UT Southwestern Nurses: Committed to being a model of excellence in professional nursing practice, education, and research.

Excellence is our starting point, not our finish line.
## Executive Leadership

“As we continue to focus on the elevation of nursing at UT Southwestern Medical Center, the exceptional work done by our nurses is gaining national attention, most recently demonstrated by Press Ganey’s selection of one of our nurses, Dawn Brown, as the 2017 Nurse of the Year. This award recognizes the skill, collaboration, and attention to patient experience of just one direct care nurse in the nation each year. We are very proud of Dawn, who is an exemplar of her outstanding nursing colleagues at UT Southwestern. Their skill, commitment to ongoing learning and development, and compassion allow us to provide safe, high-quality patient care to a rapidly growing population, and we are grateful to our nurse colleagues for the important role they play in our delivery of excellent patient care and innovative, advanced medical thinking.”

– John Warner, M.D., MBA

### On the cover: Ruqi Lai, RN
Managing Editor: Victoria England, MBA, B.S.N., RN, NE-BC
Assistant Editor: Kelly Murphy, B.S.N., RN
Message from the Chief Nurse Executive

As I walk the halls of our University Hospitals and clinics each day, it’s no wonder I smile. Around every corner, I see reflections of what made 2017 such a remarkable year for nurses at UT Southwestern:

- It’s often in the greeting of a grateful patient.
- It’s in the familiar faces of nurses who boarded a bus for Houston in September in the aftermath of Hurricane Harvey.
- It’s even in the mammoth construction cranes looming outside the windows of William P. Clements Jr. University Hospital, signifying growth.

All of these reminders are tied directly to the patient experience, which really drives us in our calling as nurses. As I enter my fourth year at UT Southwestern, I marvel at how far we’ve come as a team. Throughout 2017, our nurses have pushed, achieved, and inspired – and I could not be prouder. Nurses here are passionate about patient care excellence. They make sure that the whole family unit feels cared for and like part of the team. They are transformational leaders at every level.

Here are some highlights of 2017.

**Accolades**

- In August 2017, our University Hospitals were ranked No. 1 in Dallas-Fort Worth by U.S. News & World Report. Nurses played a key role in that achievement, by striving to provide the best possible care to patients through team-based medicine.
- UT Southwestern scored in the top 5 percent in the nation by Press Ganey in patient experience in 2017.
- Our work in the field of pain management was recognized when nurse manager Dawn Brown was named the country’s Nurse of the Year by Press Ganey.
- We also had four nurses inducted into the DFW Great 100 Nurses organization and 20 winners of D Magazine’s Excellence in Nursing awards.

**Resilience**

We are in the midst of a $480 million construction project that will expand Clements University Hospital to include a new, 12-story tower to be complete in 2020. While the future is thrilling, the ongoing construction is also disruptive and noisy. Our staff knows how to manage expectations, so in spite of the upheaval, our patients believe that they are getting a great experience from us – and they are.

**Giving spirit**

In the days following the Hurricane Harvey devastation in Houston, we got a call that our sister institution, MD Anderson, needed help. When we put the query out to our nurses, more than 100 nurses raised their hands to volunteer. In the end, more than 40 UTSW nurses headed to Houston, changing their lives for two weeks to work in unknown territory. This amazing outpouring revealed not only the giving spirit of our nurses, but demonstrated that UT Southwestern’s compassion and commitment to patient care is indeed boundless.

**Growth**

In 2016, there were fewer than 100 people enrolled in our Nurse Residency program. In 2017, that number expanded to more than 130.

We’re also broadening our partnerships with neighboring Schools of Nursing – collaborating more with Texas Woman’s University and Texas Christian University and starting a new initiative with Texas Tech University. In 2017, the deans of those programs reached out to UT Southwestern and we reached back. These partnerships benefit not only new graduate nurses joining our staff, but because they’ll have the opportunity to teach and serve on the faculty, the future of nursing, as well.

The message is getting out: UT Southwestern is a place where nurses want to come to work.

**Innovation**

How do patients experience what we do? We’ve pushed ourselves to try new things to serve the physical and the emotional needs of our patients. One of our 2017 efforts was “Musicians On Call,” in which our volunteers escort professional musicians around the hospital so they can perform in patient rooms. At the moment, the program is active on the 12th floor of Clements University Hospital, and we intend to eventually expand into Zale Lipshy University Hospital.

Nurses, you are truly an inspiration. You’ve poured your heart and soul into helping move patient care forward at UT Southwestern. Keep pushing those boundaries in 2018 and beyond.

I’ll see you around the corner.

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

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

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

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

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

UT Southwestern Nursing Mission and Vision

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

Our Commitment to Our Patients and Each Other

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

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

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

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

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

- I will dress professionally, and I will speak and conduct myself in a manner that always keeps the focus on our patients.
Transformational Leadership: As health care continues on its path of rapid change, the Division of Nursing is leading the charge with each step. Our journey supports the transformation needed to fulfill our mission of excellence in patient-centered care. Every day, our world-class nursing team delivers comprehensive, quality care. We bring compassion and understanding to our patients and their families and loved ones, going beyond the routine to show genuine caring – and making a real difference in the process.
A Year of Nursing Excellence

Each nurse at UT Southwestern is a leader within his or her clinical areas. Across campus, from hospitals to clinics, excellent nursing practice is seen in the best quality care for each patient. It involves the ability to promote good health and well-being throughout each patient’s continuum of care. Nurses lead at every level through direct patient care and beyond. Excellence is our starting point, not our finish line.

Nurse Executive Board

Seated (left to right) Mike Mayo, M.S.N., RN, CCRN; Sean Gilmore, M.H.A., CSSGB; Rudy Arispe, B.S.N., RN, CNOR; Todd Bailey, M.S., B.S.N., RN, NE-BC; Eldon Setterlund, MBA, B.S.N., RN; Standing (left to right) Shelley Brown-Cleere, M.S.N., RN; Trish Jackson, MBA, M.S.N., RN, NE-BC; Victoria England, MBA, B.S.N., RN, NE-BC; Lori Hodge, D.N.P., RN, OCN, NEA-BC; Thea Vanderhill, M.S.N., RN, CNRN; Stephanie Huckaby, M.S.N., RN-BC; Deshonna Taylor, M.S.N., RN, CCRN; Stacey Clark, MBA, B.S.N., RN, CMPE; Rhonda Hough, D.V.N., RN, CPN-AC; Sherei Medcalf, MBA, B.S.N., RN; Not pictured: Renee Bailey, M.S.-M.A.S., M.S., B.S.N., RN, CNOR; and Cheryl Kaplan, MBA, M.H.A., B.S.N., RN

The Meritorious Service Award is bestowed annually to hospital and clinic employees who have provided extraordinary service and care to our patients and demonstrated an excellent work ethic and performance. These UT Southwestern employees exemplify PACT standards (Problem-Solving; Ability, Attitude, and Accountability; Communications and Compassion; and Teamwork) and serve as role models to the campus. The PACT program was designed by the staff to set expectations for interactions with each other and with patients. The 2017 recipients were:

Zile Ameh, A.D.N., RN – CUH Surgery
Houston Carr, B.S.N., RN, CPAN – Zale PACU
Sarah Clakley, B.S.N., RN – CUH Surgery
Melissa De Leon, B.S.N., RN – CUH Surgery
Erica Donkers, RN, CNDR – CUH Surgery
Shannon Dunleavy, B.S.N., RN, CCRN – Neuroscience ICU
Claudia Engle, B.S.N., RN, CWOCN – Wound Ostomy
Hannah Fischer, RN – 6 South
Emily Flahaven, M.S.N., RN, CAHMS – Quality Project Management & Informatics
Johnsly George, B.S.N., RN, CNDR – CUH Surgery
Rochelle Green, RN – Internal Medicine
Linda Greer, B.S.N., RN – Obstetrics and Gynecology
Cynthia Groce, A.D.N., RN – Psychiatry
Lauren Harper, B.S.N., RN – Emergency Department
Azubuike Ikwueme, RN – 12 South
Amy John, B.S.N., RN – 12 North
Mari Ann Lewis, B.S.N., RN-BC – Ambulatory Services Administration
Cheryl Marks, RN, CDE – Obstetrics and Gynecology
Molly Mattay, B.S.N., RN, OCN, BMTCN – 11 South
Katelyn Mitchell, B.S.N., RN – 5 South Delivery Room
Sheila Moss, B.S.N., RN – Center for Mineral Metabolism
Amber Narayanan, MBA, B.S.N., RN – Urology
Devshri Naveen, B.S.N., RN, PCRN – 10 North
Wai-Chung (Simon) Ng, B.S.N., RN – Rehabilitation
Cary Orluck, B.S.N., RN, CEN – Emergency Department
Anna Mary Park, RN – 6 North
Leah Parker, B.S.N., RN – 10 South
Nadia Pratt, B.S.N., RN – 7 South SICU
Bina Regi, B.S.N., RN – 9 North
Amanda Reitz, RN – 8 North
Aurora Relampagos, B.S.N., RN, OCN – Simmons Cancer Center Richardson Clinic
Pamela Ridgeway, M.S.N., RN, CCRN – Resuscitation Team
Lynn Sawyer, M.S.N.-Ed., RN-BC – Ambulatory Float Pool
Allison Sunleaf, B.S.N., RN – Ambulatory Float Pool
Giovanni Torti, B.S.N., RN – Apheresis
Rebecca Tutt, B.S.N., RN-BC – Ambulatory Services Administration
Emily Williams, B.S.N., RN – Plastic Surgery

Zile Ameh, A.D.N., RN – CUH Surgery
Houston Carr, B.S.N., RN, CPAN – Zale PACU
Sarah Clakley, B.S.N., RN – CUH Surgery
Melissa De Leon, B.S.N., RN – CUH Surgery
Erica Donkers, RN, CNDR – CUH Surgery
Shannon Dunleavy, B.S.N., RN, CCRN – Neuroscience ICU
Claudia Engle, B.S.N., RN, CWOCN – Wound Ostomy
Hannah Fischer, RN – 6 South
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Johnsly George, B.S.N., RN, CNDR – CUH Surgery
Rochelle Green, RN – Internal Medicine
Linda Greer, B.S.N., RN – Obstetrics and Gynecology
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Azubuike Ikwueme, RN – 12 South
Amy John, B.S.N., RN – 12 North
Mari Ann Lewis, B.S.N., RN-BC – Ambulatory Services Administration
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Molly Mattay, B.S.N., RN, OCN, BMTCN – 11 South
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Rebecca Tutt, B.S.N., RN-BC – Ambulatory Services Administration
Emily Williams, B.S.N., RN – Plastic Surgery
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, 20 winners were recognized in 20 categories. UT Southwestern is proud to salute our 20 recipients of the 2017 *D Magazine* Excellence in Nursing Awards.

