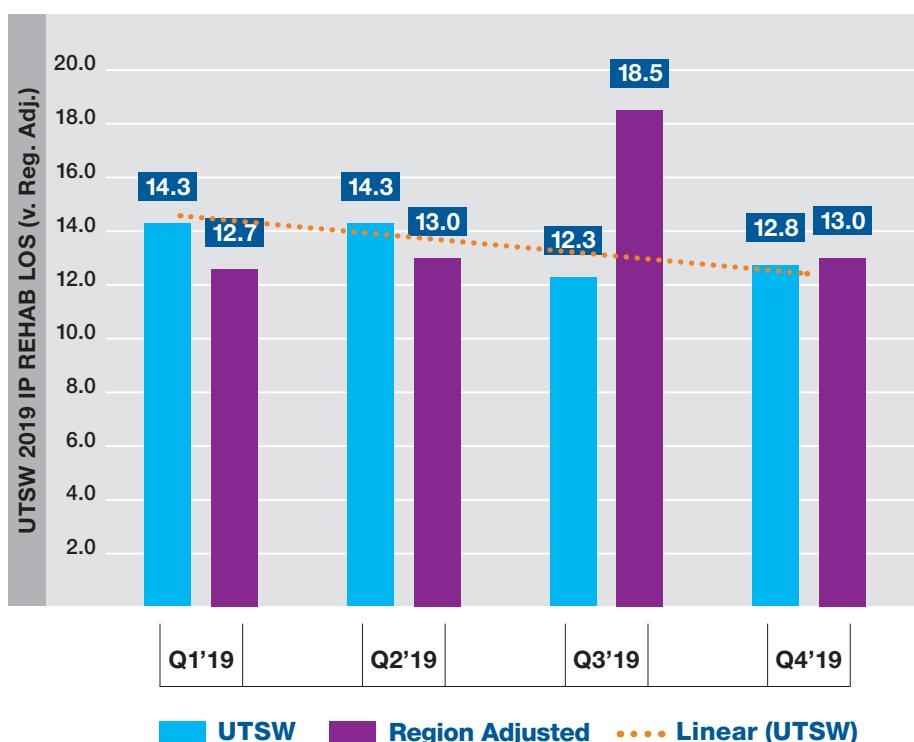
Following implementation of these measures, the unit saw an increase in PACT cards from zero to more than 48 staff members recognized for meeting the PACT standards.

With that success, the UBC focused on promoting civility in the surgical areas. The first step was to share what incivility means, as defined by award-winning Strategic Nursing Advisor Cynthia Clark, Ph.D., RN, ANEF, FAAN: “Acts of incivility can take many forms, including eye-rolling, making disparaging remarks, or excluding and marginalizing others. Incivility can also be demonstrated by a lack of action, such as failing to share important information about a patient’s care, refusing to help a co-worker, or intentionally failing to acknowledge a co-worker.”

The UBC noted that a policy of zero tolerance regarding incivility, bullying, and lateral violence has been a focus in recent years by the Joint Commission, the American Nurses Association, and UT Southwestern.

After an extensive literature review, the UBC determined that a partial TeamSTEPPS communication system is the best evidence-based fit for the OSC. The UBC’s recommended method of applying this system is cognitive rehearsal using TeamSTEPPS strategies and tools to open communication to all in the surgical area.

**“Team Talk” Outcomes**



Currently, the entire staff has adopted these tools as standard communication, and the UBC continues to measure outcomes to support the OSC team members.

### Clinical Ladder

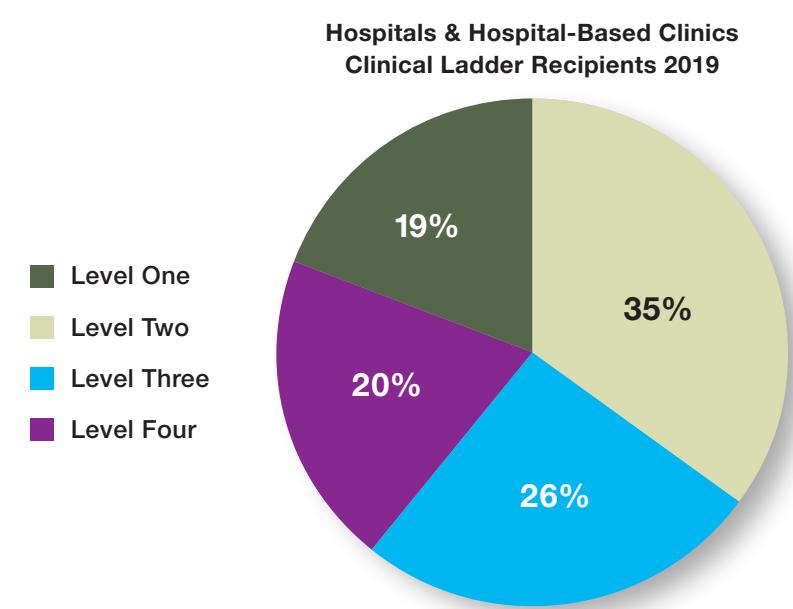
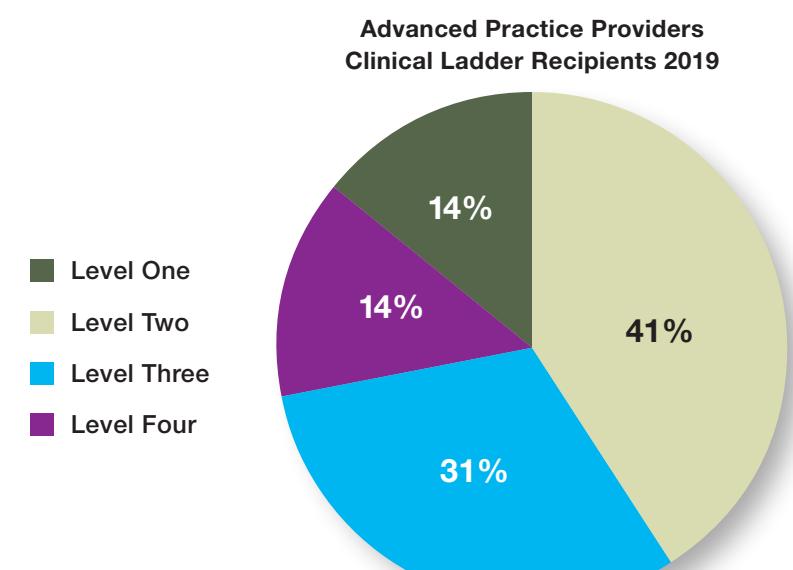
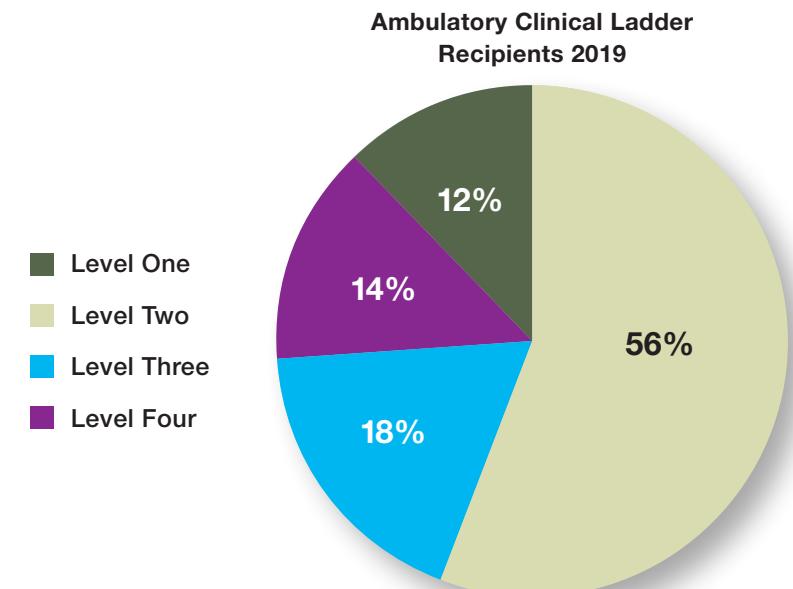
UT Southwestern's Clinical Ladder process promotes clinical growth, professional growth, and development; addresses recruitment and retention; and encourages and rewards nurses in direct patient care and nonadministrative roles.

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

- The UTSW Clinical Ladder is open to all clinical nurses involved in patient care.
- The UTSW Ambulatory Clinical Ladder is open to all ambulatory nurses involved in patient care.
- The UTSW Advanced Practice Provider Clinical Ladder is open to all advanced practice nurses, as well as physician assistants.



Karen Elmore, D.N.P., RN, NE-BC;  
Director of Women's Services



### UT Southwestern Achieves ANCC Accreditation for Nursing Transition to Practice Program

Last year was an exciting year for the UTSW Nurse Residency Program. UT Southwestern was officially accredited as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs. UTSW was honored to receive this accreditation "with Distinction" for the program's dedication to organizational enculturation of new nurse graduates. In 2019, the program onboarded 98 new nurses to 11 specialty areas and maintained a retention rate of 96%, which was well above the retention benchmark. Since its inception, the program has onboarded, educated, and supported 304 new nurses. Program leaders are having another outstanding year in 2020 and see the program as an integral part of recruitment and retention during UTSW's expansion.



*The UT Southwestern Nurse Residency Program is accredited as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs.*



UT Southwestern Nurse Residents prepare to take on their new positions across campus.

### Clinical Education Has a Rewarding 2019

The Department of Clinical Education and Professional Practice (CEPP) and the Ambulatory Clinical Education teams are committed to achieving and maintaining excellence and advancing the practice of clinical staff by providing support for nurses through education, training, and professional development activities. This includes clinical orientation, clinical placement, and education related to standards of care and quality improvement across the multifaceted areas of care at UT Southwestern Medical Center.

Continually working to meet the needs of our patients and their families, the CEPP has identified ways to optimize efforts. Leadership additions and changes that will help both the inpatient and ambulatory/outpatient

education teams keep pace with our growing number of clinical staff and programs include:

Calli Davis, M.S.N.-Ed., RN, was promoted to the role of Director of the Ambulatory Nurse Education, Training, and Professional Practice teams. Her guidance ensures the clinical nurse educators, workflow analyst, EPIC trainers, and clinical staff in the outpatient setting are provided with every opportunity to continue to improve their professional practice.

Joyce Borgfeld, D.N.P., RN, NE-BC, joined as Director of the CEPP team. Dr. Borgfeld brings a wealth of experience to UT Southwestern, gained from an impressive life of service.



Left to right: Jasmine Harris, B.S.N., RN; Chelsea Cervera, A.D.N., RN; and James (Dillon) Cartwright, EMT-P

Among the new positions that have been added to the CEPP team and Ambulatory Education team in preparation of systemic growth throughout 2020 are Manager of Unit-Based Education, Manager of Patient Education, and Clinical Nurse Educator for Telephone Triage. Under the guidance of Dr. Borgfeld and Ms. Davis, the CEPP and Ambulatory Clinical Nurse educators teams have increased collaboration to ensure continuity throughout the UT Southwestern Medical Center system.

*Highlights of successes in 2019 follow:*

#### Transition to Practice

- The Patient Care Technician (PCT) Residency began in October 2018, with its first cohort starting in February 2019. With the goal of creating upward mobility for individuals looking for a career in health care, this program was started through a United Way and Pathways to Work grant organized through the Dallas/Fort Worth Hospital Council. The program allows individuals with zero health care knowledge or experience to learn a new role through both classroom and experiential training. In 2019, the program onboarded and successfully trained 51 PCTs, adding to the organizational goals enhancing the PCT experience and creating a skilled workforce. Throughout 2019, the program maintained an outstanding 88% retention rate.
- 2019 saw major changes for the Clinical Education and Professional Practice program. This program allows nurses within the organization the opportunity to make career specialty changes. In 2019, leadership expanded the initiative and officially turned the Career Advancement and Transition Program into the UT Southwestern Registered Nurse Fellowship. As part of this change, the program was adapted to include both internal and external nurses. It began onboarding nurses in February 2020. The change to the fellowship has proved to be

very popular; its first position posting drew 161 applicants. The program has already educated and trained 25 nurses and is moving forward.

#### Professional Development

- In 2019, the Continuing Education Approved Provider Unit oversaw 130 CNE activities attended by more than 2,500 nurses. Topic highlights included TeamSTEPPS, Nurse-Driven Early Mobility, Evidence-Based Practice, and the Brain Summit.
- An annual education gap analysis survey quantified all education needs for nurses throughout UT Southwestern.

■ In accordance with recommendations from the Institute of Medicine to prepare and enable nurses to lead change and advance health and wellness, UTSW created and began holding quarterly Aspire to Achieve seminars in 2019. This program came through shared governance with Chief Nurse Executive Susan Hernandez, MBA, B.S.N., RN, and the nurse managers and assistant nurse managers (ANMs) to have more leadership training. As a consequence, the Front Line Leaders (FLL), managers, the ANM Council, and the Nursing Executive Cabinet then partnered with Organizational Development and Training and the advisory board to develop a three-year nurse leadership training program that supports all nurses in a leadership role from the directors, managers, ANMs, and clinical supervisors.

The Aspire to Achieve seminars' emphasis is on practical, usable strategies that can be immediately applied in the workplace to hone leadership skills and improve outcomes. The seminars take a multifaceted approach, focusing on group and individual mentoring, collegial support and networking, experiential learning, and use of professional development resources. In the program's inaugural year, 76 nurse managers and 143 assistant nurse managers participated.

#### Academic Practice Partnerships

*UTSW enjoys affiliations with 12 schools of nursing. Notable program developments in 2019 included:*

- The Clinical Academic Alliance Program (CAAP), a strategic alliance between UTSW and Texas Woman's University, became part of the UTSW Nurse Residency Program. The goal of the CAAP was to create a pipeline of new graduate nurses who would come into UTSW upon graduation having been enculturated to the organization. This was done by aligning their last three semesters' clinical rotations with UTSW specialty locations and allowing the students to complete the majority of clinical rotations within the UTSW system. The CAAP's first cohort began in fall 2018, with nine students who graduated in December 2019. As of 2019, CAAP had 28 students participating within three cohorts.
- UTSW clinical nurses serve as Coaches for Texas Tech Accelerated B.S.N. students. The goal of this new, 12-month program is to support the enculturation of students in the professional nursing role. The program supported seven undergraduate students in 2019.

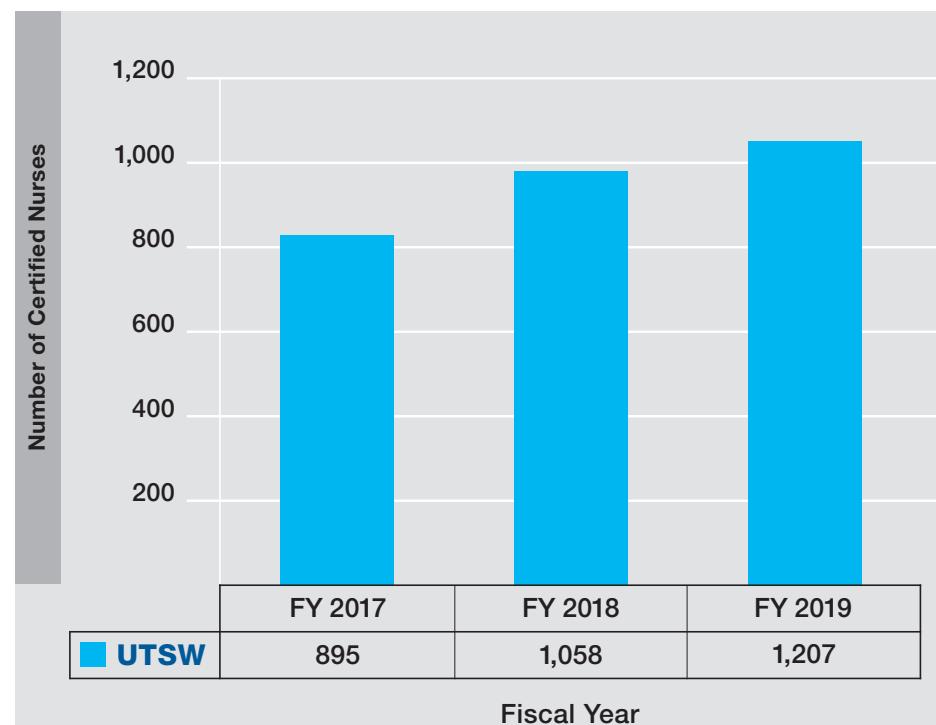
#### Certifications

UT Southwestern nurses validate their mastery of skills, knowledge, and abilities through certification and meet ongoing learning and practice requirements through recertification. The certification process assures patients and their families that the nurse caring for them has demonstrated experience, knowledge, and skill in the complex specialty of their care. Nurse certification and continuing education contribute to the creation of an environment

of professionalism and a culture of retention. Certification also differentiates UT Southwestern from other health care organizations, demonstrating to consumers that we have attracted the most skilled and experienced nursing professionals.

