Building Foundations

Friends and Colleagues

As the Chief Nursing Officer of University of Iowa Hospitals and Clinics, it is my privilege to share our January 1, 2014 – June 30, 2015 Nursing Report with you. As I reflect on the past year, I am incredibly proud of how our nurses continue to transform the future of nursing, not only for Iowa, but for the world.

Big things are happening in the Department of Nursing Services and Patient Care at University of Iowa Hospitals and Clinics: We are building! Building our skills with degrees, certifications, and specialties. Building technology by pairing the best science can offer with the heart and soul that defines excellence in nursing. Building outstanding patient care with real dedication to evidence-based practice. Building the future with a commitment to population health and wellness of our patients even after they’ve left our care.

And at the center of it all stands our Professional Practice Model, our unifying framework of values, organizational structures, and processes.

At UI Hospitals and Clinics, we’re building momentum. Momentum that will drive us into a new era of extraordinary patient care. We’ve already reached some amazing milestones: in October 2014, we were presented with the prestigious Magnet Prize® from the American Nurses Credentialing Center (ANCC), one of the very highest accolades in our profession. This award only strengthens our commitment to exemplary patient care, and to the personal and professional growth of our dedicated staff.

Nurses are clinicians, teachers, students and scientists. And here at UI Hospitals and Clinics, we are highly valued members of an award-winning team, and true partners in success. I invite you to read through the following pages to learn more about our programs, accomplishments, and how we are building a world-class nursing staff with extraordinary opportunities to grow, lead, and change the face of health care.

Kenneth Rempher, PhD, RN, MBA, CENP
Chief Nursing Officer
University of Iowa Hospitals and Clinics
University of Iowa Health Care
The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. — American Nurses Credentialing Center

Building Foundations of Excellence: The Power of Magnet

In October 2014, representatives from our Department of Nursing Services and Patient Care took the stage at the American Nurses Credentialing Center National Magnet Conference in Dallas, Texas. There, in front of more than 7,000 cheering nurses from all over the world, they accepted the prestigious ANCC Magnet Prize®. The Magnet Prize represents a pinnacle of achievement, and is one of the highest honors in nursing today.

So what was it about UI Hospitals and Clinics that led the ANCC to bestow this distinguished honor? The world-renowned Iowa Model, how we’ve integrated EBP across our department, and our continued commitment to evidence-based practice and its positive impact on outcomes. As the ANCC said:

“University of Iowa Hospitals and Clinics’ Iowa Model of Evidence-Based Practice to Promote Quality Care provides a framework and structure for nurses to implement new knowledge, research, innovations, resources, and other evidence in daily practice. To date, more than 30 countries have adopted the Iowa Model for improving patient care. Its wide success is attributed to leading nurse professionals who continuously drive quality patient outcomes, promote new research and innovations to implement in nursing practice, and share new knowledge with peers across the globe.

Its innovation exemplifies nursing excellence and is proven to help nurses deliver the highest-quality health care for patients across the globe.”

The Iowa Model represents decades of dedication and collaboration between UI’s Department of Nursing and College of Nursing, and our enduring enthusiasm for nurse empowerment and outstanding patient care. The Magnet Prize® recognizes our continuing efforts to promote evidence-based practice, and positively impact patient care and outcomes all over the world.

And we will never rest on our laurels. We are even now building upon the foundation of this extraordinary achievement, creating an even brighter future for the nursing profession.

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Third Magnet® Designation

On Thursday, July 18, 2013, excellence in nursing practice at University of Iowa Hospitals and Clinics was recognized by the ANCC’s Magnet Recognition Program® for the third time.

Linda C. Lewis, RN, MSA, NEA-BC, FACHE, director of the program, shared the news in a phone call to a roomful of excited nurses, staff, and administrators. “You are the elite of the elite,” she said, noting that there are only 396 Magnet Hospitals across the globe, and just 55 have received three consecutive Magnet designations.

UI Hospitals and Clinics was the first hospital in Iowa to be designated in 2004, then re-designated in 2008, and now again in 2013.

The Magnet Prize®

In addition to a trophy and recognition, the ANCC Magnet Prize® provides $25,000 from Cerner Corporation to “continue, advance or disseminate the winning innovation.”