1. Tomas Armendariz, B.S.N., RN, CMSRN  
   Nurse Manager, Apheresis
2. Christen Bennett, B.S.N., RN, OCN, BMTCN  
   Sr. Bone Marrow Transplant Coordinator
3. Dawn Brown, M.S., MAAS, B.S.N., RN, NE-BC  
   Nurse Manager, Clements University Hospital – 6 North
4. Denise Bulpett, B.S.N., RN, IBCLC  
   Lactation Consultant, Clements University Hospital – Women’s Resource Center
5. Linda Chan, B.S.N., RN, OCN  
   Registered Nurse, Clements University Hospital – 11 North
6. Candice Coker, B.S.N., RN  
   Assistant Nurse Manager, Clements University Hospital – II South Medical ICU
7. Jeanette Coleman, RN  
   Assistant Nurse Manager, Clements University Hospital – Neonatal ICU
8. Rebecca Dill, B.S.N., RN  
   Registered Nurse, Apheresis
9. Kim Donoghue, A.D.N., RN  
   Registered Nurse, Zale Lipshy University Hospital – Psychiatry
    Magnet Program Director, Office of Nurse Excellence
11. Kimberly Harrison, B.S.N., RN, CCRN  
    Registered Nurse, Zale Lipshy University Hospital – Neuroscience ICU
12. Tracy Heineman, B.S.N., RN, CCRN  
    Registered Nurse, Resuscitation Team
13. Beth Hernandez, A.S., RN, PCE  
    Registered Nurse, Clements University Hospital – Labor and Delivery
14. Cynthia Hill, B.S.N., RN  
    Nurse Manager, Zale Lipshy University Hospital – Rehabilitation
15. Stephanie Huckaby, M.S.N., RN-BC, NEA-BC, CSSGB  
    Director of Nursing – Surgical Specialty
16. Abdulkadir Kamal, B.S.N., RN  
    Registered Nurse, Zale Lipshy University Hospital – Neuroscience ICU
17. Micki Lacker, M.S.N., APRN, ANP-BC, CEPS  
    Nurse Practitioner, Cardiology
18. Sarah McCraw, B.S.N., RN  
    Registered Nurse, Outpatient Surgery Center
19. Kristan Montgomery, B.S.N., RN  
    Registered Nurse, Clements University Hospital – Emergency Department
20. Rocky Sonemangkhara, B.S.N., RN, CCRN  
    Registered Nurse, Clements University Hospital – 8 South Medical ICU

*Dallas-Fort Worth Great 100 Nurses*

Dallas–Fort Worth Great 100 recognizes 100 professional registered nurses each year who have been nominated by their peers, practice sites, families, and patients entrusted to their care. Each year, Great 100 honors excellence in the art and science of nursing across all practice areas, including acute care, sub-acute care, school nursing, nurse leaders, academics, and many more. UT Southwestern was honored to have four nurses receive this award in 2017.
DAISY Award

To recognize our amazing nurses in direct patient care, UTSW has partnered with the DAISY Foundation, which established the DAISY (Diseases Attacking the Immune System) Award in memory of J. Patrick Barnes, who died at age 33 of idiopathic thrombocytopenic purpura (ITP), an autoimmune disease. After witnessing the skilled, caring, and compassionate nursing Patrick received, the Barnes Family created this national award as a way to say “thank you” to nurses everywhere. Any nurse can be nominated for the DAISY Award. The award committee selects one nurse each month from a hospital or hospital-based clinic who exemplifies our mission. Each month’s winner receives a nominee pin, a DAISY Award recipient pin, a Healer’s Touch hand-carved statue, and an award certificate. In addition, the selected nurse’s unit receives a banner to post for the month and freshly baked cinnamon rolls for everyone on the day the award is presented. DAISY honorees from UT Southwestern for 2017 were:

1. William Algood, B.S.N., RN – 8 North CUH
2. Rebecca Dill, B.S.N., RN – Apheresis
3. Vickie Lamb, RN – Kidney, Liver & pancreas Clinic
4. William Langford, A.D.N., RN – 7 South SICU CUH
5. Teofila Loza, B.S.N., RN – 6 North CUH
6. Rebecca Workman, RN, CCRN – 7 South SICU CUH
7. Abbie Money, B.S.N., RN – 10 North CUH
8. Jennifer Goodman, B.S.N., RN, OCN – Simmons Cancer Center Infusion
9. Shannon Chalk, B.S.N., RN-CMC – 7 South SICU CUH
10. Rebecca Tutt, B.S.N., RN-BC – DAISY Nurse Leader

Strauss Award

The quarterly Strauss Award recognizes employees who exemplify excellent care and service in a professional and positive manner, dedication to teamwork, and compassion for patients, guests, and co-workers. Employees from Clements University Hospital, Zale Lipshy University Hospital, and UT Southwestern clinics are recognized. Honorees in 2017 were:

1. Angela Buchman, B.S.N., RN
   Assistant Nurse Manager, 11 South Bone Marrow Transplant, CUH
2. Cindy Harper, M.A.-M.A.S., B.S.N., RN
   Ambulatory Nursing Supervisor, Occupational Health
3. Nina Kwon, B.S.N., RN, RNCP-NIC
   Direct Patient Care, 5 North Neonatal ICU, CUH
4. Hlaing “Sue” Thu, B.S.N., RN, CRNP
   Direct Patient Care, Imaging Services, CUH
5. Martin Macias, B.S.N., RN, CMSRN
   Direct Patient Care, Apheresis, Zale Lipshy University Hospital
6. Mandy Winkler, B.S.N., RN
   Ambulatory Nurse, Neurology and Neurotherapeutics
7. Kelly Moore, RN, OCN
   Nursing Supervisor, Harold C. Simmons Comprehensive Cancer Center – Fort Worth
8. Astrid Medrano, B.S.N., RN
   Ambulatory Nurse, Aston Urology Clinic
Press Ganey Nurse of the Year

Dawn Brown, M.S.-M.A.S., B.S.N., RN, NE-BC, Clinical Manager of the Surgical Specialty Unit at William P. Clements Jr. University Hospital, was named the 2017 Nurse of the Year by Press Ganey, a national consulting firm specializing in health care performance.

The national award recognizes the contributions of an outstanding direct care nurse who has gone above and beyond in his or her role and demonstrated care innovation, transformation, and collaboration that support an exceptional patient experience.

“She worked diligently with the staff to improve our patients’ pain control!” Ms. Bailey wrote in her nomination. “She took the crucial first step of listening to feedback from patients, from which she gleaned that a few nurses were very good at managing pain.

“Dawn met with those nurses and asked them what they were doing differently from the rest of the staff,” Ms. Bailey continued. “She then introduced strategies of these nurses to the unit-based council and to the rest of the nursing staff. Changes did not happen overnight, but with focus and rounding for outcomes, the culture did change.”

Ms. Brown’s supervisor, Stephanie Huckaby, M.S.N., RN-BC, NEA-BC, said Ms. Brown “has worked really hard making the patient experience her priority, and her efforts paid off. Dawn is a role model for her team and her peers. We are lucky to have her on the team!”

Ms. Brown has been with UT Southwestern for 12 years and was nominated for the award by fellow nurse Renee Bailey, M.S.-M.A.S., M.S., B.S.N., RN, CNOR. Ms. Bailey specifically identified the improvements and culture change resulting from Ms. Brown’s leadership in the area of pain management for surgical patients on her unit, 6 North.