The Nurse Executive Board outperformed its goal, set in 2016, of increasing specialty certifications by 5% each year, as demonstrated in the graph below.

**Increased Nurse Certifications**



Left to right: Vera Reed, HUC; David Colvian, B.S.N., RN; Jessica Carter, B.S.N., RN; Nikia West, PCT

## 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% 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 Nurse Executive Board is ultimately responsible for attaining this 80% B.S.N. goal. As illustrated in the graph on the right, we have steadily maintained this objective:

## NURSING AT UTSW

**2,815** Total Number of UTSW Nurses

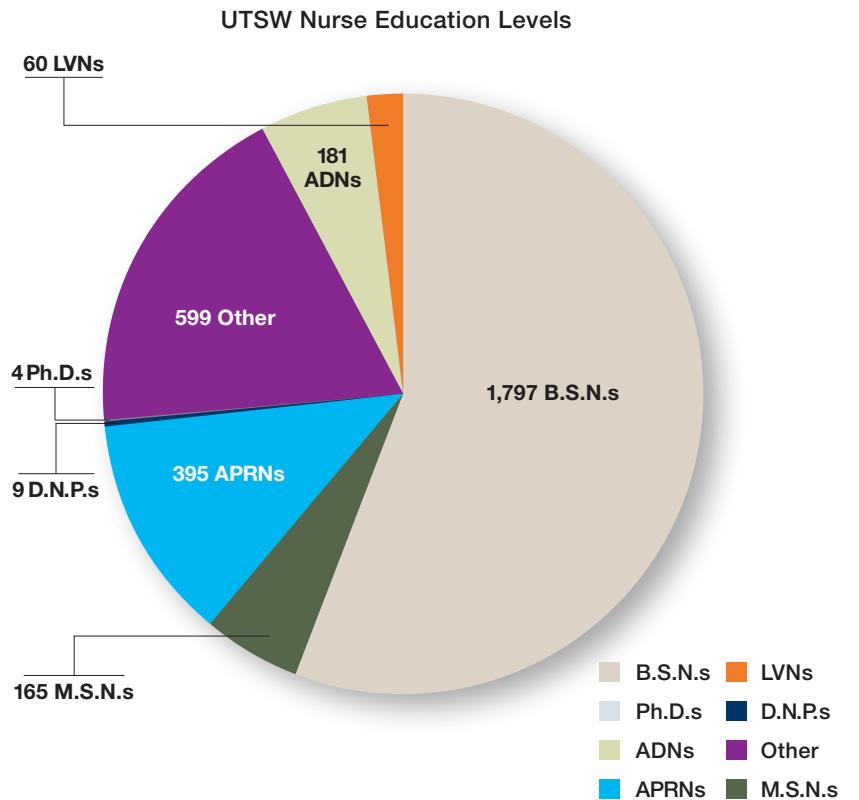
**73.74%** Percentage of UTSW RNs with B.S.N. degree or higher

**522** Total Number of Advanced Practice Providers at UTSW

## Advanced Practice Providers

### The Growth and Influence of the APP Mentorship Program

Mentorship is a professional relationship in which there is a process of transferring skills, knowledge, and experience to another person. The experienced mentor cultivates a relationship with the mentee for the purpose of augmenting the mentee's professional growth and professional trajectory by improving his or her professional skillset. The Advanced Practice Provider (APP) Mentorship Program was established as a platform for developing, supporting,



and enhancing the professional performance of the UT Southwestern cadre of APPs.

Prior to the establishment of this initiative, a group of APPs who believed in the value of a structured mentoring program formed a planning committee that met monthly to discuss and plan the every-other-month learning sessions for the mentees. The whole idea was for mentors to share their advice and knowledge at these sessions to enhance the mentees' experiences. Since its inception, the program has been guided by a Chair and committee members with the support of the Office of Advanced Practice Providers. The formal mentorship sessions consist of a didactic component delivered by guest speakers followed by time for group

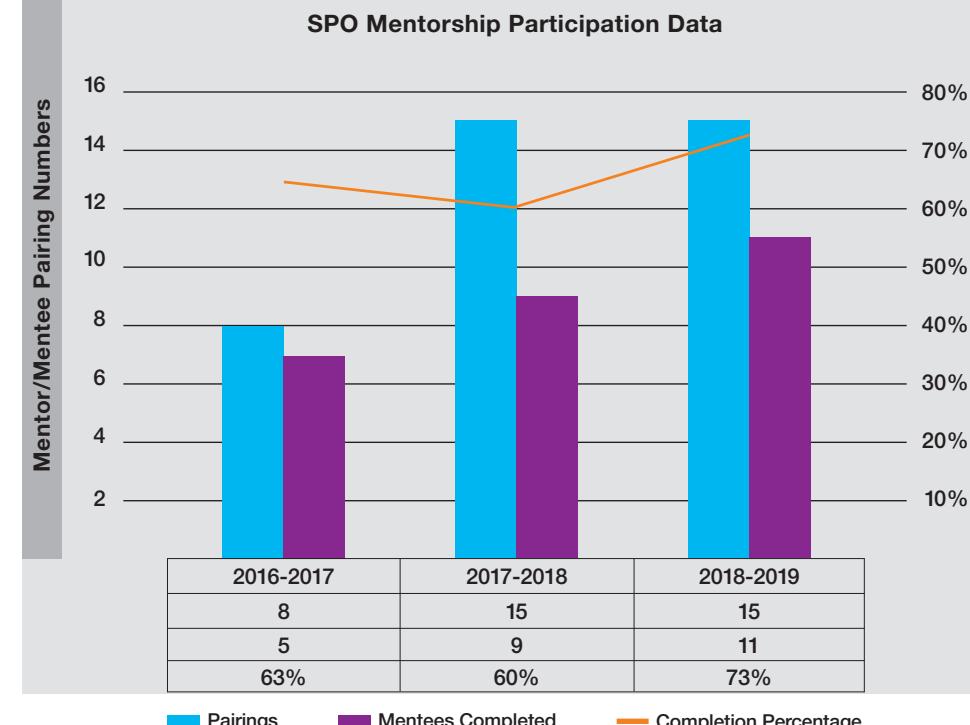
discussions to create a spirit of inquiry and a forum for networking.

In 2016, the inaugural APP Mentorship Program consisted of eight mentor/mentee dyads. The every-other-month meetings for this yearlong program yielded five completed mentee projects that ranged from publications and presentations to practice changes that benefited the delivery of patient care. As a result of the successful first year, the second year of the program generated 15 dyads and almost doubled the number of the first year's projects. Anecdotally, the mentees were very proud of their projects and professional growth, which encouraged other APPs to participate in the next cohort. The 2018-2019 program likewise generated 15 mentor/mentee dyads. The current 2019-2020 cohort has 19 dyads. The mentor/mentee pairings

### Advanced Practice Mentorship Program

	2016-2017	2017-2018	2018-2019
Pairings	8	15	15
Mentees Completed	5	9	11
Completion Percentage	63%	60%	73%

meet formally in class and informally to promote the personal and professional growth of the mentee. The deliverables from this program are represented in the form of podium presentations, publications, and practice changes with topics such as Creation of a Patient Handout for Centrally Mediated Abdominal Pain Syndrome; Binge Eating Disorder: Evaluation and Management in a Weight Loss Clinic; and Developing of a Training Manual for new APPs in the Division of Neurocritical Care, to name a few. More importantly, a surprising result of this venture is the spirit of "paying it forward" represented by mentees who have "graduated" from this program and subsequently volunteered to be a mentor for future cohorts.



## TCU Nursing Fellowship Hones Evidence-Based Practice Skills

The Texas Christian University (TCU) Nursing Fellowship Program prepares registered nurses to enrich evidence-based practice (EBP) in their facilities in order to improve patient and/or organizational (financial) outcomes. Nursing Fellows are empowered with EBP knowledge, leadership tools, skills, and experiences as they work on an institution-specific EBP project throughout the fellowship, which starts each year in September and concludes in April.

Every year, three UT Southwestern RNs are chosen as Fellows in collaboration with the TCU Harris College of Nursing and Health Sciences Center with the goal of using EBP to improve an agreed-upon unit of study aimed at enhancing patient care, clinical practice, and/or financial improvements. Upon program completion, the Fellows share their projects in poster and/or podium presentations.

### Fellows for 2019-2020:

#### Robert Castillo, M.H.A., B.S.N., RN, CCRN, BSRT(T), RT(R)

Currently an Assistant Nurse Manager and the Ex-Vivo Lung Perfusion Team Lead in the UTSW Cardiovascular Intensive Care Unit, Robert has been a nurse since 2014 and a registered radiation therapist since 2008. His EBP project focuses on Role Revision of Leadership and Its Effect on Quality Metrics.

#### Nancy Sharp, MBA, B.S.N., RN

Currently the Manager of Patient Navigators at UT Southwestern, Nancy has been a practicing nurse for 14 years. Her EBP project centers on developing the most impactful patient navigation program for UT Southwestern and providing evidence for effective patient navigation across health care settings.

#### James Moreno, B.S.N., RN

A charge nurse and the research assistant for the Confirmatory Efficacy and Safety Trial of Magnetic Seizure Therapy for Depression (CREST-MST) at UTSW, James is seen as a leader for his peers. He has been a practicing nurse in the same psychiatric unit where he was a psychiatry technician for several years while in nursing school. His EBP project focuses on

creating a model for personalized recovery goal setting and attainment for individuals diagnosed with mental illnesses.



Robert Castillo, M.H.A., B.S.N., RN, CCRN, BSRT(T), RT(R); Nancy Sharp, MBA, B.S.N., RN; James Moreno, B.S.N., RN



**Harris College**  
of Nursing & Health Sciences

EXEMPLIFYING THE TRUE ESSENCE OF THE MAGNET MODEL, THE NURSING DIVISION AT UT SOUTHWESTERN ENSURES EXCELLENCE BY PROMOTING AN ENVIRONMENT OF INQUIRY, ACCOUNTABILITY, ADVOCACY, INNOVATION, COLLEGIALITY, COLLABORATION, AND ETHICAL ACTIONS.

### A NEW LEVEL OF EXCELLENCE

Through interdisciplinary relationships, professional autonomy, serving as teachers, establishing professional models of care, and maintaining resource-rich facilities, our nurses continue to shine within our community, state, and nation.

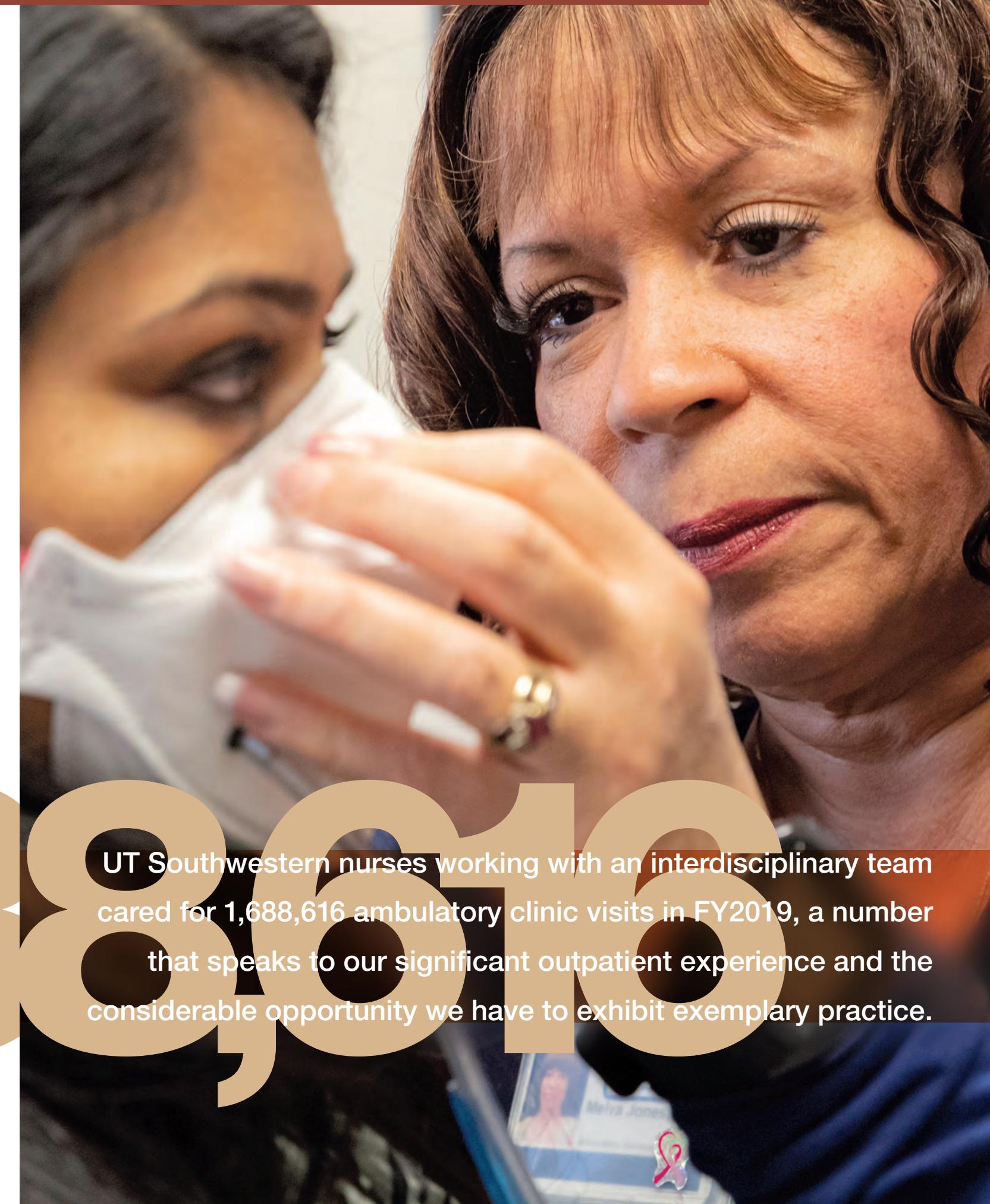
As an organization that values, recognizes, and encourages continuing education and professional certifications, we believe these are vital components to building the professional development and practice of our nurses. As a leading academic medical center, we support our nurses to push past the status quo to create a new level of excellence.