With the prize money, we are promoting development of EBP skills among Ambulatory leaders, providing additional opportunities for staff nurse-led EBP, expanding the role of medical assistant in promoting EBP, and promoting EBP within interdisciplinary teams.
Building the Future: Quality Reporting that Engages and Empowers

The Nursing Quality Forum (NQF) has become a showcase for nurses to share their unit’s quality improvement (QI) projects. At the forum, staff nurses present two QI projects, one a best practice project with exceptional outcomes and one project in process they are working on. Every inpatient and outpatient unit presents in two forums each year. Staff nurses develop a professional ten-minute presentation, five minutes for each project, delivered to the NQF committee and other nurse attendees at the forum in the hospital’s executive conference room.

“The presentations of the improvements on the units are so good,” said Renee Gould, MS, RN-BC, Nursing Practice Leader, “that we’ve been given the opportunity for the staff nurses to present their work to our Senior Leadership Team.” Each month, nurses from one unit share the innovative strategies used in their unit to achieve outstanding clinical goals.

This is an outstanding opportunity for engaging and empowering staff nurses. Nurses gain skills in visually presenting complex data, as well as public speaking. They also get to see how their interventions are making a difference. And the best-practice ideas are tremendous: inspirational moments abound as nurses see what others are doing that could make a real impact on patient care in their own units.

By the numbers

E D U C A T I O N
FY 2014:
65% of RNs with BSN; 7% with MSN=
72% BSN or higher
FY 2015:
67% RNs with BSN; 6% with MSN= 73%
Target goal for FY 2016=77%

T U I T I O N S U P P O R T
Summer 2014:
126 graduate programs; 82 RN to BSN
Fall 2014:
198 graduate programs; 92 RN to BSN
Spring 2015:
197 graduate programs; 118 RN to BSN
Summer 2015:
131 graduate programs; 77 RN to BSN

C E R T I F I C A T I O N
From summer 2014 to summer 2015, the Department of Nursing provided certification and recertification support to 105 RNs through special programs in partnership with certifying organizations, and 129 RNs through our traditional certification reimbursement program.

Well on Our Way to 2020: A Strong Commitment to Education and Professional Certification

One of the Institute of Medicine’s Future of Nursing goals is to “Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.” This Department of Nursing has long valued and supported nurses to seek higher education through a tuition reimbursement program that offers up to $3000 a year. As a result, many nurses, including bedside nurses, hold graduate degrees: Master’s, PhD, and now DNP degrees. In summer 2013, additional funding was made available to nurses seeking their BSN degree – up to $9000 to use before spring 2016. Many nurses have taken advantage, gone back to school, and completed their BSN degree.

Similarly, we highly encourage any eligible nurse to seek professional nursing certification. By the end of FY 2015, we had entered into agreements with six organizations for no pass/no pay or voucher programs which allow the department to pay the fee instead of the nurse. If we do not have an agreement with a particular certifying body, we still offer up to $3000 reimbursement to the RN. Nurses have stepped forward and met the challenge to achieve this well-deserved recognition for their role or service line knowledge.

Matthew Slagel, RN in the burn unit, presents a report on Hospital Acquired Pressure Ulcers.
Building New and Emerging Roles: Recognizing the Contribution of Crucial Providers

More than 200 Advanced Registered Nurse Practitioners (ARNPs) are employed by UI Hospitals and Clinics, in virtually every department and clinic. Yet for all their numbers, skills, and accomplishments, ARNPs may be overlooked in health care systems. By becoming engaged with multiple committees, ARNPs are increasing their visibility throughout the organization.

Removing scope-of-practice barriers and expanding opportunities for leadership, collaboration, and research are key recommendations from “The Future of Nursing” report by the Institute of Medicine. UI Hospitals and Clinics ARNPs are actively pursuing these goals.

ARNPs bring the perspective of the advanced practice provider to peer review and credentialing and privileging committees. For example, when an ARNP is hired at UI Hospitals and Clinics, the PA ARNP credentialing and privileging subpanel reviews all documentation to assure scope of education aligns with scope of practice.

Maria Lofgren, DNP, ARNP, NNPC, CPNP, Director of Advanced Practice Providers, partners with members of the clinical staff office, senior leadership, and hospital legal team to ensure ARNPs are competently practicing to the full extent of their education and training by assisting in interpretation and language changes for collaborative practice agreements. “We want our ARNPs to practice at the top of their licenses,” said Lofgren, “to foster a culture of professional practice, quality patient care, and personal accountability.”