UTSW Nurse Excellence Awards

During Nurses Week in May 2017, UTSW bestowed its second annual Nurse Excellence Awards. More than 65 potential recipients were nominated by their peers for exemplifying what it is to be a role model, a leader, a compassionate caregiver, and a significant contributor who works to improve the community, organization, and patient outcomes through effective listening, inspiring others, actively participating in the community, and devotion and compassion in caring for patients and their families. The five winners of the 2017 Nurse Excellence Awards were:

1. Keri Draganic, D.N.P., APRN, ACNP-BC
   Heart, Lung, Vascular Services

2. Susan Neill, B.S.N., RN
   Solid Organ Transplant Program

3. Julie Cox, B.S., B.S.N., RN
   Clements University Hospital, 9 South CVICU

4. Kelli Holzwarth, B.S.N., RN
   Clements University Hospital, 6 North

5. Rebecca Deisler, B.S.N., RN, PMHN-BC
   Nurse Manager, Zale Lipshy University Hospital, Psychiatry

UTSW’s Dawn Brown, M.S.-M.A.S., B.S.N., RN – the 2017 Press Ganey Nurse of the Year
Transformational Leadership in Practice: CRNAs’ Role in Enhancing Recovery After Surgery

Patients at UT Southwestern undergoing a surgical procedure come in contact with many types of caregivers, including Certified Registered Nurse Anesthetists (CRNAs) who work alongside anesthesiologists to provide necessary interventions to ensure comfort and safety. CRNAs at UTSW are visible in the operating rooms of Clements and Zale Lipshy University Hospitals as well as the various surgical centers and procedural areas within UTSW Medical Center. They are an important part of the patient’s surgical experience and participate in the Enhanced Recovery After Surgery, or ERAS, pathway or protocol to optimize and hasten functional recovery after a procedure.

ERAS was pioneered by Danish surgeon Henrik Kehlet, M.D., Ph.D., who noted that when a patient was able to maintain reasonable fluid intake, avoid introduction of tubes and catheters, and have food intake up to several hours before surgery, patients recovered more quickly with return of bowel function, mobility, and early nutritional intake. In addition, maintaining normotherapeutic parameters, reducing intravenous fluid intake during surgery, and managing pain expectantly are well-defined areas where the CRNA can make an impact on patient recovery.

In an effort to introduce ERAS to the local community, including UTSW employees, CRNAs at UTSW developed and held an ERAS Symposium on February 10, 2018. At the helm of this symposium were clinical educators Amanda Virginia D.N.P.-A., CRNA; Clay Freeman D.N.P.-A., CRNA; and Chief CRNA of Clinical Operations Tommy Sawyers D.N.A.P., CRNA.

Goals of the ERAS symposium included showcasing the concept behind ERAS, supporting changes necessary in health care related to quality care, decreasing costs, improving outcomes, and increasing professional exposure to UTSW Medical Center.

ERAS is inherently designed to involve a multidisciplinary approach to optimizing all areas of patient care for improved outcomes. For this reason, leaders of the symposium designed the offerings to include registered nurses, advanced practice providers, physicians, and any others interested in participating in or even developing an ERAS pathway in their own environment.

These members of the CRNA group have partnered with area hospitals, clinical educators, and continuing medical education (CME) staff to ensure provisions are in place for acquisition of CME units based on the academic content of the conference. Attendees were able to take back what they have acquired and apply principles learned to surgical populations in their locations.

In addition, Charlene Wilson, the CMOA for the Digestive and Liver Diseases Clinic, was the winner of the Stand Up for Patient Safety Pledge Raffle.

Winners of the Patient Safety Poster Contest:

1st place – Otolaryngology Clinic
2nd place – Urogynecology and Pelvic Disorders Clinic
Honorable Mentions – Mineral Metabolism Clinic and Multispecialty Clinic

Daffodil Baez, Manager of Multidisciplinary and Vascular Surgery Clinics, won the Ambulatory Patient Safety Advocate Award* for the month of March.

*This award is presented monthly to an individual who promotes patient safety through effective event reporting.
Collaboration Key to Creation of New Care Coordination Department

As part of the UT Southwestern mission to provide an excellent patient experience, we are continually looking for opportunities to provide more collaborative, patient-focused care. A major initiative in 2017 to fulfill that mission was the creation of the Care Coordination Department.

Former State

At the beginning of 2017, nursing leadership assessed the state of care coordination. The Care Coordinator (RN) role had been embedded in every unit and was designed to not only drive but champion collaboration within the interdisciplinary care team. Social workers were also critical members of the care team, primarily responsible for the psychosocial needs of the patients and their post-acute care transitions.

Individual care coordinators reported directly to the Clinical Nurse Managers of their respective units, and social workers reported through a separate department altogether. The different reporting channels contributed to variation in care coordination practice across units and role confusion among the care team, which included physicians, social workers, and the care coordinators. Ultimately, leaders concluded that this confusion could affect patients.

Current State

To address this confusion and other challenges, all care coordinators and social workers were moved into a single department, with a centralized leadership team. A Manager of Care Coordination, with the credentials of a social worker, now leads the team of social workers and care coordinators, while a Director of Care Coordination, with the credentials of an RN, directs the efforts of the department. Having both a social worker and a registered nurse as part of the leadership team was a department priority to ensure an interdisciplinary approach for care coordination. The entire department reports to the Chief Nurse Executive.

The intended consequences of this change were:

- To provide a more focused approach to care coordination that will better align with the community population health approach toward a transitions of care model
- To improve financial strategies aimed at improving length of stay (LOS) and reducing readmissions
- To provide a more efficient use of staffing resources by consolidating under a single departmental structure with shared goals and measurements of success, and combined leverage to overcome barriers
- To improve employee satisfaction by providing a peer group and common support system as a means to more effectively identify opportunities for growth and development

Once the change was made, the new leadership team went to work to promote a culture of collaboration. Department town hall forums were held to receive staff feedback on the changes being implemented, and team-building activities were conducted to help build a sense of community and camaraderie.

At pre-implementation and six months post-implementation, care coordinators and social workers were asked for their perceptions on the following two points: how supported they felt from the organization as a whole, and how strong they felt the level of collaboration was between the two disciplines.

While there is still opportunity for improvement, both domains saw significant improvement over the first six months of the department.

Future State

The Care Coordination Department continues to evolve to best meet the needs of patients and families. For the coming year, the department will be focusing on reducing LOS and unplanned hospital-wide readmissions within 30 days. The focus on collaborative work between members of the care team will also continue as a foundation for the future.
Structural Empowerment: The shared governance model at UT Southwestern Medical Center is an organizational structure in which clinical nurses have a voice in determining nursing practice, standards, and quality of care.

Our Shared Governance Council structure is built on the foundation of teams coming together to create and implement actions that result in quality patient outcomes. Nurses from all areas expand their awareness, broaden their knowledge, and enhance their ability to make the best decisions for our patients and their families. More than 685 direct care nurses and clinical staff participate in shared decision-making through unit-based councils, committees, and the UT Southwestern Hospital and Hospital-Based Clinics Council structure. This approach fosters an atmosphere of teamwork and professionalism and empowers every nurse to take ownership and pride in their work and to have a voice in their nursing units.

UTSW has a strong shared governance structure that includes all staff from all areas and disciplines, as reflected in the examples on the following pages.
Improving Kidney Transplant Transition of Care

Historically, kidney transplant patients at UT Southwestern were admitted to the Surgical Intensive Care Unit (SICU) immediately after their operation, without consideration of clinical necessity. Our transplant surgeons thought there was a better, more efficient, and more patient-centered way. In a nutshell, their idea was to send all qualifying postoperative kidney transplant patients go to the Post-Anesthesia Care Unit (PACU) immediately after their operation, without consideration of clinical necessity. Our transplant surgeons proposed this change to their surgical colleagues, particularly the transplant surgeons, who were keen on exploring the possibility of improving the quality of postoperative care for kidney transplant patients. They believed that this change would have a positive impact on patient satisfaction and reduce direct patient costs while also improving throughput and increasing SICU bed availability.

Successful implementation would require collaboration among staff of the SICU, PACU, and 7 North and a significant amount of education in a short time, along with making sure all equipment and other logistics were in place.

Involved stakeholders met in February 2016 and established goals and clinical criteria, along with key steps for the plan’s implementation. In the weeks that followed, staff education focused on the immediate post-procedure care of the kidney transplant patient. The SICU team was the primary change facilitator, providing resources, nurses, and pearls of wisdom to the staff of PACU and 7 North. In addition, there were also physician-led educational sessions, all of which were recorded for onboarding and continuing education. By March 2016, the staff education phase was complete and staffing ratios for the intervention group were identified and implemented.

On May 2, 2016, the new transition of care plan had its first implementation. In the weeks that followed, staff education and other logistics were in place.

Over the next month, the teams held regular debriefing sessions, which it did, seamlessly.

By the end of June 2016 they had identified and implemented the following opportunities:

- Development of a communication plan
- Creation of an escalation tree
- Development of a standardized handoff from PACU to 7 North, including pre-op interventions such as a Criticore monitor and a hospital bed for post-procedure care
- Creation of a transplant notification process
- Development of phase-of-care orders that were PACU-specific and now also used in 7 North
- Transitioning from limited hours to 24/7 capability in the PACU using existing call coverage

With the successful implementation of this plan (see accompanying graphs), it is now our practice at UT Southwestern that all qualifying postoperative kidney transplant patients go to the PACU for post-anesthesia care and recovery and then transition to the inpatient unit at 7 North. Patient satisfaction is higher, patients’ lengths of stay in the hospital have decreased, and direct patient costs are lower as a result.
Enhancing the Patient and Family Experience

At the beginning of 2016, patient satisfaction scores in the Surgical Services department were not where we wanted them. Based on data from independent health care consulting firm Professional Research Consultants Inc. (PRC), we isolated areas for improvement and took action.

After forming a committee with the express goal of scrutinizing customer service skills within the department, we devised a survey that included elements encompassing the entire time patients and families were with us, from check-in to discharge, each question related to what specifically defined excellent care. Based on responses from more than 200 patients and their families, we designed and implemented several initiatives that had immediate effect.