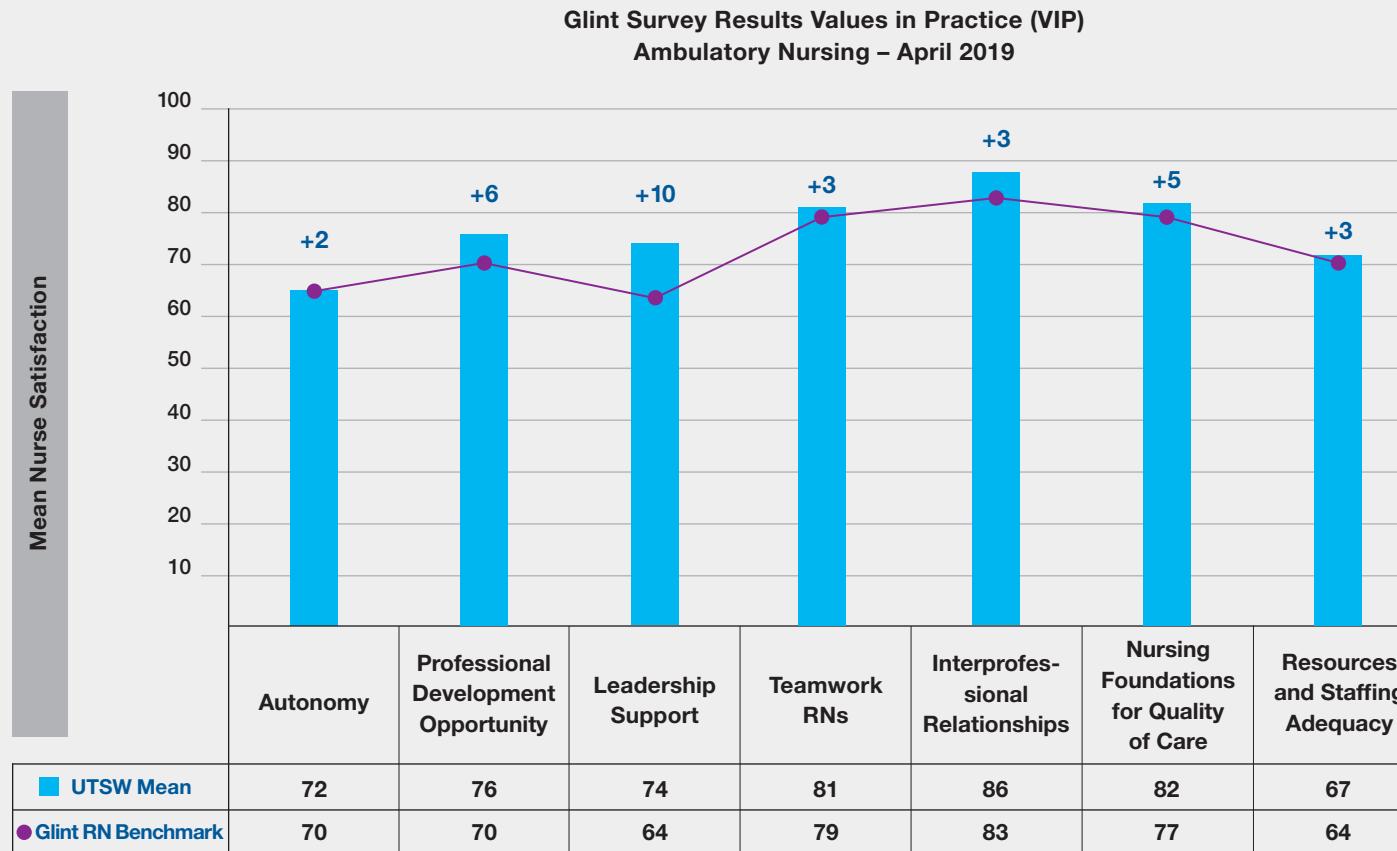
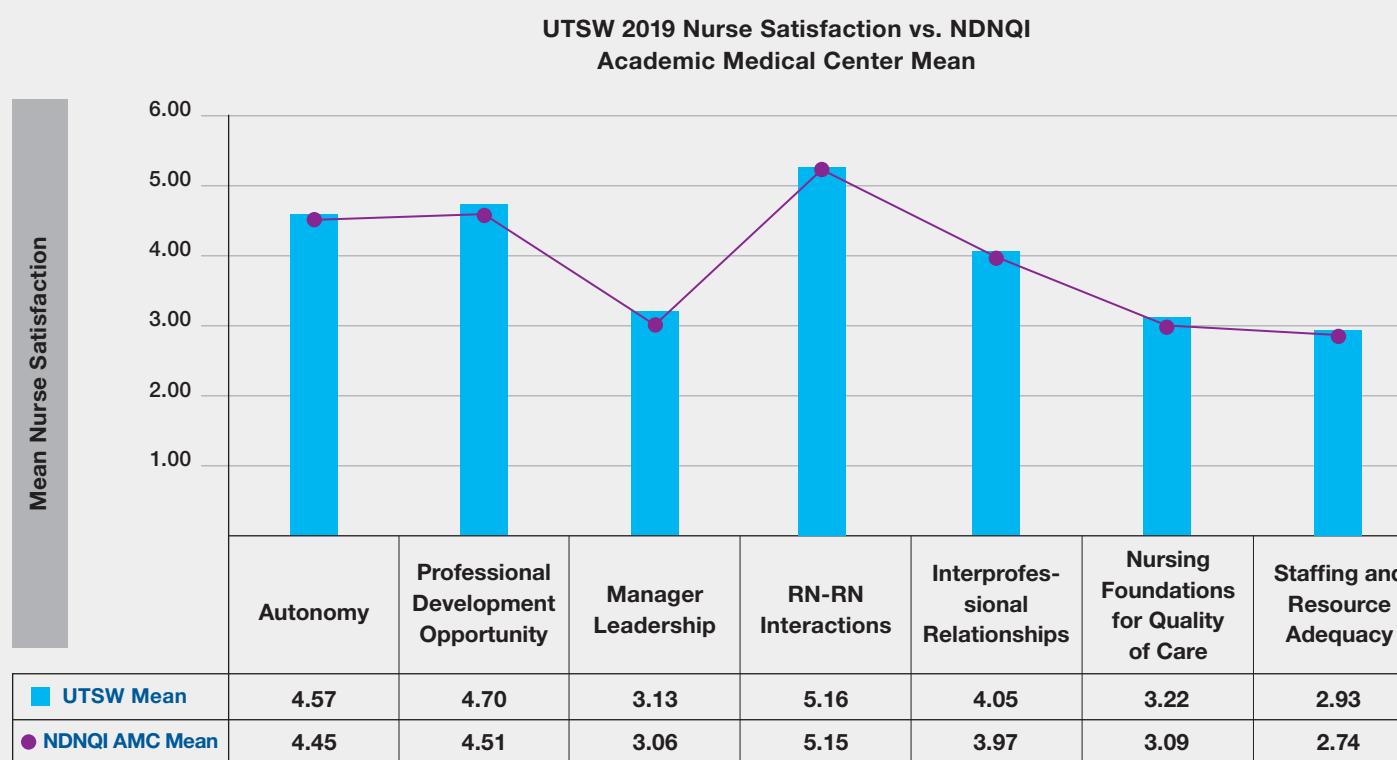
Consistently achieving exemplary professional practice requires staff in our Division's different departments to have a comprehensive understanding of nursing's role with patients, families, communities, and the interdisciplinary team and the ability to effectively incorporate new knowledge and evidence. Our goal is not just to maintain a strong professional practice but to reap the rewards of what that professional practice can achieve for the communities we serve.

Ultimately, what we achieve as an organization is reflected in excellent patient outcomes, which is perhaps the truest and most meaningful measure of exemplary practice.

*Melva Jones, LVN; Occupational Health*

1,688,616  
UT Southwestern nurses working with an interdisciplinary team cared for 1,688,616 ambulatory clinic visits in FY2019, a number that speaks to our significant outpatient experience and the considerable opportunity we have to exhibit exemplary practice.





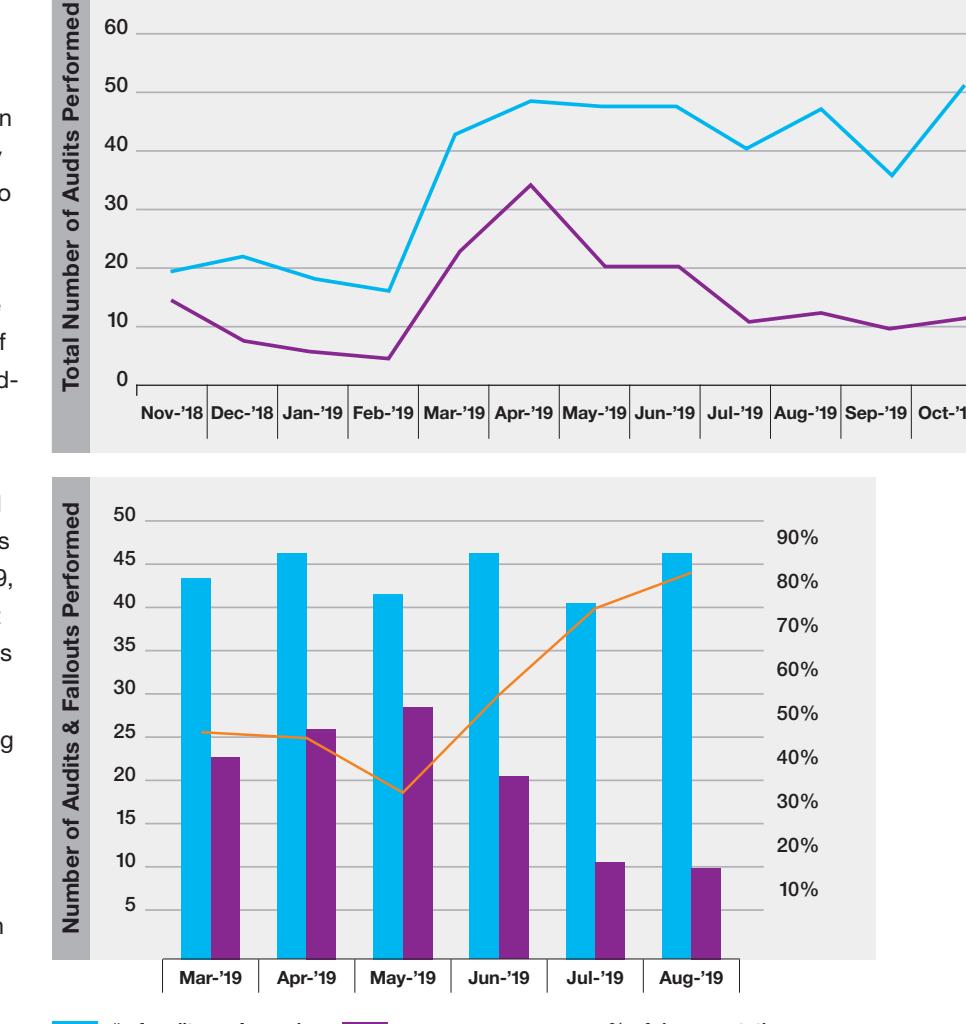
### Nurse Satisfaction Survey

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

In 2018, UTSW Nursing leadership moved toward a survey that would support nurses working in all areas and in all roles. In 2019, the Value in Practice (VIP) survey by Glint was rolled out within all ambulatory clinics as a pulse check of nurse satisfaction.

The survey was such a success in capturing information that it will be used quarterly in all areas for all staff going forward. The results of the Ambulatory Nursing Survey showed UTSW outperforming in six of the seven categories, as seen in the graph at left.

### Pitocin Audits, November 2018 - October 2019



### Exemplary Professional Practice in Action

#### Nursing Leads Development of Patient Discharge Education Sessions for Fertility Clinic

For many, family planning is a joyous occasion. Yet for patients who are unable to reproduce or for whom a pregnancy entails a health risk, the process of navigating the multiple fertility treatment options can be complicated, confusing, and discouraging. The UT Southwestern Fertility and Advanced Reproductive Medicine Clinic was formed specifically to help such patients. The clinic's nurses noticed that the lack of a structured information session identifying treatment expectations, next steps, and treatment option specifics was causing some patients to have continued anxiety, resulting in a significant number of calls requesting re-education following their initial appointment.

As a result, the nurses created a concise information packet to help patients understand the treatment specifications and answer the most common questions and concerns. The packet was designed to be distributed at nurse-led education sessions following all new-patient appointments. The session comprises a detailed discussion regarding the patient's individualized treatment plan and addresses common questions and misconceptions, with time specifically allotted for the patient's own questions. Since the implementation of these sessions and information packet, there has been a notable increase in adherence to the plan of care, improved patient satisfaction, and a decrease in phone calls requesting treatment plan clarification.

#### Reducing Risk When Inducing Patients with Oxytocin (Pitocin) in Labor and Delivery

A Joint Commission visit in June 2018 found that, across the hospital, the orders and policy for titration of oxytocin were inconsistent. Areas needing improvement were:

- Starting titration of oxytocin at the ordered start rate
- Increasing/decreasing titration of oxytocin at the rate ordered by the provider
- Starting, holding, and then restarting titration of oxytocin at the correct rate

To make these improvements, the Labor and Delivery department (L&D) revised its Pitocin protocol and auditing practice. By March 1, 2019, nurses were auditing

the charts of all patients who presented for inductions of labor. Staff nurse Morgan Mattay, B.S.N., RN, suggested reaching out to the EPIC team to include a trigger in the medical administration record (MAR) when titrating Pitocin. The EPIC team thus built rows that flow from the MAR into the flowsheet so that when a nurse documents the increase, decrease, start, or stop of Pitocin administration there would be a visual cue for the nurse to document the parameters. This change was put in production the middle of July 2019. Meanwhile, in the department's monthly Quality Assurance and Performance Improvement (QAPI) meetings, providers, nurses, and an EMR representative convened to discuss stats, devise possible solutions, and reevaluate the department's success.

By August 2019, all improvement measures – including a major revision of the Pitocin administration and titration policy/standing order sets, audits that evolved from five times a week to all scheduled inductions, and changes to the EMR system that assisted nurses with documentation related to Pitocin titration – resulted in fewer than 20% fallouts.

#### Keeping Patients Safe: Achieving Zero CLABSI (Central Line-Associated Bloodstream Infections)

In May 2019, having recorded a total of four CLABSI for the year, the Unit-Based Council set in motion an action plan to reverse the trend. This plan implemented a two-person check-off system for every central-line dressing change that occurred. CVICU nurses partnered with Infection Control personnel to create a checklist, and CVICU staff were educated on the two-person dressing change check-off: One person performs the dressing change while another person, per hospital policy, watches to make sure the dressing change is completed without breaking the sterile technique. The unit's goal was to achieve a CLABSI rate of zero. Since implementation of the two-person check-off policy at the end of May 2019, the CVICU has achieved its goal.

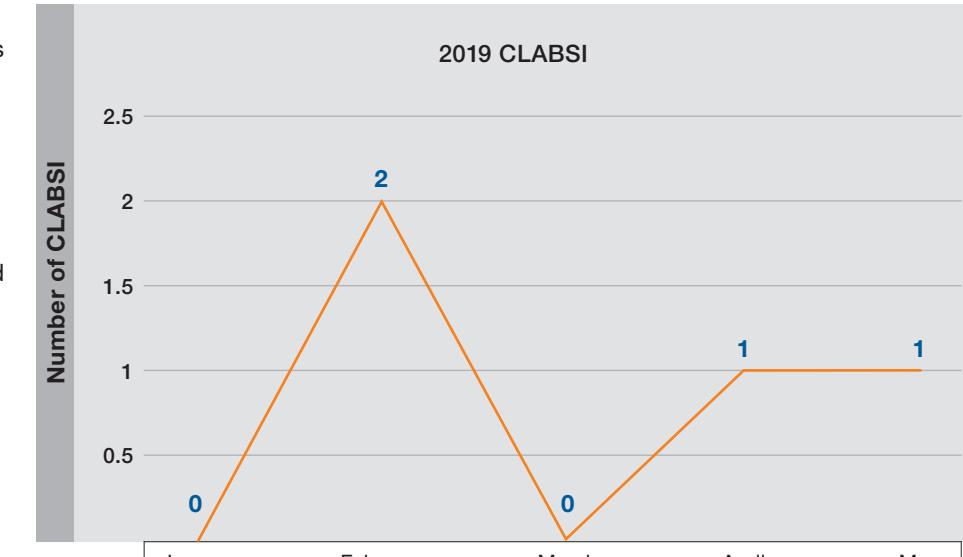
#### Safety Planning for Psychiatry Outpatients

Recognizing that outpatients in the Electro-convulsive Therapy (ECT) program are high risk for suicide, an initiative was implemented to have safety planning in place for all outpatients, similar to the proven lifesaving plans the Inpatient Psychiatry Unit was already using. The initiative called for all program RNs to attend a class focused on suicide prevention, risk assessment competencies, and safety planning. Upon medical clearance for ECT, patients and nurses together create an individualized safety plan that is reviewed and updated at each ECT visit with the patient.