ARNPs are encouraged to pursue a Doctor of Nursing Practice degree. The Department of Nursing Services and Patient Care has made a unique commitment to support ARNP education, and coordinates all ARNP student clinical placement requests, including management of affiliation agreements and other mandatory documentation. This reduces the burden on service lines with infrequent placement requests. The result is a win-win for students and the hospital: a student who trains with us is more likely to accept a position here after graduation.

Key metrics: Data from Jan. 2014–June 2015:
466 ARNP students placed from 19 schools in 69 unique service placements

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Retaining Excellence at the Bedside and Improving Care for All

Leadership in nursing takes many forms, and perhaps none are more powerful than exemplifying excellence at the bedside. Clinical Practice Leaders are expert clinicians who utilize their experience and education to provide outstanding patient care while mentoring other nurses and focusing on the health care setting at the microsystem level.

“We have an ardent call to improve health care delivery, as well as a high demand for nursing expertise at the bedside,” said Jody Kurtt, MA, RN, CPNP, NEA-BC, Director of Clinical Functions, UI Children’s Hospital. “This new role is crucial to unit-based staff education and development, quality improvements, and modeling patient and family-centered care.”

Clinical Practice Leaders have a master’s or doctorate degree in nursing, and demonstrated expertise in clinical practice and quality improvement. As part of an interdisciplinary team, they work to improve patient outcomes and reduce costs through the assimilation and application of evidence-based care.
“What it says to nurses is that they are important, and more support is here for you,” said Noelle Andrew, MDiv, BCC, Associate Director of Spiritual Services and Interpreting. “What it says about the institution is that we really care about you as a human being.”

Building Support: Beyond the Bedside. Caring for the Caregivers

UI Hospitals and Clinics leads the region in care for the most difficult and complex cases. Our patients come from throughout Iowa and beyond, referred by providers who recognize our expertise, and drawn by our national reputation for excellent care. Our nurses are the foundation of that care, treating even the most complicated patients with compassion and professionalism.

So how do we care for the caregivers? How do we keep our nurses from internalizing the extraordinary stress and developing compassion fatigue?

We start by listening.

After critical or stressful incidents, our Debriefing Team offers supportive intervention. Nurses are encouraged to confidentially discuss their thoughts, feelings, and reactions. The conversation is not about evaluating performance or assessing blame. Rather, it is meant to help normalize and validate individual stress responses. Debriefings can be requested by any staff member, and are not mandatory.

The Debriefing Team’s mission is “to provide emotional support to staff who have had a work related experience that might challenge their capacity to cope.” The team can bring together chaplains, social workers, psychiatric nurses, physicians, nurse ethicists, and representatives from the Employee Assistance Program, all to offer spiritual, emotional, and empathetic assistance to the caregiver. The Debriefing Team has been active since early 2015, and continues to promote and publicize its availability.

Professional Pathways Program: Flexibility Helps Retain Exceptional Nurses

Sometimes even the best nurse can feel stuck in her specialty; they’re doing excellent work where they are, but feel a calling for something different. Like a pediatric nurse who has always wanted to be in the Emergency Department, or an adult surgical nurse who yearns to be in the Neonatal Intensive Care Unit. In the years they’ve spent honing their craft in their current specialty, they’ve missed essential training and experience in the field they want to explore.

Sadly, some may feel that their only choice is to gain that education and experience elsewhere, and leave. They may eventually return, but in the meantime, we’ve lost an outstanding employee.

The Professional Pathways Program, piloted in early 2015, gives qualified nurses the opportunity to explore an alternate specialty area, “test the waters,” and acquire the minimum required qualifications to pursue a position in that specialty.

To be eligible for the program, a nurse must have at least two years of current UI Hospitals and Clinics experience, a BSN degree or higher, endorsement from their current nurse manager, and a positive performance evaluation. Participation in the program includes discussion with the receiving nurse manager, a job shadowing experience, and 40-48 hours of paid clinical experience in the new department.

“It’s a real win-win,” said Sara Coven, MSN, RN, CCRN, Manager–Nursing Recruitment/ Magnet Program Director. “The program retains exceptional employees, improves morale, opens conversations between nurses and their managers, and creates an opportunity for workforce planning.”

Exploring New Levels of Research

Nurses at UI Hospitals and Clinics have blazed new trails with Evidence-Based Practice (EBP) since the 1980s, and that innovation and dedication to scientific inquiry continues today. Health care settings and EBP recommendations are increasingly complex, impacting the care patients receive and how clinicians work. A groundbreaking new study, funded by the Adult Clinical Practice Collaborative Research Award, brings together noted experts in human factors engineering, pain management, and EBP to better understand nurses’ workload.