Chief among our improvement measures was the creation of a new position, which we dubbed our Patient Champion. In addition to updating families regularly regarding the progress of their loved one’s surgery, the Patient Champion was tasked with providing general support and comfort to families while they waited, whether that included serving snacks or answering questions that might come up along the way via a direct phone line.

**Other initiatives included:**

- Having a welcome card with the name the patient wishes to be called waiting on the stretcher upon the patient’s arrival for day surgery
- Implementing a post-op prescription process through which patients can receive filled prescriptions prior to their discharge
- Increasing PACU visitation from less than 50 percent to 100 percent

By the start of 2017, as the accompanying graphs show, the department’s data in all PRC areas drastically improved, resulting in an enriched experience for our patients and their families and satisfaction scores that were, in most cases, literally off the charts.

Program Emphasizes Teamwork Strategies for End-of-Life Care

More than 45 staff nurses from UT Southwestern’s William P. Clements Jr. University Hospital attended the End-of-Life Nursing Education Consortium (ELNEC) held in October 2017 at the Harold C. Simmons Comprehensive Cancer Center on the UTSW campus. ELNEC has an evidence-based curriculum that is sponsored by the City of Hope and the American Association of Colleges of Nursing (AACN). Topics covered within the curriculum include: Introduction to Palliative Care; Pain and Symptom Management; Communication; Ethics/Culture; Final Hours; Loss, Grief, and Bereavement; and Self-Care.

To date, more than 670,000 nurses and other health care providers across the U.S. have received ELNEC training. Portions of the ELNEC curriculum are developed to support nurses caring for critical care patients, veterans, and pediatric patients; additional portions are designed to serve academic faculty and undergraduate nurses. The benefits of ELNEC training expand beyond bedside care into the support of self-care and teamwork strategies for nurses. The goal is to provide ELNEC conferences at least two to three times per year, which includes continuing education credits for any nurse wanting to attend the conference.

Women’s Resource Center Expands Services With Online Classes, Other Initiatives

The 6 South Labor & Delivery unit at William P. Clements Jr. University Hospital is a 16-bed LDR with five prep and recovery rooms and three operating suites; the unit is designed to care for women throughout all stages of their pregnancy and delivery.

The experienced nurses on 5 South provide care to a wide range of patients, including high-risk obstetrics patients and women desiring a natural childbirth experience, and are supported by a uniquely skilled team of seven certified nurse midwives, four maternal-fetal medicine physicians, and 15 staff OB physicians.

Of the 63 staff members providing patient care on 5 South, 75 percent hold a B.S.N. and 45 percent are certified in their specialty area. Most notably, Beth Hernandez, RN, a 5 South nurse with 23 years of experience, received O’Magazine’s Excellence in Nursing Award for her numerous positive contributions to the unit. Among those contributions was her involvement in spearheading an online staff self-scheduling initiative. The environment on 5 South is enriched by the involvement in ongoing collaboration with the UT Southwestern High Reliability Team to integrate technologically advanced real-life maternal simulations into its annual educational offerings to enhance patient safety and improve communication between providers and frontline staff. These simulations encourage participation in all facets of the multidisciplinary team, which includes physicians and anesthesia staff.

The 6 South Mother-Baby Care team and the Women’s Resource Center aim to provide the best patient experience in a family-centered environment while providing individualized attention and education, reassurance, and quality care in each stage of pregnancy and beyond. In October, online prenatal classes and breastfeeding classes started for UT Southwestern patients. These classes are offered in addition to traditional classroom sessions for childbirth, baby care, and breastfeeding.

**Other accomplishments of this nursing team in 2017 included:**

- In March, Women’s Services outsourced the hearing screens for our babies. This was a significant cost savings for the organization and offers more accurate technology for early identification of hearing deficits.
- The SN Neonatal Intensive Care Unit completed its first American Academy of Pediatrics level of care survey with zero deficiencies.
Going into 2016, the percentage of patients being returned from our Inpatient Rehabilitation Unit to acute care settings was not where we wanted it and was, in fact, greater than the percentage at like regional/national inpatient facilities. After identifying and addressing all causes of patients needing to return to the acute care environment, we set a goal of lowering our readmission rate to the regionally adjusted benchmark of 10.3 percent (or less) by Dec. 31, 2017. As the chart below shows, our commitment to timely, focused care in the inpatient unit along with other concentrated efforts resulted in our surpassing that goal significantly.

**All Stroke Readmissions to Acute (RTA) (Goal ≤10%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>n=168</th>
<th>n=180</th>
<th>n=36</th>
<th>n=39</th>
<th>n=1/27</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>16</td>
<td>18</td>
<td>8</td>
<td>7.7</td>
<td>3.7</td>
</tr>
</tbody>
</table>

After initiation of this project, the incremental overtime for our charge nurses decreased from 8.5 percent to 3.6 percent. The initiating charge nurses followed up with the charge nurses in real time during the trial period to ascertain if using the electronic report was an improvement from the paper report, and the responses were overwhelming that the electronic was the preferred method of conducting handoff. The Surgical ICU team has since provided education to other nursing inpatient units, which have also adopted this method of handoff.

Working with UT Southwestern EMR analysts, the team created a “charge nurse note” column in the EMR for the nurses to use. This is a free text column for charge nurses to type information related to patient handoffs; data from patients’ charts could simply be “cut and pasted” into this column, for example (see Image 1). Each charge nurse was educated on how to add this column to the EMR list and how to use predesignated smart text phrases to further simplify the process.

**Image 1**

<table>
<thead>
<tr>
<th>Charge Nurse Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service: Vascular</td>
</tr>
<tr>
<td>Date of admit: 9/22/17</td>
</tr>
<tr>
<td>PMNs: HTN, HLD, CKD with baseline Cr 1.35, RCC s/p R nephrectomy 1995, prior open aortic repair for AAA 9 years ago</td>
</tr>
<tr>
<td>Admit Diagnosis: OSH transfer - abdominal pain - found bilharziasis of liver and bladder</td>
</tr>
<tr>
<td>Procedure: TEVAR on 9/22</td>
</tr>
<tr>
<td>Plan: Two stage repair - PAVR tomorrow</td>
</tr>
</tbody>
</table>
professional development. Advancement within the APPCL is recognition that an individual is adding to his/her clinical skill set and utilizing these skills effectively as well as contributing to the educational and research missions of UT Southwestern Medical Center.

Clinical Ladder participation rate increased 79 percent from 2016.

*The Advanced Practice Provider Clinical Ladder (APPCL) underwent a series of process improvements in 2017, which resulted in 59 percent of the overall gain, as well as:

- Streamlined data management
- Simpler application process
- Utilization of mail merge and DocuSign
- Sample applications
- Q&A sessions
- Fewer errors
- Improved communication of program requirements
- Recognized customer service to the APPs
- Efficiencies in the review process
- Projected succession plan for awardees

Ambulatory’s newest clinical ladder, the Medical Office Assistant Clinical Ladder, was enthusiastically received. Within two and a half weeks of the announcement of the ladder’s creation, administrators received 29 letters of intent.

APP Mentoring Program Designed to Promote Professionalism and Enhance Job Satisfaction

The lifespan of a clinician can be cut short when there is some combination of work overload, professional practice hurdles, and/or lack of opportunity and support. Mentorships are one way of bridging the gap between perceptions of instability and defeat versus strength and purpose. Nationally, formal mentoring programs have arisen over the past several decades to combat issues such as high turnover rates and to boost professional satisfaction. At UTSW, through the querying of advanced practice providers, a formal matched mentoring program was developed with a specific purpose: to promote professional satisfaction in the role of the provider.

APP Mentoring Program 2015-Present

Planning for UTSW’s Advanced Practice Provider Mentoring Program began in the summer of 2015, when interested APPs formed a work group to discuss what mentoring meant to them and compared that to similar programs underway elsewhere in the UTSW community. Through frequent meetings, brainstorming sessions, and a desire to create a product worthy of production, the vision was solidified and the program was subsequently launched in 2016 with five matched pairs of mentors and mentees.

Throughout its second year (2017), the APP Mentoring Program continued to focus on providing tools to the matching mentors and mentees to promote achievement of self-developed S.M.A.R.T. goals over the course of the 12-month long program. Examples of S.M.A.R.T. goals during the first cohort included improving knowledge and gaining mastery of the comprehensive neurologic exam through the development of a lecture on neuroanatomy; performing as a podium speaker at a regional level during the course of the year; becoming an active educator at UTSW through precepting APP students and giving lectures; and writing a scholarly paper for submission to a professional journal.

APPs who are interested in participating in the program complete an application used to match them with a mentor by the committee. What the mentee achieves is predicated on goal-setting. The mentor’s role is to provide resources, support, and guidance aimed at helping the mentee remain on target to goal achievement. At the completion of the one-year mentorship, mentees present their work and lessons learned to an audience of their peer cohort, family, leadership, and invited guests.
Exemplary Professional Practice: Encourages, values, and recognizes continuing education and certification as integral to the professional development of our nurses. Our road map for the future of nursing includes strategic goals and provides nurses with an environment that fosters excellence through continual learning and the development of transformational leaders.
Certifications

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

AAACN Certification

Nationally certified and state licensed, Advanced Practice Providers (APPs) at UT Southwestern include Clinical Nurse Specialists (CNSs), Nurse Practitioners (NPs), Physician Assistants (PAs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

UT Southwestern offers an on-site opportunity every quarter for ambulatory nurses who are interested in becoming board certified in the discipline to take part in an American Academy of Ambulatory Care Nursing (AAACN) certification review course and leadership training. The two-day course includes eight hours of certification review material along with leadership sessions delivered by the UTSW Department of Clinical Education and Professional Development. Since the program’s inception, 35 UT Southwestern RNs have completed the course; the pass rate for the examination is 100 percent. In 2017, nine UT Southwestern RNs participated in the course.