The outpatient ECT program set a goal of having an active safety plan for 100% of

a social and recovery-oriented milieu. The plan centered around family-style meals. The team's idea was to have staff join patients for lunch twice a week. The team met with the UTSW Nutrition Department, which provided a menu and buffet-style food in serving containers and behavioral health-safe, disposable heating elements. Staff were encouraged to dine and socialize with the patients.

After a trial period, a survey was developed that asked patients if they enjoyed having staff members sitting down and eating with them, if they preferred the family-style lunch buffet more than they enjoyed receiving their individual trays, and if they were pleased with the food



patients by 2020. By the end of 2019, 90% of patients had an active safety plan and 90% of staff had completed the competency-based suicide prevention training.

#### Encouraging Engagement, Family-Style Meals for Psychiatry Inpatients

In the Inpatient Psychiatry Unit, each patient orders an individual meal, and all trays are delivered on a schedule. Patients eat in the dayroom together, but unit nurses noticed there was little to no interaction happening, so they developed a plan to encourage patient and staff interaction while providing

choices served at the most recent buffet. Patient responses included:

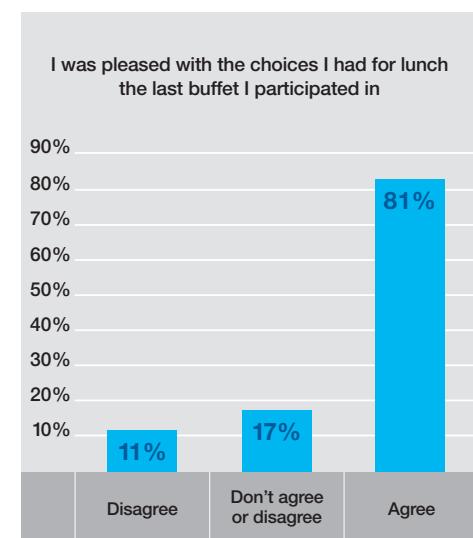
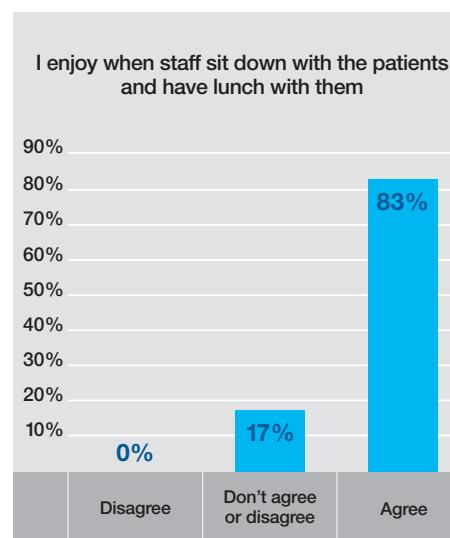
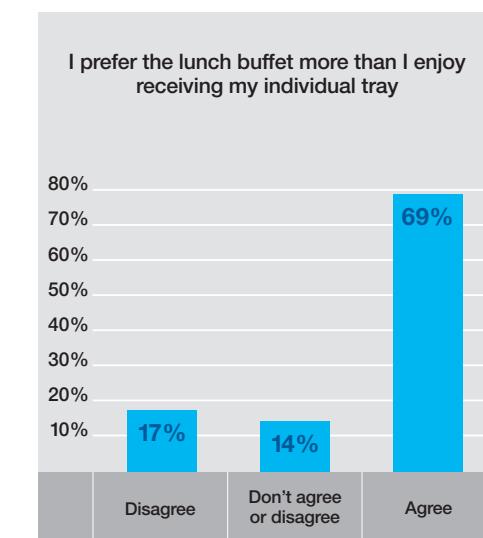
*"The lunch buffet is a huge benefit – shows the staff is here to help us and to serve us. Great idea."*

*"The buffet lunch is more fun and interactive than the individual tray."*

*"It's nice to not need to think of ordering meals."*

*"My favorite thing was the staff sitting down with us. It was nice conversation and gave me the feeling of we are all in this together."*

#### Psychiatric Patient Satisfaction with Family-Style Lunch Buffets



The feedback was overwhelmingly positive, so the initiative was expanded to having a daily meeting and to including family/support persons during the daily meals one to two times a week. Also, based on other patient responses to the survey, the team adjusted the buffet, adding dessert and a variety of drinks.

#### Implementation of a Leadership Role Improves Job Satisfaction

The Central Monitoring Unit (CMU) at UT Southwestern's William P. Clements Jr. University Hospital is an essential unit where technicians are employed to monitor patients in the telemetry unit and those equipped with pulse oximeters. Despite the importance of the technicians' role, CMU managers noted that, prior to 2019, there was an ebb in staff retention and job engagement and a lack of leadership during the weekends and night shifts when there was no "charge" person involved to help make decisions and lead the team. Each monitor technician remained "silenced" at each workstation, watching only their particular patients without taking notice of the issues going on in the unit. Additionally, decision-making was not clear and direct due to confusion of who can assist with issues happening when leadership is not present. Combined, these issues were creating a situation that led to general job dissatisfaction for the technicians who



Tomas Garzon-Muvdi, M.D.  
and Caitlin Homan, B.S.N., RN

## Developing a New Policy for Weaning Infants in the Neonatal Intensive Care Unit

Neonatal complications related to thermoregulation management are a vital aspect in the care of preterm infants. Prior to 2019, weaning from incubator to open crib practices in the Neonatal Intensive Care Unit (NICU) varied. Identified variables in weaning practices include those based on air control, the neonate's weight, thermal challenges, double-wall incubators and heated mattresses, plastic wrap, and differing practices related to temperature control. Delaying a preterm infant's weaning from the incubator to crib could result in a prolonged hospital stay. As a result, the NICU Education Committee created a subcommittee to develop guidelines for a new policy related to weaning practice.



Guided by an intensive literature review, the team focused on two primary factors in developing a policy for weaning a preterm infant to an open crib:

- Temperature is the most important consideration for general comfort and can be regulated by adjusting the environmental conditions.
- Temperature control (thermoregulation) in the NICU infant is a critical physiological function that is strongly influenced by physical immaturity, extent of illness, and environmental factors in the NICU.

The team focused on improving its understanding of infant thermoregulation and infant temperature monitoring and developed other strategies for transferring the infant

from the incubator to an open crib. The primary focus while developing the new policy was to decrease the length of hospital stay from birth to discharge home.

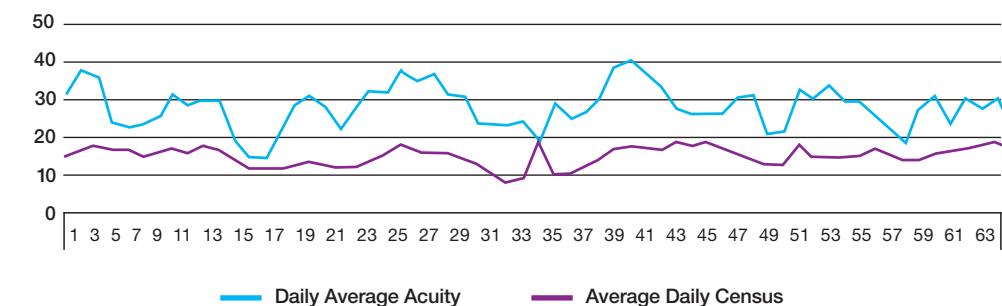
The NICU Education Committee submitted a policy proposal based on its findings on Dec. 20, 2018, followed in subsequent months by presentations to the hospital's Unit-Based Council (UBC) and the hospital's committee for policy approval. The new policy went live on Dec. 15, 2019. Meanwhile, thermoregulation practice education took place in January and February 2019 to ensure the most up-to-date evidence-based care for our smallest patients in the NICU.

## Inpatient Psychiatric Unit Creates Objective Tool for Measuring Acuity

While literature on the correlation between nursing staffing ratios and quality of care is readily available, very little information on standardized acuity tools that incorporate both psychiatric and medical complexity exists. Psychiatric inpatient units are tasked with the care of the sickest and most vulnerable mentally ill and substance abuse patients. Registered nurses maintain 24-hour accountability for all aspects of inpatient care, particularly in organizing conditions for healing, reengagement with recovery, and the safety of patients and staff. Being able to identify the unit acuity and available resources is paramount in ensuring proper nurse staffing levels, mitigating risk, and maintaining safety on the unit.

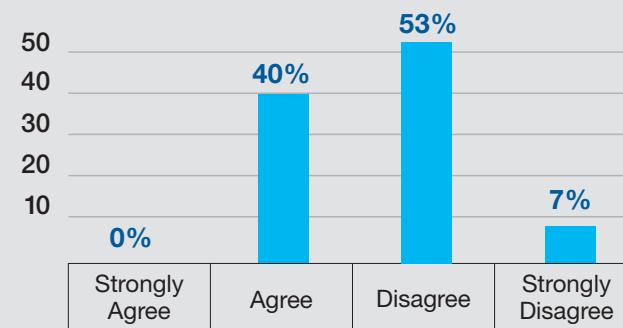
UT Southwestern Medical Center has an inpatient acute-care psychiatric unit that supports both behavioral and medically complex patients in a community setting. In the past, staffing and intake/admissions were based on the census versus the acuity of the unit, and several significant safety events occurred. In an environment with increased regulatory demands, there is no standardized acuity tool available for behavioral health units. Though core measures had been added for screening for suicide and risk of violence, nursing managers and researchers had relied on using a Medicare case mix index or adapting acuity instruments similar to those used on medical units. The American Nurses Credentialing Center (ANCC) Magnet Recognition program has developed a framework emphasizing the importance of empowering nurses to practice autonomously in a shared governance model (ANCC, 2011). The lack of an acuity measurement tool that accurately depicts psychiatric nursing care hampers the work of staff nurses, particularly in meeting their responsibility to effectively and safely deliver care based on the severity of their patient's condition. So we endeavored to create such a measure.

## Acuity and Census Comparison

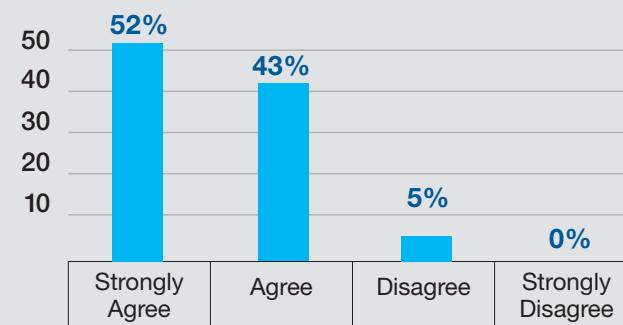


Nursing assignments evenly distribute the workload among the nurses

Graph 1: Pre Acuity Tool Implementation



Post Acuity Tool Implementation



After the tool was created, charge nurses were oriented on how to collaborate with the primary nurse to appropriately obtain an accurate score for each individual patient.

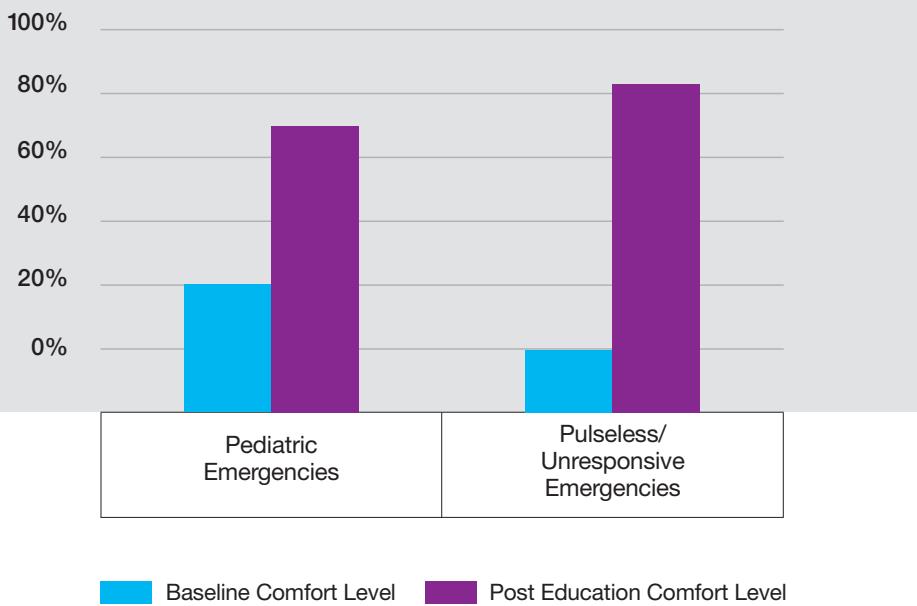
Patient satisfaction surveys in FY2019 showed 97.4% felt that nurses were

responsive to their needs. The tool has facilitated a safer work environment and improved the quality of care delivered to patients.



Samantha Bhatt, MBA, M.H.S.M., CSSBB, CPPS

#### Staff Comfort Level Responding to Specific Emergency Scenarios



#### Educational Needs for Ambulatory Rapid Response Teams on a Multistructural Academic Campus

In 2010, ambulatory rapid response teams (RRTs) were created at UT Southwestern to better meet the needs of patients. Before the formation of the teams, ambulatory nurses and medical staff responded to emergencies as best as they could with only the supplies available in their clinical area. In nonclinical areas of the buildings, 911 was called, leaving the patient to wait for local emergency medical staff to respond. Initially, ambulatory RRTs were created to serve one building on campus, but soon all four ambulatory buildings on campus had RRTs. Due to institutional growth, UTSW now has five ambulatory teams on campus and six ambulatory teams in offsite clinical locations.

An RRT is made up of volunteer nurses and medical office assistants working in various clinics. They volunteer one day per week, every week, and respond to calls within their clinic building. At minimum, two nurses and one medical office assistant respond per call. They work from guidelines signed by the RRT Medical Director. Updated annually, these guidelines include:

- Allergic Reaction
- Altered Mental Status
- Breathing Difficulty
- Chest Pain
- Extremity Injury
- Fall Injury
- Hypoglycemia
- Hypotension
- Pulseless or Unresponsive Emergencies
- Seizure
- Stroke

Over time, it became evident that while ambulatory nurses were extremely knowledgeable and comfortable with the specialty in which they were employed, they were not as comfortable responding to the various emergencies that occur in our multispecialty buildings.

A survey to determine nurses' comfort level of responding to specific scenarios in the ambulatory setting was sent to all nurses on the ambulatory RRT. The survey revealed that RRT members felt least comfortable responding to pediatric emergencies (47%) and pulseless or unresponsive emergencies (18%). In response to the survey, quarterly education and mock codes were created to improve the level of comfort in these situations. Following the educational opportunities provided to the RRT nurses, their comfort level in responding to pediatric emergencies improved by 81% and their comfort level in responding to pulseless or unresponsive emergencies improved by 94%.

Originally, the goal was to identify areas of opportunity for improving comfort levels among RRT members in a large, academic medical setting. On a campus with primarily adult patients, responding to pediatric emergencies might remain uncomfortable, and pulseless situations are not ideal or familiar for most team members. However, based on survey results, we saw a dramatic shift in comfort levels after implementing targeted education.

#### The Sugar Babies Project: Decreasing Neonatal Intensive Care Unit Admissions for Hypoglycemia

The Neonatal Intensive Care Unit (NICU) team noted that too many babies were being separated from their mothers prematurely and admitted to the NICU for Type B maternal insulin-dependent diabetes. Trends were identified that found 17% of NICU admissions had an estimated gestational age of 35 weeks or older; 26% of those admissions were due to hypoglycemia or observation for hypoglycemia, and of those 41% never required intravenous fluids. Fully 70% of infants admitted for observations were returned to the newborn nursery after the four-hour monitoring period.

Guided by the Institute of Medicine STEEPS criteria (Safe, Timely, Efficient, Effective, Equitable, Patient- and Family-Centered, and Socially Responsible) for critical transitions of care for every newborn, the NICU team set out to decrease hypoglycemic NICU admissions for infants 35 weeks or older by 50%.

The team's assessment and interventions were developed using a three-part Plan Do Study Act (PDSA) cycle.

■ PDSA cycle 1: The team observed the current NICU admission process for infants at high risk for hypoglycemia and performed targeted audits of at-risk infants to determine the need for transferal to the NICU.

■ PDSA cycle 2: Incorporating data from audits of the parents of at-risk infants, the team recognized a need for improved parental patient education and consequently developed educational handouts for parents of at-risk newborns. In addition, the team discontinued the automatic NICU admission for infants of diabetic mothers.

■ PDSA cycle 3: Emphasis was placed on sequential mini-PDSA cycles of 90 minute skin-to-skin contact sessions after vaginal birth deliveries.

Following the three-part PDSA assessment, the team successfully instituted a revision to the Hypoglycemia Policy and standard operation procedure for infants age 35 weeks or older at gestation. A policy of no automatic admission to the NICU based on maternal factors was put in place; now, the infant must be symptomatic and non-responsive to initial intervention.

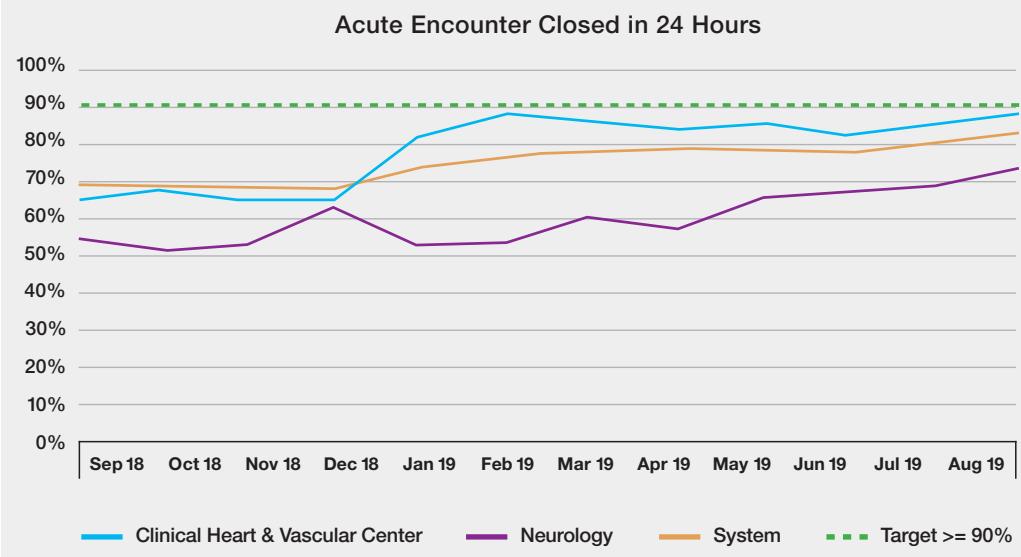
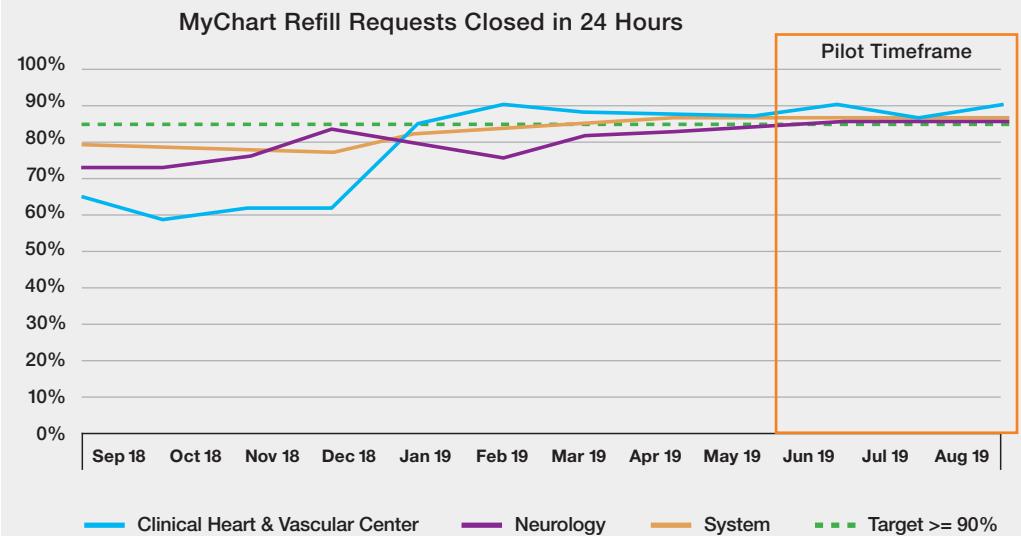
Criteria	Measure(s)	Type of Measure	Frequency
Criteria	<ul style="list-style-type: none"> <li>▪ % of POC glucose values &lt;40 confirmed by a serum sample</li> <li>▪ % of high-risk infants where algorithm was followed correctly</li> <li>▪ Timing of the first weight</li> </ul>	Process	Monthly
Timely	<ul style="list-style-type: none"> <li>▪ Time of transfer of mother</li> </ul>	Balancing	Monthly
Efficient	<ul style="list-style-type: none"> <li>▪ Duration of skin to skin</li> <li>▪ Timing of the first feeding</li> <li>▪ Timing of first glucose check</li> </ul>	Process	Monthly
Effective	<ul style="list-style-type: none"> <li>▪ # of admissions to the NICU for hypoglycemia</li> </ul>	Outcome	Monthly
Family Centered	<ul style="list-style-type: none"> <li>▪ # of admits to the NICU who never require IVF</li> </ul>	Outcome	Monthly
Socially Responsible	<ul style="list-style-type: none"> <li>▪ Rates of exclusive breastfeeding</li> </ul>	Balancing	Monthly

## Patient-Responsiveness Toolkit Improves Turnaround Times

A strategic initiative in 2019 for ambulatory care was to improve patient satisfaction related to the promptness of responses to telephone and MyChart encounters. A Patient-Responsiveness Toolkit was created to improve nurses' response times on symptom-based patient calls and any nurse-directed message sent through MyChart. The toolkit comprises four buckets of "tools," each designed to provide support for different factors that impact the responsiveness metric. The four buckets include tactics for clinic leadership, EPIC efficiency, staff education, and process improvement opportunities.

The clinic leadership tool contains resources and tip sheets for monitoring in-basket dashboards, internal scorecards, team engagement, and patient satisfaction. EPIC efficiency tools provide clinics with lists of defined "reasons for call," documentation best practices, and a workflow assessment to measure the education needs of the telephone triage nurse. Education tools include online-learning programs outlining the clinical staff's scope of service and a list of internal and external education resources related to offering care advice telephonically or electronically. Finally, the process improvement tool contains instructions on creating standing medical orders/processes, as well as a mechanism that identifies the activities and amount of time a nurse spends on tasks that can be delegated to others within the clinical setting.

The UT Southwestern Clinical Heart and Vascular Center and Neurology Clinic piloted use of the toolkit with great success. The Clinical Heart and Vascular Center surveyed its provider group related to message routing and escalated training to the EPIC training team, reviewed and updated their standing medical orders, and began a routing grid for symptom-based calls.



The Neurology Clinic established in-basket pools and utilized productivity functions within EPIC. In addition, the neurology nursing staff established nurse shadowing in the UTSW Access Center to better demonstrate the process for handling and completing patient calls. After shadowing the Access Center staff, the neurology nurses made additional education requests as needed.

Both clinical facilities saw improved responsiveness to symptom-based calls and MyChart messages throughout the fiscal year.

### Ambulatory Anticoagulation Management Workgroup Strives to Standardize Care

Clinical staff at UT Southwestern are continuously seeking ways to ensure patients receive the best care possible and have the best outcomes. In the ambulatory setting, patients seek care for a wide variety of reasons, and it is crucial that they receive consistent, standardized care in all clinics throughout the UTSW system. In 2019, we identified a gap in the standardization of practices for patients requiring anticoagulation management. In response, a collaborative workgroup comprising registered nurses, pharmacists, and physicians was formed with a goal of reducing practice variants, updating policy, and improving documentation within the electronic medical

record (EMR) – all measures designed to provide consistent management practices, care coordination, and easy patient access.

The anticoagulation workgroup determined that a collaboration with the UTSW Information Resources department was necessary to move the initiatives forward. The group also concluded that there was a need to improve methods for nurse-patient communication.

The collaboration produced several successful outcomes, including having MyChart messages routed directly to the anticoagulation nurse; incorporating evidence-based INR goals for anticoagulation episodes in the EMR; and developing compliance reports for anticoagulation patients. The workgroup plans to continue to meet regularly throughout 2020 with the ultimate goal of ensuring the highest quality of patient care.

### Serving the Community: Patient Flu Kiosks in Ambulatory Clinical Locations Exceed Expectations

The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older receive an influenza vaccination annually starting in mid-October. Due to lack of convenient access to flu vaccination sites, many people do not take advantage of this

important protective measure. In an effort to improve accessibility to flu vaccine and vaccination rates among our patients, UT Southwestern Ambulatory Operations developed an initiative to open patient flu kiosks in strategic ambulatory clinical locations across campus. Temporary kiosks were set up in the lobbies of five of the busiest clinical buildings and remained open Monday through Friday, 8 a.m. to 5 p.m., from Sept. 30 through Nov. 1, 2019. Each kiosk was staffed by members of the ambulatory nursing and support staff float pools, including one registered nurse or certified medical office assistant (CMOA) and one clinic staff assistant (CSA). Posters and other marketing materials were placed

Chioma Imelda (Eze) Nwobu, B.S.N., RN

in the lobbies and delivered to clinics, encouraging established UTSW patients to just walk up to one of the kiosks and receive the flu vaccination. By allowing patients to receive their flu vaccination in a convenient and efficient environment, the kiosks were successful in administering a total of 1,951 influenza vaccinations in 2019, exceeding all initial projections.

### 'Ready, Set, Go' Project Encourages Patient Ambulation, VTE Avoidance

Venous thromboembolism (VTE), also known as deep vein thrombosis (DVT), is one of the most common postsurgical complications, usually occurring in the leg but potentially presenting anywhere in the venous system. The surgical specialty unit (CUH 7 Green, or 7G) has a postsurgical prophylaxis standing order set that includes ambulation orders, but nursing staff recognized discrepancies in the level and amount of education provided to patients, which was resulting in low patient motivation and noncompliance to ambulation orders. Additionally, nurses noted inconsistent practices related to the frequency of patient ambulation and the level of encouragement staff were providing toward progressive mobility. As a result, patients were too often discharged home

with inadequate mobility interventions and remained high risk for VTE.

To remedy this situation, the 7G nursing staff sought recommendations and formed the "Ready, Set, Go Mobility Program." The specific goals of the initiative were to prevent discrepancies in how VTE education is provided to patients and to increase compliance among patients and staff members in setting and meeting progressive mobility goals after surgery in the unit.

As part of the program, a packet is given to each patient upon arrival to 7G from the Post-Anesthesia Care Unit, the operating room, and/or the procedure areas. The packet contains a daily record of the patient's postoperative days with very specific "Ready, Set, Go" goals established for each day, beginning the day of surgery.

Since the implementation of "Ready, Set, Go" in July 2019, nurses have seen an improvement in compliance for postoperative ambulation in 7G, with an increase in average ambulation done by patients each day and a decrease in the time it takes for patients to do their first hallway ambulation. Overall, there is also a higher compliance in patients ambulating independently without much prompt from staff members.



The success of “Ready, Set, Go” in the colorectal surgical patient population is evident, and the unit is slowly expanding the program to all surgical patient populations in 7G. The initiative has also helped create a change in culture that promotes ambulation, education, and patient empowerment through nursing care in the hospital.

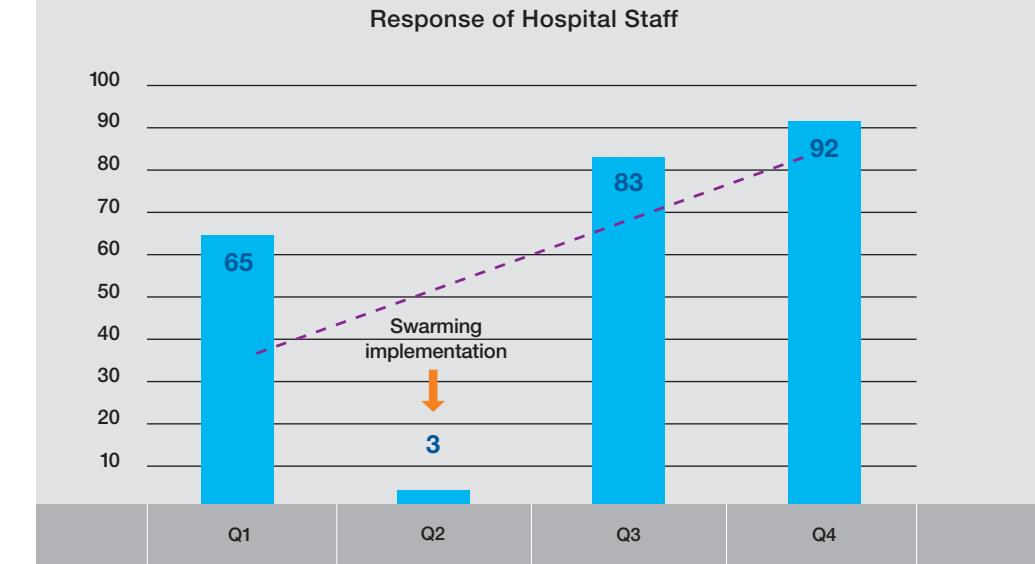
#### Swarming: A Change in Team Dynamics

Staff nurses at CUH 7 Green (7G), a step-down surgical unit, reported concerns regarding various obstacles in completing their patients’ admission process. Meeting a new patient’s care needs in a timely manner is a high priority for the unit’s nursing staff, but sometimes this was being hindered by the equally high priority of maintaining quality care for other assigned patients at the same time. Nurses noted additional obstacles such as admissions arriving during a shift change, lack of team support, high-acuity admissions, and transfer of patients with multiple needs and new physician orders. To forestall delays in patient care and to prevent patient and staff dissatisfaction going forward, the nurse leadership team and UBC of 7G decided to try a new approach to the patient admission process – an approach called “swarming.”

Swarming is an all-hands-on-deck, team-nursing approach to provide resources and support of the primary nurse and patient care technician (PCT) when new admissions and transfers from different floors/units and outside facilities come to their door. It is, in general, a collaborative technique aimed at promoting teamwork, engaging the staff, boosting team morale, and improving the patient experience.

Beginning in August 2018 and continuing throughout FY2019, the 7G team implemented swarming as follows:

- Upon a patient’s arrival at admissions or transferal from other units or outside facilities, the health unit coordinator sends a mass message to the



Spectralink phones of all staff members on duty with this message: “Patient’s Room [number] – SWARM – new admit is here.”

- Available staff members go to the new admission to “swarm” and assist with various tasks and help settle the new patient.
- The Primary Nurse (RN) and charge nurse direct the swarming team, delegating tasks such as transferring the patient to the bed, paging physicians, setting up intravenous pumps, taking vital signs, orienting the patient to the unit, and so on.

After several months of implementation, the swarm team wanted to modify and improve the process by delineating specific tasks to staff members:

- Primary RN/charge nurse – in charge of EPIC admission database
- RN buddy – page the physician; set up IV pump and start IV fluids
- Primary PCT – in charge of room setup, admission supplies, and taking vital signs
- PCT buddy – in charge of applying the sequential compression device and checking glucose

Following the implementation, 7G found the patient experience as measured by Press Ganey to have improved in the area

of Response of Hospital Staff (see graph). In response to post-discharge phone calls, patients gave a positive feedback on the swarming process. While nurse engagement scores remained at 50% or higher as measured by National Database Nursing Quality Indicators (NDNQI), leadership rounds and team interviews reflected an overall improvement in staff satisfaction and teamwork.