Simmons Cancer Center nurses observe Certified Nurses Day, recognizing nurses across the campus in a variety of specialties.

Leadership Team
- Trish Jackson, M.S.N., MBA, RN, NE-BC
- Allen Kirby, MBA, B.S.N., RN
- Sue Ruffner, B.S.N., RN
- Tracy McGaw, M.S.N., RN, CCRN-K, CNRN

Support Team
- Jean Hoyt-Sahnet, M.S., B.S.N., RN, NEA-BC
- Jessica McNeil, M.S.N., RNC-OB

Education/Assistant Coordinators
- Arlanda Redman, B.S.B.A.
- Mia Murphy
- Naudia Moore, MBA, B.A.A.S., CMA
- Paula Dunn
- Tasha Grismore

Clinical Educators/Professional Development Specialists
- Alfonzo Mendoza III, B.S.N., RN, CCRN-CMC, CNRN
- Barbora Crim, MBA, RN, CNOR
- Carrol Buckner, B.S.N., RN, OCN
- Deborah Szczepanek, M.S.N., RN, OCN
- Delanaa Paul, B.S.N., RN-BC
- Elsa John, B.S.N., RN
- Hazzal Gomez, M.S.N., RN
- Lifty Chari, M.S.N., RN, OCN
- Kathie Waldron, M.S.N., RN, NIC
- Karen Rella, B.S., CLS (ASPC)
- Pamela Ridgeway, M.S.N., RN, CCNR
- Shannon Bowling, D.P.T., PT
- Sheena Mathew, M.S.N., RN, CPN
- Suzan New, M.S., B.S.N., RN, CNOR
- Tarin Prince, B.S.N., RN

Clinical Education Team

CEPP serves as UTSW’s American Heart Association (AHA) Training Center, providing leadership and vision for AHA programs in terms of operations and services that are consistent with evidence-based practice. We also provide oversight to the AHA’s Resuscitation Quality Improvement (RQI) program, with more than 4,000 clinical staff taking advantage of Advanced Cardiovascular Life Support (ACLS), Basic Life Support (BLS), and Pediatric Advanced Life Support (PALS) renewal in a non-traditional manner.

Certified nurses are recognized each year on March 19th, which is designated as Certified Nurses Day. UT Southwestern has more than 660 certified nurses.
UT Southwestern University Hospitals is an approved provider of continuing nursing education by the Texas Nurses Association – Approver, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation. Our Approved Provider Unit is housed within the Department of Clinical Education and Professional Practice (CEPP) and comprises a Primary Nurse Planner, Nurse Planners, and an Education Assistant. The unit provides continuing nursing education (CNE) as defined by the Texas Nursing Association and the American Nurses Association, achieving and maintaining excellence and advancing the practice of clinical staff.

Educational Levels

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

The UTSW Nursing Executive Board is ultimately responsible for attaining this 80 percent B.S.N. goal, which we achieved in 2017.

Review Course

The UTSW Solid Organ Transplant program hosted the North American Transplant Coordinators Organization (NATCO) for its 2nd annual Regional Certified Clinical Transplant Coordinator (CCTC) Review Course on March 13-14, 2017. Forty transplant coordinators from 13 different states and one attendee from Ontario, Canada, participated in the event. The course is designed to provide the information and confidence that potential candidates need to pass the examination the first time.

Ambulatory Stats

- 80% B.S.N. rate as of 12/31/17
- Clinical Orientation: 244 staff as of September 2017
- Clinical Placements:
  - I Started hosting traditional RN students in the ambulatory setting as part of their community health course rotation (6 students, Fall 2017)
  - II 61 High School Students (HACS)
  - III 7 MOA externs
- Emergency Management Certifications
  - I ACLS staff certifications – 210
  - II ACLS physician certifications – 104
  - III BLS certifications – 386
  - IV HeartSaver certifications – 143
- Leadership: Calli Davis, M.S.N.-Ed., RN
- Clinical Educators: Mari Ann Lewis, B.S.N., RN-BC; Cara Hough, B.S.N., RN-BC; Monica Patton, M.S.N.-Ed., RN; Mandi Longoria, B.S.N., RNC-OB, IBCLC

UT Southwestern nurses work collaboratively to provide the best possible care and experience for patients.
Using Best Practices to Manage Educational Initiatives: Implementation of CHANGE Week

The goal was to create a standardized and uniform approach to managing initiatives and projects across the organization. When an educational need is identified, a request form is completed and placed on a calendar. Nurse executives then review the requests to ensure initiatives and projects are aligned with organizational priorities. Upon approval, staff and unit leaders are made aware of upcoming educational initiatives for the month.

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 UT Southwestern to support clinical nurses as they provide quality patient care, the UT Southwestern Division of Nursing outperforms other academic medical centers in nearly all areas of nurse satisfaction, as the graph below shows.

Exemplary Professional Practice in Action

APRNs Fill Critical Role in New Epilepsy Monitoring Unit

The UT Southwestern Epilepsy Program, part of the Peter O'Donnell Jr. Brain Institute, houses a new Epilepsy Monitoring Unit (EMU) and with it a new way to provide team care across the care continuum. The unit leverages the role of Advanced Practice Registered Nurses (APRNs) in both the acute and ambulatory settings, where they not only serve as essential providers of care but also ensure the coordination and transition of care for the program’s often complex patients.

“There are thousands of patients with epilepsy in North Texas, including many with seizures that have not responded to medications,” explains EMU Medical Director Ryan Hays, M.D. “With the addition of the EMU, we’re now able to offer more comprehensive care on the UT Southwestern campus and treat more patients.”

The EMU provides a safe inpatient setting where a team of specialized nurses, including Nurse Practitioner Jessica Adams M.S.N., APRN, AGACNP-BC, along with technicians and physicians, can monitor patients using continuous video and scalp electroencephalogram (EEG) recordings. Prior to the spring of 2017, patients who needed 24-hour EEG monitoring in order to locate the source of their seizures required admission to the monitoring unit through an established partnership at Parkland. While APRNs have been providing care to these patients in the ambulatory setting for many years, the addition of APRNs to the new inpatient EMU was a new and exciting role.

Ms. Adams, for example, provides direct clinical management for patients admitted to the unit and ensures quality, patient-centered care. By working in tandem with physicians and the care team, she is able to coordinate care starting with admission, manage epilepsy medications throughout the stay, ensure proper imaging is obtained, provide patients and families with necessary education, and transition care to her colleagues in the ambulatory setting after discharge. The need for patient education, shared decision-making, and keeping families informed is essential to the patients’ diagnostic work-up during their stay.

Families are often frightened, concerned, or confused about the future. As a key contact for patients and families going through this process, Ms. Adams serves to keep them informed, allay fears, and make sure the patient’s needs are met during the EMU stay.

Ms. Adams notes that providing such patient-centered care is a collaborative effort at the EMU. She and her nurse practitioner colleagues Mona Cheung, M.S.N., APRN, FNP-C, and Lilian Omburo, M.S.N., APRN, FNP-C, are part of a large, multidisciplinary team made up of 35 specialty providers, including neurologists, neurosurgeons, neuroradiologists, epileptologists, neuropsychologists, and other advanced practice providers.

“IT is a team sport in that I couldn’t do it alone,” Ms. Adams says. “It requires the knowledge of the epileptologists to read the EEG, myself to manage the day-to-day tasks, lab follow up, and plan of care, EEG techs to hook up and set up the EEG machines; and the nurses to help deliver the care and test the patients during seizures. I build a rapport with the patients and the families and try to make the hospital stay better by helping to alleviate concern and anxiety in an unfamiliar environment. We give patients and families answers to questions, not only about their disease process but also on how to proceed and what the next steps are.”
Exemplary Professional Practice

Establishing a New Standard for Alarm Management

In 2016, the adult critical care areas at Clements University Hospital were experiencing high numbers of physiologic alarms daily, resulting in potential alarm fatigue for clinicians and posing a potential safety risk for patients. In order to avoid either of those potentialities, an alarm safety committee was formed comprising physicians, technicians, and a dozen nurses. After monitoring the issue, the committee began a pilot program in accordance with the requirements of The Joint Commission’s National Patient Safety Goal 06.01.01 to reduce the harm associated with clinical alarms. The pilot, which was conducted from late October 2016 through late January 2017, was limited to the hospital’s cardiovascular intensive care unit (CVICU), medical intensive care unit (MICU), surgical intensive care unit (SICU), Emergency Department (ED), and neuroscience intensive care unit (NSICU) with a goal of reducing nuisance alarms and alarm fatigue by 25 percent in these areas while allowing no adverse events or near misses related to the piloted changes.

Committee members oversaw the development of a list of critical alarms by device (e.g., ventilators, infusion pumps, anesthesia machines, ECMO machines, bed alarms, etc.) and identified those contributing to alarm fatigue by tracking the total number of alarms per bed per day. During the pilot, those in the CVICU focused on reducing arrhythmia alarms through default setting changes; those in the MICU focused on reducing alarm parameters through default setting changes; and those in the NSICU focused on reducing alarms through manual customization. All changes were focused on improving response times to allow earlier intervention to critical alarms and guiding clinical decision-making.