The swarming project was so successful that it is now utilized by different units across the hospital.

#### The Importance of Postpartum Two-Hour Glucose Tolerance Testing

When a patient receives a diagnosis of gestational diabetes mellitus (GDM), she might feel isolated and not understand how to navigate her new diagnosis. The UT Southwestern Medical Center at Las Colinas Obstetrics Department saw an opportunity to improve patient care by designating a certified diabetes educator (CDE) to facilitate interdisciplinary care coordination, enhance the workflow process, and improve patient communication to meet patients’ health care needs. Women diagnosed with GDM can still have impaired glucose metabolism after delivery and have an increased chance of developing Type 2 diabetes. The American Diabetes Association, the American College of Obstetrics and Gynecology, and the National Institutes

of Health recommend that any woman diagnosed with GDM take a two-hour glucose tolerance test between four and 12 weeks postpartum. Prior to 2019, the percentage of patients receiving the recommended glucose tolerance test at the Las Colinas OB clinic was less than 50%.

The Las Colinas OB Clinic reviewed the current care coordination processes and discovered a need to increase patient engagement and followup with those with GDM. To date, the clinic has reviewed and improved the following workflows and clinic processes to increase the percentage of postpartum glucose tolerance testing in the patient population: The clinic developed a standardized process for notification and communication with patients diagnosed with GDM and designated an employee to schedule coordinated provider and CDE visits up to 40 weeks gestation. Meanwhile, the CDE establishes continuity of care with the patient by monitoring logs via MyChart and communicating expectations during the coordinated patient visits. At the 36-week visit, a post-delivery diabetic education session is scheduled in which the CDE educates the patient on the importance of the postpartum two-hour glucose tolerance test. The creation of an auto-generated report to filter the GDM deliveries enables the staff to schedule this test.

As a result of gathering the data for the project, the patient population justified the increased hours of a dedicated CDE. The improvements in the workflow processes increased scheduling capacity and throughput in the clinic. Metrics show the percentage of postpartum two-hour glucose tolerance testing has increased. The increased communication with patients has provided more time to educate them on diabetes prevention, lifestyle changes, and the importance of closer monitoring to prevent developing diabetes-related complications later in life.

#### Improving Encounter Responsiveness for Ambulatory Regional Medical Centers

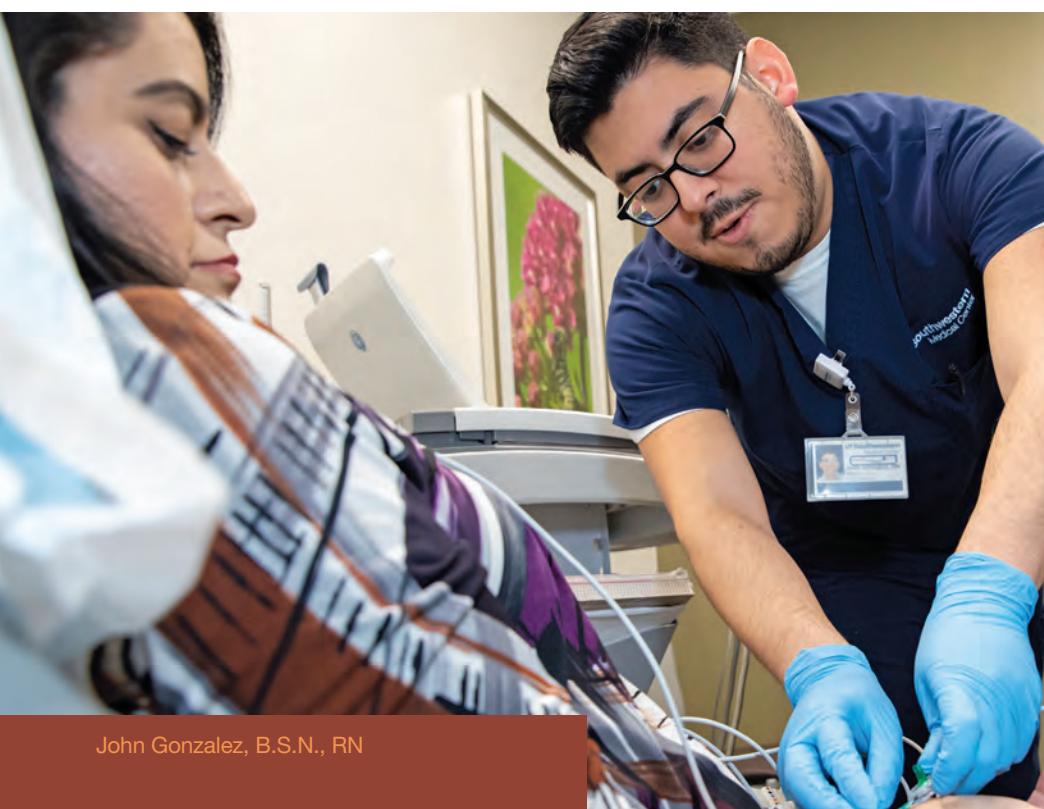
UT Southwestern’s Regional Medical Center Ambulatory Clinics had approximately 8,000 open electronic medical record (EMR) encounters related to patient care from the pre-intervention time period of January 2019 to August 2019. Encounters are created in the EMR when a patient contacts the clinic or the clinic contacts the patient. An encounter left “open” indicates the contact requires further action by the staff or the issue has not yet been marked as completed.

At the July 2019 UTSW Regional Medical Center Ambulatory Clinic Nursing Leadership meeting, a plan of action was formed to improve response times for all non-face-to-face encounters (telephone calls, MyChart interactions, voice or electronic requests for refills) and to provide clarity on the process for closing open encounters, focusing on the responsible personnel and forming escalation plans. The goals of the implemented procedures were to achieve a complete cleanup of all open encounters for FY2019, to show improvement in

	FY19	FY20 through Dec	Total Open Encounters			
	Telephone MyChart	Refills	Telephone MyChart	Refills	FY 19*	FY 20 1st Quarter
Las Colinas	66	67.3	74.86	87.9	3200	261
MMCFW	72.7	87.4	86.55	93.5	2400	276
Park Cities	73.8	85.3	82.43	88.9	4000	253
Richardson/Plano	70.3	80.1	66.54	86.9	1400	280
All Sites Average	70.7	80.025	86.9	89.3	11000	1070
					Average per month	1571 356

\*1/19 through 8/19





John Gonzalez, B.S.N., RN

response-time scores from FY2019 data by the first quarter of FY2020, and to decrease the number of open encounters per month to fewer than 50 by the end of FY2020.

A standard operating procedure (SOP) was developed to standardize how open encounters are handled by clinic staff to ensure continuity between clinical areas. Staff and providers at all four sites received SOP instruction and clarification on the difference between “signed” and “done.” In August 2019, a workflow was implemented, sending weekly reports to nursing staff to review open encounters and take the appropriate action to complete the necessary work and close the encounters as appropriate. Nursing supervisors also provided oversight to ensure the process ran smoothly and open encounters did not continue accumulating. In addition, each regional medical center began performing monthly monitoring at the site level to measure its success in the closing of encounters and sustain improvement.

Ensuring all contacts through the EMR have been marked as completed in a timely manner helps confirm patients have had

their needs met. We look forward to the continued efforts by the UTSW Regional Medical Center Ambulatory Clinic nursing staff in responding to patients as efficiently as possible.

#### Standardized Rounding in Neurology Clinic Waiting Areas

Patients regularly present to the Neurology Clinic to discuss their impaired memory or movement or speech functions, any of which can complicate their ability to navigate the clinic visit. To best meet the needs of this population, the clinic instituted standardized rounding schedules for patients in the clinic’s waiting areas.

Clinic leadership identified peak patient volume times and began rounding during those times. From the waiting area, medical assistants were directed to bring the patients back to the exam room as soon as possible upon arrival.

In the exam rooms, the clinical team rounds on patients every 10 minutes to offer updates on the expected wait time remaining, provide assistance ambulating to the restroom, serve refreshments,

and offer entertainment media. Dry erase boards in each clinical area indicate updated provider and patient locations. The most recent time the patient has been checked on is updated continuously.

During the pre-intervention quarter (visit dates 03/01/18 through 05/30/18) the average score for Moving Through the Visit category on the Press Ganey patient satisfaction survey was 86.7% (n = 1,154). In the post-intervention quarter (visit dates 06/01/18 through 08/31/18), all mean Press Ganey survey scores associated with Moving Through the Visit increased as compared to the pre-intervention quarter. Subcategory score for information about delays increased 0.7% (n = 1,015), satisfaction with wait times increased 0.8% (n = 1,144), and overall satisfaction with Moving Through the Visit increased 0.6% (n = 1,154). Multiple patient survey comments expressed appreciation for being checked on regularly and notified of delays (n = 135). Positive trends continued in the second post-intervention quarter.

In August 2019, the Neurology Clinic added electronic wait-time tracking using the electronic medical record. This tool can ensure adherence to the protocol of checking on the patients every 10 minutes and also provide greater detail on the approximate total length of wait during the visit. The clinic’s team anticipates further patient satisfaction improvements based on data collected since implementation of this electronic system.

#### Empowering Medical Assistant Team Members to Pursue Continuing Education Opportunities

UT Southwestern’s Ambulatory Clinical Ladder Program for Nurses provides an opportunity to recognize continuing education efforts made by nursing team members. Successful participation is rewarded through an incentive program designed to encourage employee retention, staff collaboration, and clinical excellence.

In collaboration with ambulatory clinical nurse educators, the Ambulatory Certified Medical Office Assistant (CMOA) Clinical Ladder Program was initiated in September 2017. The goal behind expanding this program to include CMOAs was to cultivate an environment in which more staff members in direct patient care have opportunities to be recognized for professional development.



Beena Johnson, B.S.N., RN-BC

A survey of FY2018 Ambulatory CMOA Clinical Ladder Program participants showed an increase of their feeling valued by the team (28% increase compared to pre-initiative responses). Job satisfaction likewise improved (15% increase); knowledge and understanding of evidence-based practice made a major leap (52% increase); and, reassuringly, the turnover rate for ambulatory CMOAs decreased in the post-intervention year by 24%. Meanwhile, the program has expanded rapidly, with an anticipated 17% increase in participation for FY2020.

Support and teamwork among nursing team members is essential. Encouraging CMOAs to collaborate with nurses on clinical ladder projects and attend continuing education events through the incentive program helps the whole team provide the best possible care to patients.

#### Developing Navigation for Patients with Hereditary Mutations for Cancer Predisposition Syndromes

Hereditary breast and ovarian cancer syndrome (HBOC) and Lynch syndrome are the two most common inherited cancer predisposition syndromes. Individuals carrying mutations in associated genes have among the highest cancer incidence of any known group.

The National Comprehensive Cancer Network (NCCN) has established cancer risk management guidelines for mutation-positive patients and for cancer survivorship. Patient navigation has been shown to reduce barriers to care. UT Southwestern’s multisite Cancer Genetics program has identified more than 3,400 patients who carry the mutation. Of these patients, 32% were identified as uninsured or underserved individuals.

To address this problem, the UTSW Cancer Genetics program implemented the use of Genetic Patient Navigators (GPNs) to assist mutation-positive patients in care planning. GPNs focus their efforts on helping these patients adhere to their treatment plan and enhancing their understanding of risk factor prevention. The GPNs also offer education targeted at improving genetic health literacy.

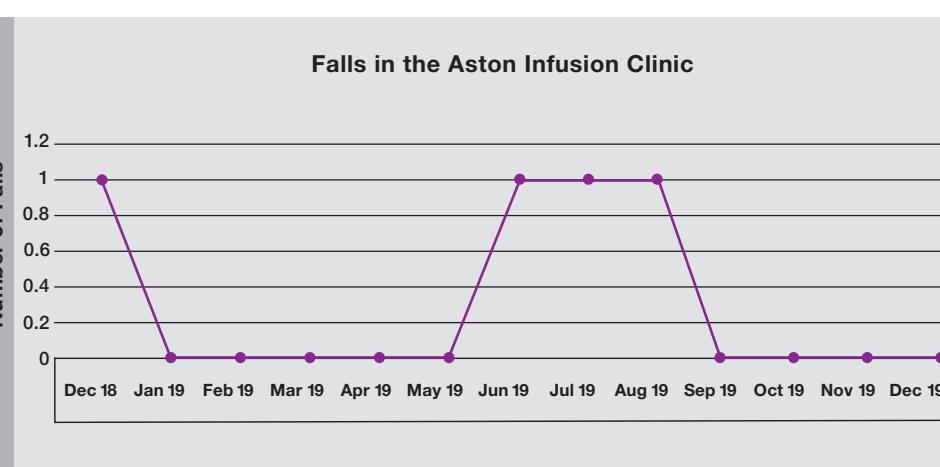
In 24 months, the GPNs completed 62 public education services with a total audience of 578 people. During this time, 436 individuals were navigated to 431 services across 24 counties. Survivorship services were provided to 51 people. Ninety-two

people improved their health behaviors, and 64 people received a physician referral. A total of 2,357 professionals were educated via 16 outreach events in 25 counties. The cascade testing ratio for family members improved from 1.0 to 2.3. The Cancer Genetics program leadership is proud of their specialists’ efforts in assisting this at-risk population and looks forward to seeing continued success in the program’s patient navigation efforts.

#### Fall Prevention in the Aston Infusion Clinic

Falls are an ever-prevalent issue in the health care environment, especially in the outpatient setting where staff cannot monitor patients as closely as in the inpatient setting. The Aston Infusion Clinic (AIC) is an outpatient clinic that administers intravenous medications to patients with various autoimmune diseases. Due to these illnesses, the AIC’s patient population is at a higher risk of falls than some other outpatient populations. From December 2018 to August 2019, the clinic reported four falls that led to physical injury and undesirable emotional and financial burdens to the patient.

The AIC staff worked together to implement various fall measures to decrease the incidences of falls in the clinic. Interventions include completing the initial Fall Risk screen in the electronic medical record (EMR) for every patient (unfortunately, there was not a standardized process for completing the screening prior to the implementation). If the patient is considered a fall risk then an AIC staff member places a yellow armband on



the patient's wrist and a yellow magnet on the door of the patient's room. Treatments can take several hours; given that significant amount of time in the clinic, the patient and/or family is instructed to call for assistance. AIC staff educate the patient and family on fall prevention strategies and can furnish a gait belt whenever a patient needs to ambulate around the clinic. Other interventions include having a staff member walk



behind or beside instead of in front of the patient. Some treatments include narcotics or sedative medications; AIC staff assist the patients to the restroom if they receive these treatments.

Preventing falls is a team effort, and it is everyone's role to keep our patients safe. If a patient is identified as fall risk at check-in, the CSA marks the EMR yellow, which notifies the medical office assistant to use a wheelchair while rooming the patient. If the patient refuses a wheelchair, the clinic staff reinforces the importance of patient safety and the use of assistive devices. If the patient uses an assistive device, the staff monitors him or her closely throughout the

visit, from the time of entrance to the clinic until the safe departure.

Since implementation of these interventions in September 2019, no patients have fallen in the AIC.

#### Revising Occupational Health Onboarding Procedures

UT Southwestern's Occupational Health Clinic provides services to approximately

5,000 employees annually during the new-hire or transfer process. One of the many services the OHC nursing team performs is ensuring appropriate health clearances are obtained by all staff who will have access to direct patient care. The OHC nursing team determined that a significant number of employees were miscoded on the new-hire/transfer forms, which caused a breakdown in the identification of

individuals who have screenings specific to their role within the organization.

As a result, the nursing team developed education to improve the understanding and knowledge base of the Human Resources team. They then began collaborating with HR recruiters to identify roles within the organization that required health screenings by developing questions on the intake forms to determine risk based on patient exposure and updating the annual screening information in PeopleSoft. Through this collaboration, the nursing staff and recruiters adopted a proposal that placed the responsibility of the health screening surveillance solely on the Occupational Health Department. As of

March 2019, health screening completion has improved by approximately 65.7% – a result of the increased education and shift in responsibility.

#### Leaders in the Community

One of the most rewarding ways UT Southwestern nurses share their experience with the community is by using 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 many local entities, putting their expertise in action and developing professionally through community involvement.

#### Community Outreach

##### Home Health Nursing – Making a Difference in Patient Care

Home is where the health is – and where the UT Southwestern home health nurses' stories begin and continue in the department's 24th year. From illness to wellness, home health nurses share a personal commitment that is unique from traditional bedside nursing care.

When the department was formed at UTSW in 1995, it was called Zale Lipshy Home Health. It started with three nurses and now has 12, including Director Melva Porteous, RN, and a multidisciplinary team that is involved in making patients well.

Ms. Porteous said she expects the department to grow as Medicare and medical care continue to evolve in the 21st century. More referrals are coming, the patient census keeps growing, and the level of acuity of patient care presents greater challenges. Still, Ms. Porteous and the nurses take the changes in stride.

UTSW's home health nurses are exceptionally well-prepared; they undergo exacting training before being sent to patients' homes by themselves. New nurses brought on board must have the home health experience the department seeks. New hires sometimes worry a bit initially, but they work in partnership with other nurses who shadow them in the beginning and work with them until they get the confidence and proficiency that is expected from each one of them.

Like all nurses, those in home health make a difference in people's lives, but what makes home health nurses exceptional is they are putting their expertise to work in a different setting – the patient's home. After patients are discharged from the hospital, home health nurses face the challenges of helping to heal them where they live.

"When you make a nursing care plan, you have to include the patient's wishes and the doctor's request," Ms. Porteous says. "When we go to their homes, we have to go by their rules, which are very different from the hospital setting. The tables are turned."

Like hospital staff nurses, home health nurses get patients who require different levels of care. Some days there are surprises, and the situation is often fluid when they do their home visits. For example, one home health nurse visited a patient last June and found the patient's husband "not looking well." The patient's son was so grateful for what happened next that he recommended the nurse as a PACT recipient.

In the recommendation he wrote: "While treating my mother on one of her routine on-site visits, the nurse noticed that my father did not look very well and took the initiative to check his vitals, including blood pressure and heart rate. She immediately noticed that his heart rate was extremely low and his physical responses were abnormal.

"She showed immediate concern and somehow convinced my father to go to the emergency room to get treated/checked. Shortly after, he was taken to the UT Southwestern ER and was immediately admitted to the ICU after determining that his heart needed immediate attention. Two days

after he was admitted, UT Southwestern cardiologists surgically implanted a pacemaker that now keeps his heart beating normally.

"I want to applaud this nurse for convincing my father, who can be very stubborn, to go and seek medical attention. Her medical vigilance, gracefulness, and quick thinking definitely helped save my father's life."

Ms. Porteous notes that the level of satisfaction the home health nurses get from helping their patients can be as fulfilling as that of nurses in hospital settings. "You see the progress of patients throughout their illness until they are discharged," Ms. Porteous says. "Patients are never discharged from home health care until they are completely healed or have met their maximum potential. And the nurses see their patients go on to the next chapter of their lives or to their previous lives."

It's a glimpse of something the hospital staff nurse doesn't always get to see.



Back row (left to right): Olusola Olayinka, RN; Katriena Blackman, RN; April Lee, RN; Melva Porteous, RN. Front row (left to right): Thelma Okere, RN; Dawn Jenkins, RN; Margaret Meadows, RN; Christine Conquest, RN; Kristina Montgomery, RN; Tamara Hubbard, RN; Edward (Scott) Elshout, RN.

AT UT SOUTHWESTERN, WE SUPPORT NURSING EXCELLENCE BY INTEGRATING NEW KNOWLEDGE AND EVIDENCE-BASED PRACTICES AND RESEARCH INTO ALL CLINICAL AND OPERATIONAL PROCESSES. OUR MISSION IS TO ENSURE WE ARE INNOVATIVE LEADERS AMONG OUR PEERS, PROMOTING AN ENVIRONMENT OF QUALITY AND SAFETY TO EVERYONE WE SERVE.

### CONTRIBUTING TO THE SCIENCE OF NURSING

Like many other professions, nursing's current systems and practices need to be redesigned and redefined if we are to be successful in the future. Pursuing new knowledge, innovation, and research includes forming new models of care, applying existing evidence, discovering new evidence, and making visible contributions to the science of nursing.

In addition to providing extraordinary care, UT Southwestern nurses were involved in nursing research and evidence-based practice initiatives in their specific areas across all patient-care settings throughout 2019. As nurses, we continue to promote best practices and to remain at the forefront of new knowledge and innovation by conducting research to frame our practice in leadership, clinical education, advanced practice, and direct patient care. We continue to develop and implement structures and processes to involve more nurses in the research process and to disseminate new nursing knowledge gained through research efforts and contributions.

UT Southwestern Medical Center supports research for nurses at all levels and provides a variety of resources to help support integration of current evidence into practice.

*Brianna Reed, B.S.N., RN-BC; Multispecialty Clinic*



**56 nurse-led research projects conducted at UT Southwestern in 2019 focused on improving nursing activities, interventions, or approaches to education that enhance professional practice and elevate the health and well-being of patients.**



## NEW KNOWLEDGE AND INNOVATION THROUGH RESEARCH

The UT Southwestern Nursing Research and Evidence-Based Practice Council strengthens the research infrastructure and oversees nursing research throughout campus. Nurses showcase their work during Nurses Week, on Nursing Research Day, and at professional gatherings across the globe. Linda Denke, Ph.D., RN, CCRC; Marygrace Hernandez-Leveille, Ph.D., APRN, ACNP-BC; and DaiWai Olson, Ph.D., RN, CCRN, FNCS, conduct biannual abstract-writing workshops with the

intent to promote nursing research and evidence-based projects at the local, state, and national levels. In 2019, we celebrated Research Day with a "Tricks or Treats" Halloween theme and a panel discussion featuring UTSW Chief Nurse Executive Susan Hernandez, MBA, B.S.N., RN, and Drs. Denke and Olson. The panel kicked off the event by answering questions from participating nurses, starting with:

- *How did you get started in your career/research?*
- *What inspired you?*

Nurses involved in research are, among other things, ambassadors of nursing science, which was the case when UT Southwestern's Linda Denke, Ph.D., RN, CCRC, served as the keynote speaker in Guangzhou, China, for the 108th International Nurses Week and The Guangdong-Hong Kong-Macau Second International Nursing Summit Forum in May 2019. Also in 2019, DaiWai Olson, Ph.D., RN, CCRN, FNCS, spoke in Australia as a Visiting Scholar at Queensland University of Technology. In the Philippines, he was a guest speaker and a Visiting Professor at the University of the East Ramon Magasaysay in Neocritical Care Conference. In addition, he presented on "Curing Coma" at the Neurocritical Care Society meeting in Vancouver, Canada.

Marygrace Hernandez-Leveille, Ph.D., APRN, ACNP-BC, and Christopher McLarty, D.N.P., APRN, ACNP-BC, Associate VP of CNO Ambulatory Services, presented "Advanced Practice Providers" in Orlando.

### Nursing Research

As Magnet-recognized organizations conscientiously integrate evidence-based practice and research into their clinical and operational processes, targets for research productivity are set with participation and leadership from nurses in a multitude of research activities within a framework of the practice site. Since the creation of the UT Southwestern Nursing Research Department under the Office of Nurse Excellence, our nurses have conducted their own research studies. Veteran and new nurses alike are encouraged to do their own systematic investigations to improve the quality of patient care. As nurses' confidence in conducting research grows, they can advance bedside nursing care to the scientific level – which is what Florence Nightingale always envisioned. "Let us never consider ourselves finished nurses," she once said. "We must be learning all of our lives."

The following section highlights four UTSW registered nurses who in 2019 plunged into conducting their own clinical investigations for the first time in their nursing career.

#### Emily B. Pickett, B.B.A., B.S.N., RN

While music can be a treat to the ears, it also can help patients through tough times. Emily B. Pickett is a nurse in the

Cardiovascular Intensive Care Unit (CVICU) at William P. Clements Jr. University Hospital (CUH). When her sister-in-law was diagnosed with cancer in January 2018, Ms. Pickett became her caregiver throughout all her surgeries and chemotherapy treatments. In the midst of doing that at UT Southwestern's Harold C. Simmons Comprehensive Cancer Center, she had her first encounter with music therapists.

"My sister-in-law's chemo treatments were brutal, but the amazing nursing staff and the music therapists at Simmons Cancer Center made our stay there much more tolerable," Ms. Pickett says, adding she was in awe when she saw "how the music therapy truly did alleviate nausea, anxiety, and pain to a degree that was unbelievable."

That's when she formed an idea: Why not have this therapy at CVICU, too? Ms. Pickett approached *Deshonna Taylor, M.S.N., RN, CCRN-K*,

Director of Heart and Lung Services, and presented the concept of having live music therapy for

their UTSW CVICU patients. Ms. Taylor encouraged Ms. Pickett to take the opportunity to do a research project on the subject.

"Realizing how much this noninvasive type of therapy could benefit our patient population, I got started on my research project right away," she says, even though she knew even then there would be hurdles along the way: Where would the unit get the funding? Where would she find a music therapist?

Serendipity played a role. Ms. Pickett began collaborating with the music therapist who was heading up the program at Simmons Cancer Center, and that person knew Daniel Tague, Ph.D., the Chair and Assistant Professor of Music Therapy at the Southern Methodist University Division of Music.

Dr. Tague jumped on the idea and worked on submitting a grant application to his department. The grant would pay for the music therapist and equipment such as a guitar, a Fitbit, and other items they would use in the research project. A UTSW nurse for more than eight years, Ms. Pickett was well aware of postoperative symptoms such as the nausea, pain, and anxiety patients often experience after surgeries, no matter how big or small the operation. She says she was constantly thinking of ways to improve nursing care through evidence-based practice and doing her own research studies "to find innovative ways to give patients the best care possible, both physically and emotionally."

"As nurses, we encounter problems that need solutions on an everyday basis, and any of these issues can be turned into a meaningful research project," she says. "Our Director of Nursing Research, Dr. Linda Denke, and her team are incredibly helpful in guiding nurses through each step of the research process."

Ms. Pickett adds that she has come to appreciate the importance of nursing research and why UTSW nurses should get more involved in doing studies. "Nursing research is essential, both for growing our profession and for increasing the quality of care our patients receive," she says.

She and the other members of the team are eager to get on with their research, knowing how much music therapy can benefit patients who have undergone even minimally invasive cardiac surgery.

#### **Lydia Livaich, B.S.N., RN**



Reaping the rewards of research can be challenging, but the potential advances in patient care make the difficulties worthwhile.

Emergency Department (ED) nurse Lydia Livaich found her nursing path going a different and unfamiliar direction when she spoke about the risks of falls in the ED last year for her clinical ladder presentation.

The UTSW Nursing Research Department reached out to her and encouraged her to do a study on the topic. Although she had never imagined she would be pursuing research in her career, she decided to embrace the brave new endeavor and was soon meeting with the Nursing Research team.

"Writing my first research protocol was a learning curve that I had to overcome," she says. "This was the first time I was doing nursing research, and it was intimidating, but with guidance I was able to overcome that and submit the protocol to the Institutional Review Board (IRB) in a timely manner."

The IRB is in charge of reviewing and approving any research conducted on human participants at UTSW. It is entrusted with ensuring the rights, privacy, and welfare of participants.

Ms. Livaich says she learned quickly that "research is a step-by-step process, and taking it one step at a time has been the most beneficial." She notes there were some classes to take, training to undergo, forms to fill out, extra days to meet with the research team, and lots of peer-reviewed journals to read as she pursued her research. Through it all, she says, "I've learned a lot about nursing research, and I've enjoyed it."

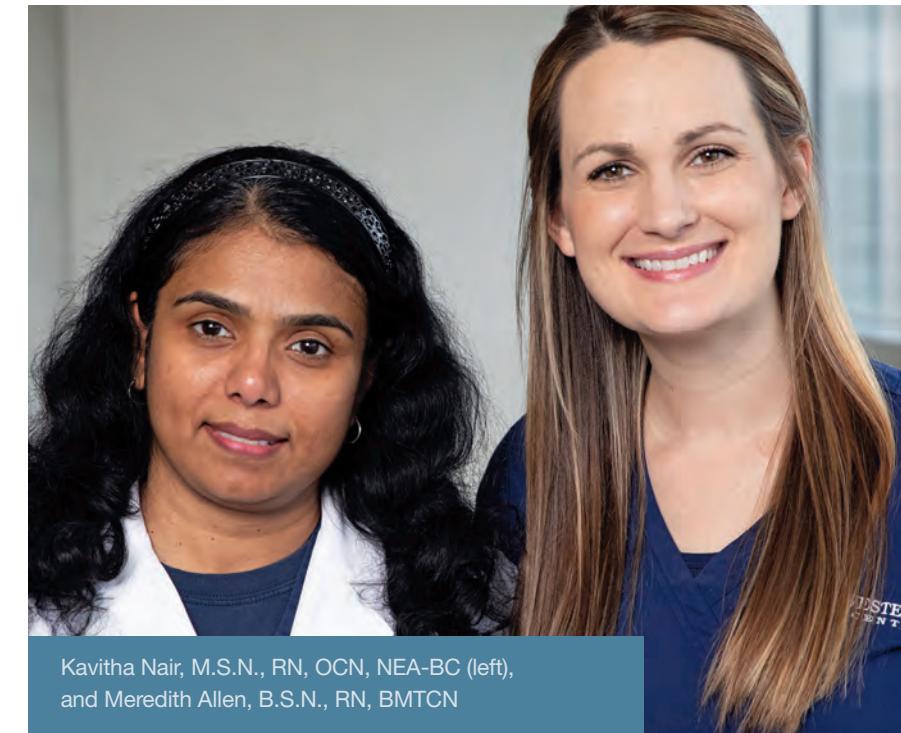
Gaining confidence in her first research attempt, Ms. Livaich has some advice for nurses who want to test the investigative waters: "I would tell any nurse who has not done research that it is OK to be

When you see that your work can benefit patients and improve their outcomes, it makes all the work worthwhile."

#### **Meredith Allen, B.S.N., RN, BMTCN**

Transition is constant in the nursing profession. Every day is an opportunity to welcome new changes.

When the UT Southwestern Nurse Practice Council encouraged Bone Marrow Transplant Unit nurse Meredith Allen to do a research project to ensure proposed policy changes were grounded in evidence-based practices, she accepted the challenge even though her career to that point had been focused solely on patient care and she'd never considered doing nursing research. Once resolved, though, she pored over stacks of peer-reviewed journals and threw herself into investigating a medication practice that would potentially benefit the patients



Kavitha Nair, M.S.N., RN, OCN, NEA-BC (left), and Meredith Allen, B.S.N., RN, BMTCN

nervous and overwhelmed at first. Nursing research is worth doing when you see that the research you are completing makes a difference in the processes and knowledge in not only your department but in other emergency room departments, as well.

not only at her own unit but perhaps other departments, too.

She started writing the protocol. Ms. Allen knew it wasn't going to be easy, especially when, right in the middle of the project, she

gave birth to a new baby girl. Even dealing with the demands of new motherhood, she endured. When the Institutional Review Board (IRB) sent her study back with stipulations, she says she knew what to do. She reached out to the Nursing Research Department, which helped her respond to the IRB requisites.

"Use your resources," Ms. Allen advises. "There are so many people at UT Southwestern willing to dedicate their time to help you accomplish your goals."