By the end of the pilot, the committee’s success was clear. The total alarms in the CVICU alone post-implementation decreased by 51 percent. Due to the pilot’s success, in April 2017 alarm default setting changes were made in all critical care areas, resulting in a further decrease in nuisance alarms and a new standard for alarm management at UTSW.

### Implementation

<table>
<thead>
<tr>
<th></th>
<th>Total Alarms (Pre/Post Full Implementation)</th>
<th>% Change in Total Alarms (Pre/Post Full Implementation)</th>
<th>Total Alarms Per Bed/Per Day (Pre/Post Full Implementation)</th>
<th>% Change in Total Alarms Per Bed/Per Day (Pre/Post Full Implementation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICU</td>
<td>118,576/56,422</td>
<td>-46%</td>
<td>973/79</td>
<td>-46%</td>
</tr>
<tr>
<td>CVICU</td>
<td>152,045/71,933</td>
<td>-51%</td>
<td>256/116</td>
<td>-46%</td>
</tr>
<tr>
<td>NSICU</td>
<td>68,526/43,462</td>
<td>-37%</td>
<td>121/74</td>
<td>-38%</td>
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<tr>
<td>SICU</td>
<td>54,433/45,843</td>
<td>-16%</td>
<td>81/68</td>
<td>-16%</td>
</tr>
<tr>
<td>ED</td>
<td>79,730/49,331</td>
<td>-38%</td>
<td>71/44</td>
<td>-38%</td>
</tr>
</tbody>
</table>

Four weeks pre-intervention – Jan 2017
Four weeks post-intervention – May/June 2017

APRN Boosts Weight Wellness Clinic’s Capabilities

Obesity has become an increasingly more common and serious condition and is a major driver of health care resource utilization and cost. Approximately 36.5 percent of adults in the U.S. have been categorized as being obese, defined as a body mass index of ≥ 30. That percentage is slightly less in Texas – 33.7 percent, according to the Centers for Disease Control and Prevention’s 2017 report, “Nutrition, Physical Activity, and Obesity: Data, Trends, and Maps.”

Obesity results from a combination of genetic, physiological, behavioral, environmental, and sociocultural factors that lead to an imbalance between energy intake and expenditure over an extended period of time. At UTSW, the Weight Wellness Clinic, within the Division of Endocrinology, provides overweight and obese patients with a multidisciplinary approach to support weight loss management and post-bariatric care.

Prior to November 2016, Weight Wellness Clinic Medical Director Jaime Almandoz, M.D., was the sole provider for these patients and was faced with growing wait times for both new and follow-up patients. However, that all changed when Lanese Ogunkua, M.S.N., APRN, ANP-C, joined the clinic, allowing Dr. Almandoz to continue to see new patients and know that established patients were being seen in a timely manner and cared for by a knowledgeable provider.

Prior to November 2016, Weight Wellness Clinic Medical Director Jaime Almandoz, M.D., was the sole provider for these patients and was faced with growing wait times for both new and follow-up patients. However, that all changed when Lanese Ogunkua, M.S.N., APRN, ANP-C, joined the clinic, allowing Dr. Almandoz to continue to see new patients and know that established patients were being seen in a timely manner and cared for by a knowledgeable provider. Providing access to short-term follow up in this particular patient population sustains engagement and motivation through the challenging journey of chronic weight management.

Ms. Ogunkua joined the Weight Wellness Clinic as a result of her strong interest in health promotion and wellness. After obtaining her master’s degree from Temple University, she moved to Texas and initially worked with diabetic patients, which offered her a foundational understanding of conditions that adversely alter the endocrine system, often progressing to comorbid conditions and negative outcomes. In joining the UTSW Weight Wellness Clinic, she continues to focus on health and wellness and has enabled the clinic to care for more patients than ever.
In 2016, UT Southwestern nurses noticed a spike in the average number of wound therapy days patients were experiencing, due primarily to the then-current process for ordering negative-pressure wound therapy systems (also known as vacuum-assisted closure systems, or VACs) for use by wound ostomy patients discharging from the acute hospital setting to home. The process was complex and confusing and often resulted in needless delays, leading ultimately to patient and staff dissatisfaction. A group of nurses and administrators decided to do something about it; their goal was to decrease the average number of days to at least the national average for such therapy.

Working with UTSW’s Six Sigma Quality Department, the group analyzed the problem, ranked the top five areas of concern, and identified key suppliers, inputs, outputs, and process boundaries. Together, they developed a process map outlining the then-current process for ordering negative-pressure wound closure systems, or VACs) for use by wound ostomy patients.

In the future state to securing physician orders for all eligible OR patients and using EPIC order groups and alarms to facilitate timely communication.

The planning, put in place throughout 2017, worked. By the end of the year, the measures had not only decreased the average length of therapy, but still much higher than our Delivery System Reform Incentive Payment (DSRIP) goal of 33 percent. We were determined to make 2017 a year of change for these patients.

We formed a committee of physicians, nurses, advanced practice providers, and health care administrators and developed a planned team focus centered around educating patients about their disease and how to best manage it. In both one-on-one and group settings, we emphasized at every contact the importance of committing to routine follow-up, medication management, nutrition, and exercise. To help manage the follow-up, we also began running routine registries for the patients and changed prescribing patterns to incentivize their regular return to the clinic. In addition, we provided diabetic testing equipment and supplies for patients who were unable to afford the out-of-pocket expenses to better monitor their disease. These efforts made a difference.

As the chart below shows, by March 2017 the percentage of the clinic’s diabetic patients (ages 18 to 85 years old) with uncontrolled high blood glucose was already down to 19.23 percent, and the post-intervention numbers have continued to improve.

Leaders in the Community

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

Highlights from 2017 included:

- UT Southwestern nurses participated in career fairs at Baylor University, Northwest University, Texas Tech University, University of Texas at Arlington, and West Coast University.
- In May, UT Southwestern held an event called Higher Opportunities for Professional Excellence, focusing on connecting UTSW nurses with schools of nursing. Approximately 110 nurses from across the UTSW campus attended, and the following schools of nursing participated in the event: Baylor University, Chamberlain University, Grand Canyon University, University of Phoenix, University of Texas at Arlington, Walden University, and West Coast University.
- In June, UTSW began a new nurse externship program, increasing the number of positions from two to 10 across service lines. Nurse externs are provided a unique opportunity to observe and learn the professional role and responsibilities of the RN while working alongside an assigned preceptor.
- In FY ’17, total encounters included 407 undergraduate students with 13,683 hours and 168 graduate students with 29,189 hours.
- UTSW also hosted its annual High School and College Student Symposium. This program launched in 2016 and has already grown significantly.
New Knowledge, Innovation, and Research:
UT Southwestern Medical Center’s Nursing Research Program has two strong components supporting nursing research within the UTSW hospitals and hospital-based clinics. Structures and processes have been developed and implemented to involve more nurses at all levels in the research process and in disseminating new nursing knowledge gained through research efforts.

The Nursing Research and Evidence-Based Practice Council works diligently with its members and nurses across the organization to stimulate research ideas and create an environment of scientific inquiry. The Neuroscience Nursing Research Center 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.
Using Technology to Improve the Patient Experience

In large health care systems, clinic response times to patient calls, messages, and prescription refills have historically been a problem and a source of patient complaints. At UT Southwestern, each clinic across the health system averages more than 1,250 telephone messages and 700 MyChart messages every month; prior to 2017, the average time for personnel to open a MyChart message exceeded 10 business hours.

An interprofessional team comprising nurses, administrators, and analysts from UT Southwestern’s Ambulatory Services identified opportunities for changing that history. The group devised technology-based measures designed to improve responsiveness across all UTSW ambulatory clinics. Specifically, they:

- Implemented in all clinics a software program that automates the prescription refill process to save time while increasing accuracy. Called Swoop, the software reduces inconsistent refill orders by applying evidence-based protocols as the request is entered into the electronic medical record.
- Implemented a nursing decision support tool, which uses evidence-based practices to triage symptom-based calls.
- Developed health system standards for responding to patient messages based on guidelines for division of work that allow nurses and clinical staff to work to the top of their license, certification, training, and skill set.

The measures had an almost immediate effect, resulting in a better patient experience and far fewer complaints about not getting questions answered in a timely manner. By the end of 2017, all ambulatory clinics had achieved:

- 90 percent completion of patient messages within one business day for acute, symptom-based patient questions and problems
- 85 percent completion of patient messages within two business days for clinical administrative questions, including FMLA, prior authorizations, etc.
- 85 percent completion of patient messages within one business day for medication refills

Upgrading Transplantation Through Innovation, Efficiency

The Collaborative Innovation and Improvement Network (COIIN) is a three-year study conducted by the United Network for Organ Sharing (UNOS) exploring an innovative approach to transplant performance monitoring. The overall aim of the project is to increase transplantation, with a particular focus on the utilization of deceased donor kidneys with a Kidney Donor Profile Index (KDPI) score of 50-100 percent. The KDPI is a numerical measure that combines 10 donor factors, including clinical parameters and demographics, to summarize into a single number the quality of the deceased donor kidney relative to other recovered kidneys.

The current national average for acceptance of 50-100 percent KDPI kidneys is 11 percent, and the national average for utilization is 45 percent. The successful outcome of the pilot project depends on active transplant center participation in a structured and closely monitored quality improvement process. UT Southwestern was one of only 36 transplant centers across the United States chosen to participate in the second cohort of the COIIN project, which began in September 2017.
Throughout 2017, UT Southwestern nurses were involved in nursing research and evidence-based practice initiatives in specific areas. Many either published their research or presented their findings in poster and/or podium presentations at professional gatherings locally and across the country. Some of this nursing-led research is noted below and on the following pages.

Evidence-Based Practice and Research 2017
Abdulkadir Karal, B.S.N., R.N., DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Exploring the influence of cultural competence on patient outcomes among nurses in the ICU (ECHO-ICU).

Susan Alex, D.N.P., APRN, ANP-BC. Quality improvement project: Exploring barriers among nurses for implementing a depression screening in stroke patients.


Emelia Bennett, B.S.N., R.N., CCRN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Exploring the influence of cultural competence for patient care and providers in an apheresis unit (C3PO).

Angela Carlton, M.S.A., B.S.N., CPTC; Rhonda Armour, M.S.N., R.N.; Kay Jones, R.N., CCRN; Sarah Wright, Pharm.D., BCPS. Infective (bacterial) endocarditis prophylactic guidelines for heart, lung, liver, kidney, LWD, CHF, PHTN programs.

Linda Chan, B.S.N., R.N., OCN; Chelsea LaFond, B.S.N., R.N., OCN, Donna Matheos, A.D.N., R.N., OCN; Sarah Storie, A.D.N., R.N., CMSRN, OCN; Sharon LeFroux, B.S.N., R.N., CMSRN, OCN; Linda Ahrens, R.N., OCN. Making appropriate and equitable nurse-patient assignments: Adapting a medical-surgical acuity tool for a surgical oncology unit.

Linda Chan, B.S.N., R.N., OCN, Sharon LeFroux, B.S.N., R.N., CMSRN, OCN; Melissa Trevino, B.S., A.D.N., R.N., OCN. Gum chewing as a clinical intervention study (GUCCS).

Rebecca Dill, B.S.N., R.N, QIA; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. The impact of motivational interviewing of self-perceived burden in chronic neurological patients (MI-Patients).

Amanda Drickson, M.S.N., APRN, ANP-BC, CPNP; Maddy Stewart, R.N., DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Helping to educate women about the risk of stroke (HER stroke).

Linda Dobson, B.S.N., R.N., DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Interventions to promote sleep hygiene for patients hospitalized with cystic fibrosis or pulmonary hypertension (The SHHH Study).

Keri Draganic, D.N.P., APRN, ACNP-BC; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. A retrospective review of preoperative PT value to postoperative Coumadin levels in mechanical valve replacement patients (POT-C).

Tobi Duncan, B.S.N., R.N., OCN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. A personalized tracking and education packet for patients with cancer: A pilot study (TEC Study).

Maria Grabowski, M.S.N., R.N., OCN; Deb Spitzer, M.S.N., B.S.N., R.N., OCN, Shaghayegh Rezaei, M.S., B.S.N., R.N., OCN. Educational needs may add barriers to patient discussion on fertility preservation for cancer patients.

Kimberly Harrison, B.S.N., R.N., CCRN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Optimizing how nurses record and monitor cerebral perfusion pressure (ON RAMP).

Meredith Heath, B.S.N., R.N., Kavitha Nair, M.S.N., R.N., OCN, NEA-BC; Luffy Cherian, M.S.N., APRN, AGCNS-BC, OCN. Heparin flushes in the BMT unit.

Meghan Hoffman, B.S.N., R.N., DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Exploring the reliability and correlation of noninvasive (oscillometric) blood pressure and invasive intra-arterial blood pressure monitoring in patients receiving a vasoactive medication: A prospective observational study (AABP/NBP Study).

Max Holder, B.S.N., R.N., DaiWai Olson, Ph.D., R.N., CCRN, FNCS. The impact of ultrasound IV placement on DVT risk.


Taylore Jansen, B.S.N., R.N., CCRN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Use of simulation game to improve ETCO2 monitoring policies in the ICU setting (SO LDONG 2 PONG).

Maureen LeDanseur, M.S.N., APRN, ACNS-BC, CCRN, CCM, DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Is the CABIC clear intermittent catheterization patient education effective (ICPEE)?

Michael Levy, M.S.N., APRN, ACNP-BC, CNRN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Incidence of local PIN site inflammation following Gamma Knife procedure (PIN Study).

Karen Martin, M.S.N., R.N., ACNS, CWOCN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Language of data II.

Karen Martin, M.S.N., R.N., ACNS, CWOCN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Language of data III.

Natalie Martinez, M.S.N., APRN, FNP-BC; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Interventions that may instill a sense of self-worth for patients with mild or early-onset dementia (I’m Still Me).


Linda Merritt, M.S.N., R.N.; Stephanie Huckaby, M.S.N., R.N., NEA-BC. Determining the needs of fathers of premature neonates.

Kelly Moore, R.N., OCN; DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Investigating onset of chemotherapy in chemotherapy patients: A comparison of early versus late onset (Chemobrain).


DaiWai Olson, Ph.D., R.N., CCRN, FNCS. A retrospective study of the hospital course and outcomes of patients with brain contusion (The SHOC Study).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Acute stroke or transient ischemic attack treatment with aspirin or ticagrelor and patient outcomes (Socrates).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Dynamic interaction among multimodal physiologic measures in neurocritical care: A feasibility study using the Component Neuromonitoring System (Dmsiuns).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Interartery reliability of pupillometer assessments.

DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Patient perceptions of knowledge of Parkinson’s disease and treatment (Know PD).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS. Patient-centered transfer of care (PC-Care).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Byron Carlisle, B.S.N., R.N., CCRN. Establishing normative data for pupillometer assessments in neurointensive care (The END-PANIC Pupil Study).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Shelli Chernesky, M.S.N., M.B.A., R.N., CCRN; Michelle Provence, B.S.N., R.N. Stroke readiness.

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Alexa Collins, B.S.N., R.N. Optimal external ventricular drain wean strategy in subarachnoid hemorrhage.

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Margaret Dupre, M.S., R.N., CNL; Amy Weaver, M.S.H.A., B.S.N., R.N., CEN. Management of acute stroke patients on treatment with new oral anticoagulants: Addressing real-world anticoagulation management issues in stroke (ARAMESY Study).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Margaret Dupre, M.S., R.N., CNL; Meg Wilson, B.S.N., R.N., CCRN, PROSPER. Patient-centered research into outcomes stroke patients prefer and effectiveness research.

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Joanne Al-Ay, B.S.A., B.S.N., R.N., CCRN, FNCS. A novel approach to exploring the impact of various nursing interventions in critical care (NATHIVE).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Elizabeth Gunter, B.S.N., R.N.; Melissa Lesack, B.S.N., R.N. Aneurysmal subarachnoid hemorrhage trial randomizing heparin: Continuous low-dose intravenous heparin therapy in coiled low-grade aneurysmal subarachnoid hemorrhage patients (ASTROIH).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Taylor Jansen, B.S.N., R.N., CCRN; Sarah Jannusch, B.S.N., R.N. Postoperative management of systemic hypertension in the neurosurgical intensive care unit after craniotomy: A prospective observational study.

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Michael Rogers, B.S., R.N., CCRN. EMM validation: Exploring the reliability of intracranial pressure data abstracted from the electronic medical record – pilot (VERDAD P).

DaiWai Olson, Ph.D., R.N., CCRN, FNCS; Audra Wagner, RN. Sound in neuroscience intensive care (SONIC).
New Knowledge, Innovation, and Research

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New Knowledge, Innovation, and Research

on the impact of nurse mentorship on nurse speaker anxiety. MRI waiting room time associated with increased anxiety? Have sedation (BETCHA).

Amy Weaver, B.S.N., B.N., RN, CCRN, FNCS. Situational factors associated with caregiver burnout in the emergency department (FACES).

Renee Schlueter, B.S.N., RN, OCN, Ruben Castillo, M.S.N., RN, CCRN. Reducing delirium in the ICU patient population.

Rocky Sonamangkhara, B.S.N., B.S., RN, CCRN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. A qualitative study to understand the lived experiences of the spiritual care triad (QUEST Study).

Deb Spitzer, M.S.N., B.S.N., RN, OCN, Suzi Lockwood, Ph.D., M.S.N., RN, OCN, FAAN; Elaine Demery, M.S.N., RN, AOCN. A pilot study on the impact of nurse mentorship on nurse speaker anxiety.

Annamna Stephen, B.S.N., RN, CCRN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. Creating healing uniform periods of minimum assessment time (CHUP).

Hilaing Thu, B.S.N., RN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. Is MRI waiting room time associated with increased anxiety? Holly Ware, B.S.N., RN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. Confidence and comfort of nurses caring for patients who have sedation (BETCHA).

Amy Weaver, M.S.H.A, B.S.N., B.N., RN, CEN. TCU fellowship: NGT air insufflation.

Amy Weaver, M.S.H.A., B.S.N., B.N., RN, CEN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. Effects of nurses’ sleep deprivation and fatigue on perceived medical error rates when caring for patients in the emergency department (NAP).


Jim West, M.S., B.S.N., RN, DaiWi Olson, Ph.D., RN, CCRN, FNCS. Formatting an experiential learning education module to encourage dysphagia assessment in aphesic patients (FEED ME).

Publications in 2017


Amid Ban, M.D.; Melissa Tran, M.S.N., RN, CCRN. "Predictors of outcome among patients on extracorporeal membrane oxygenation as a bridge to lung transplantation: Clinical Transplantation. In press.