One of the difficulties she encountered while formulating her research study was figuring out the statistics necessary for devising the study size. That problem was solved with the hiring of a statistician to do the sampling calculation. Ms. Allen has resubmitted her study to the IRB and Protocol Review and Monitoring Committee and was delighted to get the email that her study was approved by both research review committees. She knew then that her journey to nursing research has just begun. Despite some hurdles in her own journey, she says she's a firm believer in the importance of research to the nursing profession. "I think you know research is worth doing when you see how much it will impact the patients directly," she says. "You realize the work you're doing could make patients happier by providing them more comfort and safer care."

#### **TAMARA WHITE, MBA, B.S.N., RN, CBCN®, OCN**



When the right people come together, a research project becomes an opportunity. For Tamara White, this opportunity came when

her former manager at the UT Southwestern Breast Cancer Center asked her to be

a study investigator and part of a task force for a research project involving cryotherapy for breast cancer patients. However, the opportunity suddenly became much larger when her manager left the position and Ms. White inherited the study, becoming its principal investigator (PI). It was a challenging transition she says, especially given the fact she'd never envisioned herself being so embroiled in research.

She recalls that some of the daunting tasks she faced included making fundamental decisions such as determining the parameters of exactly how the study should be formulated so the protocol could be implemented. She sought the help of other study investigators and the UTSW Nursing Research Department.

"It was a huge team effort," Ms. White says. "I'm not sure we would have gotten through the initial 'bugs' without the team."

While cohesiveness has always been part of nursing at UTSW, Ms. White says she has a special appreciation for her fellow nurses and others who helped her navigate the vast ocean of nursing research. "You have to rely on your team," she says. About the importance of nursing research, she adds: "It's always great to learn new things, to reach out of your comfort zone, and to do something that hasn't been done before."

#### **Masking the Issue: Improving Sleep Quality in the Surgical Intensive Care Unit**

Sleep is an essential physiological process that is often disrupted in a critical care setting, and patients' lack of sleep is associated with numerous adverse clinical outcomes, including increased rates of



Anna Ellis, B.S.N., RN, CCRN

delirium. Patients often describe sleep disturbance as one of the most stressful aspects of their hospital stay, and it is recognized as an important cause of inpatient dissatisfaction. In the intensive care unit (ICU), patients' sleep is often especially poor and characterized by frequent awakenings. This is in part due to excessive auditory and visual stimulation from a heightened degree of monitoring and regular evaluation by providers. There is evidence that nonpharmacologic interventions can improve the duration and quality of sleep in the ICU, yet these interventions are not routinely performed, and most studies evaluating the effectiveness of these measures exclude patients who are woken frequently. We formed a study to assess the impact on sleep quality of two nonpharmacological interventions – ear plugs and eye masks – used on postoperative plastic surgery patients undergoing hourly Doppler signal assessments.

Postoperative breast-flap patients requiring hourly assessments were randomized into intervention and control groups. Earplugs



Back row (left to right): Jessica Barba; Daphna Shaw, M.S.N., CPNP-BC; Nancy Sharp, MBA, B.S.N., RN; Cathy Nakashima, MLS, MBA; Linda Denke, Ph.D., RN, CCRC; Keri Draganic, D.N.P., APRN, ACNP-BC; Jocelyn Allgood, M.S., B.S.N., RN; James Moreno, B.S.N., RN. Front row: Shelley Aleni, M.S.N., B.S.N., RN-BC; Morgan Mattay, B.S.N., RN; Linda Chan, B.S.N., RN, CMSRN, OCN

and eye masks were provided to the intervention group. Our primary outcome of achieving sleep quality was assessed with the Richards-Campbell Sleep Questionnaire (RCSQ), a validated survey instrument in which larger values correspond to higher sleep quality. Our secondary outcomes of family satisfaction and patient confusion were assessed with the Modified Family Satisfaction in the ICU (FS-ICU) and the Confusion Assessment Method for the ICU (CAM-ICU), respectively. Exclusion criteria were a diagnosis of obstructive sleep apnea or insomnia. At interim analysis of  $n = 59$ , the RCSQ was compared using Mann Whitney U, while 2-sample t-tests were used to compare FS-ICU and CAM-ICU scores.

We anticipated that the 123 adult patients participating in the study would require hourly postoperative assessments in the surgical ICU. The use of ear plugs and eye masks prior to sleep was the only element

that separated the intervention group from the control group. No other aspects of the patients' care were altered. On postoperative days 1 and 2, both groups completed the RCSQ. In a preliminary analysis of the first 23 patients, on postoperative days 1 and 2 respectively, aggregate RCSQ scores were ( $M = 29.42$ ,  $SD = 25$ ) and ( $M = 38.33$ ,



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

$SD = 25$ ) in the control group ( $n = 9$ ) versus ( $M = 54.77$ ,  $SD = 23$ ) and ( $M = 65.22$ ,  $SD = 24$ ) in the intervention group ( $n = 14$ ). There were no differences in ICU length of stay between the groups.

The preliminary results of this study suggest that ear plugs and eye masks are effective in improving sleep quality in ICU patients undergoing frequent assessment. The results support continued evaluation of these measures in this patient population. We plan to continue this project until we hit our target sample size of 123.

### Innovation and Research

The Neuroscience Nursing Research Center (NNRC) opened 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 by leveraging and coordinating existing research-related resources. The department closed 2019 with its 97th published article; early in 2020, it saw its 100th article published and celebrated the milestone.

### The 2019 Neuroscience Nursing Research Center Nurse Fellows

In the fall of each year, the NNRC selects six Fellows to participate in the UT Southwestern NNRC Fellowship. The UTSW nurses chosen for the 2019 Nurse Fellowship program, along with their areas of research, were:



### Making an Impact on the National Stage Through Nurse-Led Research

By Byron Carlisle, Nurse Manager, Neuroscience ICU

From 2015 to 2017, UT Southwestern's Neuroscience Intensive Care Unit (NSICU) had only four nurses participate in the Neuroscience Nursing Research Center Fellowship. In 2018, the NSICU's nurse manager was accepted to the NNRC Fellowship to study the impact of changing UTSW's nurse-to-patient ratio. By leading this research study, and with the help of the previous fellowship alumni, the NSICU's

leadership team was able to demonstrate the value of nurse-led research. The team included DaiWai Olson, Ph.D., RN, CCRN, FNCS, Director of the Neuroscience Nursing Research Center, who spoke at the unit's monthly staff meetings about available research opportunities. Meanwhile, UTSW implemented a new structure of goals for evaluations, and the NSICU's assistant nurse managers helped bedside staff tailor their goals to write their own practice by leading or participating in nurse-led research.

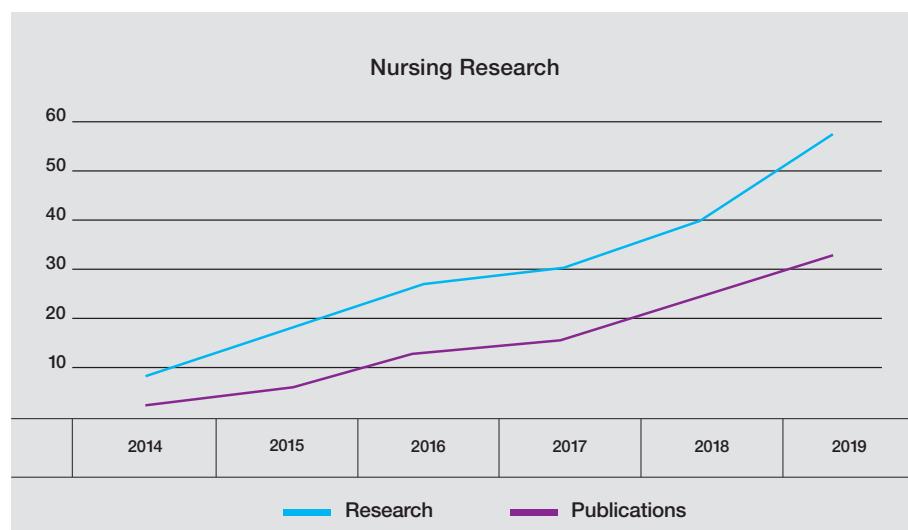
In 2018, the NSICU set a goal to influence nursing practice by having more nurses involved in research over the next two years; in 2019, the unit refined that goal

by increasing the number of nurses who participate in nurse-led research by 10%. Both initiatives proved successful. In 2017, the NSICU had no neuroscience nursing research fellows; four nurses presented posters at professional venues; and four nurses published in professional journals. By 2019, the NSICU had five neuroscience nursing research fellows; 16 nurses presented posters, four of which won awards at professional venues; and 13 nurses published in professional journals.

### Making Nursing Research a Priority

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

### UT Southwestern Nurse-Led Research Projects Comparison, 2017-2019



In May 2019, the World Health Organization declared that 2020 would be dedicated to nurses and midwives and known as the International Year of the Nurse and Midwife. Not coincidentally, the declaration coincides with the 200th anniversary of the birth of the world's most famous nurse, Florence Nightingale.

In the spirit of this landmark year, we've elected to close this report with "The Florence Nightingale Pledge," shown on the following page. A modified version of the Hippocratic Oath, the Pledge was written in 1893 and named in honor of Ms. Nightingale, the founder of modern nursing.



*– Florence Nightingale*



*Lauren Burns, B.S.N., RN*

## THE FLORENCE NIGHTINGALE PLEDGE

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.

With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.



Left to right: Tara Morales, B.S.N., RN; Clara Ng, B.S.N., RN; Minimol Mathew, B.S.N., RN



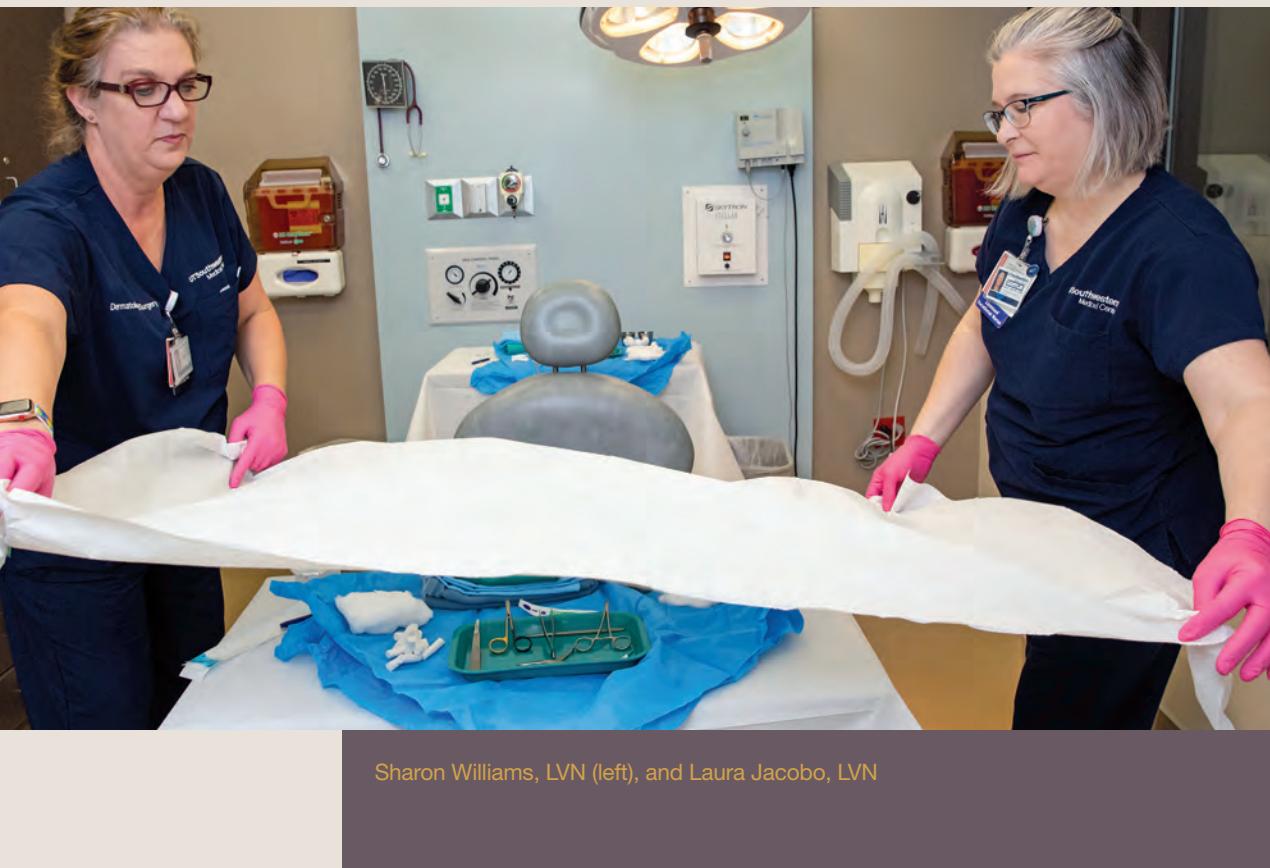
Trish Manatsa, RN



Julie Lim, M.S.N., CRNA



Colleen Goodroe, PA-C (left), and Dolly Patel, M.S.N., APRN, AGACNP-BC

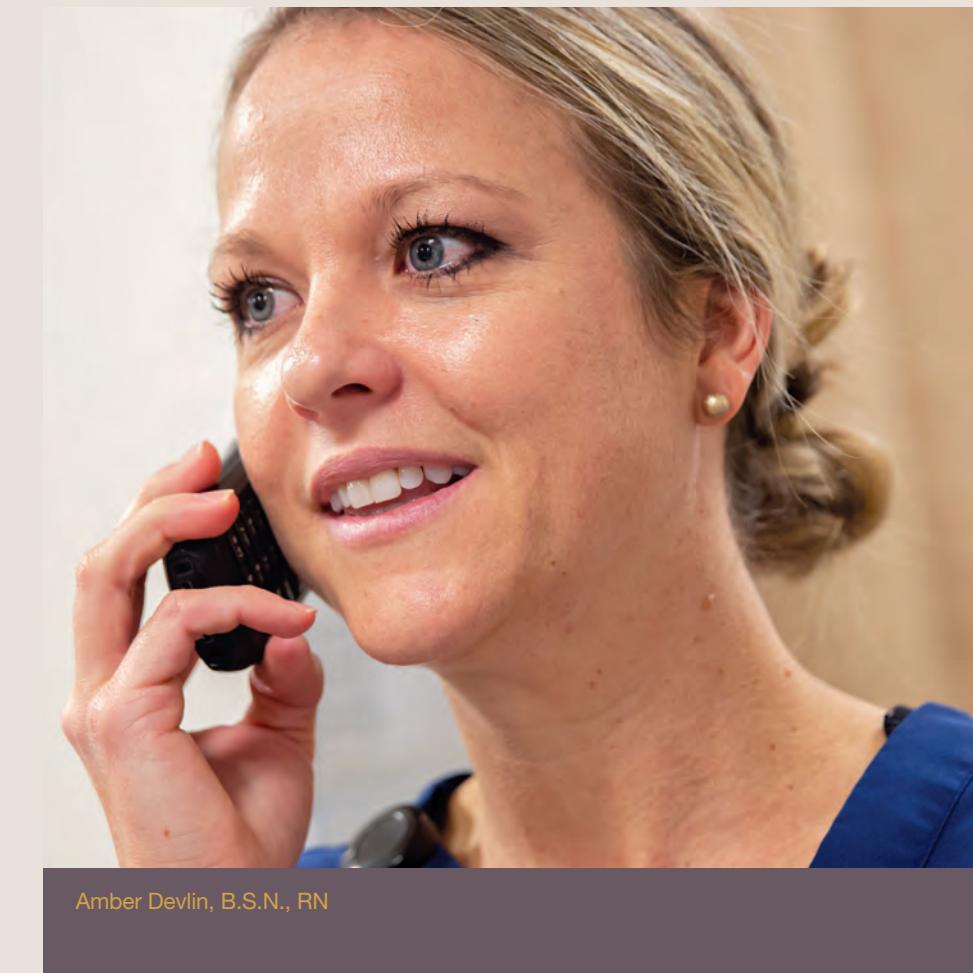


Sharon Williams, LVN (left), and Laura Jacobo, LVN

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