Christy Hicks, M.S., APRN, WHNP-BC. "Human relations." Interstitial Cystitis Association Update June 2017.


Christy Hicks, M.S., APRN, WHNP-BC. "Recent trial fails to effectively compare DMSO and chondroitin sulphate 2% bladder instillations for IC/PBS." Interstitial Cystitis Association [online review] March 2017.

Max Holder, B.S.N., RN; Sonja Stutzman, Ph.D, DaiWi Olson, Ph.D., RN, CCRN, FNCS. "Impact of ultrasound on short peripheral intravenous catheter placement on vein thrombosis risk." Journal of Infusion Nursing May/June 2017, 40(3): 176-182. DOI: 10.1097/NAN.


Taylore Jansen, B.S.N., RN, CCRN, DaiWi Olson, Ph.D, RN, CCRN, FNCS. "Pilot study of educational gaming to improve adherence to an ETCO2 monitoring protocol." Journal of Continuing Education in Nursing (submitted).


DaiWi Olson, Ph.D, RN, CCRN, FNCS. "Depression status is associated with functional decline over one year following acute stroke." Journal of Stroke and Cerebrovascular Diseases 2017, 26(7): 1393-1399.


Nurse Presentations, Posters, and Abstracts

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 four years, we have developed a program that encourages nurses to participate 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.

Podium Presentations by UT Southwestern Nurses in 2017


Linda Chan, B.S.N., RN, OCN, Sharon Leroux, B.S.N., RN, OCN, Melissa Trevino, B.S., RN, OCN. “Gum chewing intervention to prevent prolonged postoperative ileus in the abdominal surgical oncology patient population: An evidence-based practice change.” 42nd Annual Oncology Nursing Society Congress. Denver, Colo., May 4-7.


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Podium Presentations by UT Southwestern Nurses in 2017


Peggy Bartholomew, M.A.H.S.M., RN, PMP, et al. “The journey to reducing alarm fatigue: Tips on what not to do.” Association for the Advance-
New Knowledge, Innovation, and Research


DaiWai Olson, Ph.D., RN, CCRN, FNCS. “Disney stroke cases.” Advancing Regional Healthcare in Rural West Texas Symposium. Odessa, Texas, June 23.


DaiWai Olson, Ph.D., RN, CCRN, FNCS. “Making connections” [keynote speaker]. UT Tyler School of Nursing. Tyler, Texas, June.

DaiWai Olson, Ph.D., RN, CCRN, FNCS. “Snow White had a stroke.” AACN National Teaching Institute & Critical Care Exposition. Houston, Texas, May 22-25.


Linda Chan, B.S.N., RN, OCN, Marco Patayar, B.S.N., RN, OCN, CCRN. “If a picture is worth a thousand words then a video is worth ten thousand words: Using a unit-based video blog to increase bedside staff communication and engagement.” 42nd Annual Oncology Nursing Society Congress. Denver, Colo., May 4-7.


Anna Hernandez, MBA, B.S.N., RN. “Learn how to contribute to the future of nursing and culture of health work of North Texas” Texas Team North Region General Meeting. April 26.


Kori Dranganic, D.N.P, APRN, ACNP-BC. “Assessing preoperative prothrombin times to postoperative therapeutic Coumadin levels in mechanical valve replacement patients.” Neuroscience Nursing Research Center Symposium. Dallas, Texas, August.


Carole Hall, B.S.N., RN, CWOCN, CF CN, Claudia Engle, B.S.N., RN, CWOCN, Emily Flahaven, B.S.N., RN. “What do PUPPs and skin have in common? A multidisciplinary approach to documentation improvements.” WOCN Annual Conference. Salt Lake City, Utah, May 19-23.

Kathy Heineman, B.S.N., RN, CCRN; Shannon Chernesky, B.S.N., RN, CCRN-CMC; Chris Davis, M.S.N., RN, CCRN. “Making it matter: Adding SP02 and oxygen requirement monitoring to modified early warning score.” AACN National Teaching Institute & Critical Care Exposition. Houston, Texas, May 22-25.


Martin Maccarone, B.S.N., RN, CCRN; Tomas Armandozariz, B.S.N, RN, CCRN; Shelli Chernesky, M.S.A, M.A, RN, CCRN; Christina Lin, B.S., EMR, Amena Usman, M.D., Nicole DeSimone, M.D.; Ravi Sarode, M.D. “A method of calculating net red blood cell mass gain to monitor sick cell patients undergoing red blood cell exchange.” American Society of Apheresis Annual Meeting. Fort Lauderdale, Fla., May 4-6.


Jennifer Wintz, B.S.N., R.N., QIA; Shellie Chernesky, M.S.N., MBA, RN, CCRN. “Therapeutic plasma exchange to assist with acute antibody medicated heart rejection” Sigma Theta Tau International Research Symposium. Arlington, Texas, April 22.


Abstracts in 2017


Linda Chan, B.S.N., R.N., OCN; Marco Putaray, B.S.N., R.N., OCN. “Using a unit-based blog site to enhance bedside communication and engagement.” 42nd Annual Oncology Nursing Society Congress. Denver, Colo., May 4-7.


Carroll Hall, B.S.N., R.N., CWO CN; Thomas Armendariz, B.S.N., R.N, CMSRN; Shellie Chernesky, M.S.N., MBA, R.N; Jennifer Wintz, B.S.N., R.N, QIA. “Pictures worth 1,000 words.” WOCN Annual Conference. Salt Lake City, Utah, May 19-23.

Carroll Hall, B.S.N., R.N., CWO CN; Claudia Engle, B.S.N., R.N, CWO CN; Emily Fishaven, B.S.N., R.N., CWO CN. “What do PUPPs and skin have in common?” WOCN Annual Conference. Salt Lake City, Utah, May 19-23.
ABO Abstract Presented at UNOS Transplant Management Forum, April 2017

To illustrate the complex requirements of ABO verification policy changes, we created an easy-to-follow flowchart. ABO verification was already a complicated process involving the coordination of multiple team members to ensure critical data points are documented. The changes to the verification process added an additional layer of complexity, prompting our team to reassess our entire verification process. Our goal was not only to meet the new requirements but also to drill down on our current workflow, addressing any potential risks and developing a simplified, concise process that all team members could consistently follow. Team members included: Carolyn Swann, MBA, RN; Rudy Aripe, B.S.N., RN; Keeley Correa, B.S.; Priya Dandekar, M.H.A., M.D.; Cortney Hockett, M.S.N., RN; Cheryl Kaplan, MBA, M.H.A., RN; Sarah McCoy, B.F.A.; Laura Restall, B.S.N.; and Linnnea Tolbert, B.S.N., RN.

VERIFICATION POLICY CHANGES – WE MAPPED THE COMPLEX REQUIREMENTS IN AN EASY-TO-FOLLOW FLOWCHART

Carolyn Swann, MBA, RN; Rudy Aripe, B.S.N., RN; Keeley Correa, B.S.; Priya Dandekar, M.H.A., M.D.; Cortney Hockett, M.S.N., RN; Cheryl Kaplan, MBA, M.H.A., RN; Sarah McCoy, B.F.A.; Laura Restall, B.S.N.; and Linnnea Tolbert, B.S.N., RN.

The University of Texas Southwestern Medical Center

Background

ABO verification is a complicated process involving the coordination of multiple team members to ensure critical data points are documented. The accuracy of the verification is a priority in ensuring that the correct organ is not only to meet the new requirements but also to drill down on our current workflow, addressing any areas of potential risks and developing a simplified, concise process that all team members could consistently follow. Team members included: Carolyn Swann, MBA, RN; Rudy Aripe, B.S.N., RN; Keeley Correa, B.S.; Priya Dandekar, M.H.A., M.D.; Cortney Hockett, M.S.N., RN; Cheryl Kaplan, MBA, M.H.A., RN; Sarah McCoy, B.F.A.; Laura Restall, B.S.N.; and Linnnea Tolbert, B.S.N., RN.

The attached flowchart was created to outline our approach to preparing for ABO Determination, Reporting and Verification Policy changes. The flowchart serves as a great training tool for our current workflow, helping us to closely examine each team member’s role and responsibilities. The flowchart serves as a great training tool for all team members, as well as a quick reference guide.

Aims of Opportunity

- Increased communication
- Improved accuracy
- Enhanced workflow
- Reduced potential risks
- Improved patient safety

Findings/Solutions

- The flowchart was created by feedback and work performance.
- Results
- Verification process has improved significantly as evidenced by feedback and work performance.
- Conclusion
- The flowchart was created to outline our approach to preparing for ABO Determination, Reporting and Verification Policy changes. The flowchart serves as a great training tool for all team members, as well as a quick reference guide.

Methods

Utilizing a multi-pronged approach, we involved representatives from all steps throughout the process: clinical administration, quality and compliance, transplant surgeons, nurses and office staff, medical records, information services, and pharmacy. The flowchart was created to outline our approach to preparing for ABO Determination, Reporting and Verification Policy changes. The flowchart serves as a great training tool for all team members, as well as a quick reference guide.

References

1. OPTN Policy 5.5 – Receiving and Accepting Organ
2. OPTN Policy 5.7 – Release Organs
3. Effective July 1 we are at 100 percent 3.0, 3.1, 3.2.
4. By feedback and work performance.
5. The flowchart was created to outline our approach to preparing for ABO Determination, Reporting and Verification Policy changes. The flowchart serves as a great training tool for all team members, as well as a quick reference guide.