This partnership of the Department of Nursing, the College of Nursing, and the College of Engineering is studying “Cognitive and System Factors Associated with Nurses’ Evidence-Based Pain Management” – using human factors engineering and ethnography methods to look at systems, environments, decision making, and components of patient care surrounding acute pain and its treatment.

The study focuses on care for patients following total knee replacement – a patient group known to have severe pain – and asks if effective evidence-based treatment of that pain is affected by how nurses process cognitive and systems factors.

Cognitive factors, like communicating, coordinating, and prioritizing, are often “stacked” in a never-ending-to-do-list. The study examines how this “stacking” affects practices, impacting adoption of EBP for pain. Systems factors include the hospital environment, organizational issues, and social interaction. Nurses prioritize pain management yet have to make frequent adjustments that impact their workload. The study seeks to determine how these factors may also impact practice.

If this study shows that implementation of EBP can benefit from addressing human factors in health care, important new pathways of research could benefit nurses and patients for generations to come.

PRINCIPAL INVESTIGATOR(S)
Laura Cullen, DNP, RN, FAAN, Department of Nursing Services and Patient Care, UI Hospitals and Clinics
Priyadarshini Ponnauthur, PhD, Department of Mechanical and Industrial Engineering
CO-INVESTIGATORS
Michele Farrington, BSN, RN, CPHON, Department of Nursing Services and Patient Care, UI Hospitals and Clinics
Toni Trip-Reimer, PhD, RN, FAAN, UI College of Nursing
Barbara Raker, PhD, RN, UI College of Nursing
Keela Herr, PhD, RN, FAAN, UI College of Nursing
Sheri Schomberg, BSN, RN, OCN, Department of Nursing Services and Patient Care, UI Hospitals and Clinics

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Our Professional Practice Model is a visual representation of the values, organizational structures, and processes that provide a unifying framework for the practice of nursing at UI Hospitals and Clinics. It ensures consistency in the delivery of nursing care, and defines for all registered nurses their authority, autonomy and accountability as they care for patients and families in our community, our state and world.

AUTHORITY: The recognition and use of our rights and responsibility to use our nursing knowledge, skills, and judgments, to provide high-quality outcomes for our patients.

AUTONOMY: The making of independent nursing decisions about the best nursing practices to implement in order to provide safe, high-quality outcomes for our patients.

ACCOUNTABILITY: The acceptance of responsibility for our actions, judgments, and the resulting outcomes.
EBP in Action

Nathan Neis, BAN, RN, PICU direct care nurse and ECMO Specialist, led an interdisciplinary evidence-based practice project related to the initiation of an early mobilization program in the Pediatric Intensive Care Unit (PICU) to determine safety and improve pediatric patient outcomes. A mobility algorithm was developed and implemented in April 2014. This project demonstrated mobilization of PICU patients is safe. Staff perceptions related to mobility of PICU patients improved, patient and family engagement in mobility improved, and the ventilator-associated pneumonia (VAP) rate decreased post-implementation (only 2 VAPs since April 2014).

The Department of Nursing collects, benchmarks, and analyzes a number of nursing sensitive indicators to improve patient outcomes. Example metrics are shown below.

VAP rate per 1000 vent days by month

<table>
<thead>
<tr>
<th>Month</th>
<th>VAP Number</th>
</tr>
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<tbody>
<tr>
<td>Mar 2013</td>
<td>5.71</td>
</tr>
<tr>
<td>Apr 2013</td>
<td>4.61</td>
</tr>
<tr>
<td>May 2013</td>
<td>5.68</td>
</tr>
<tr>
<td>Jun 2013</td>
<td>3.42</td>
</tr>
<tr>
<td>Jul 2013</td>
<td>7.35</td>
</tr>
<tr>
<td>Aug 2013</td>
<td>5.21</td>
</tr>
</tbody>
</table>

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NICHE Data

Falls 65–84 Aggregate

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Falls Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2013</td>
<td>6.66%</td>
</tr>
<tr>
<td>Q2 2013</td>
<td>3.53%</td>
</tr>
<tr>
<td>Q3 2013</td>
<td>4.82%</td>
</tr>
<tr>
<td>Q4 2013</td>
<td>6.53%</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>5.5%</td>
</tr>
<tr>
<td>Q2 2014</td>
<td>3.36%</td>
</tr>
<tr>
<td>Q3 2014</td>
<td>3.66%</td>
</tr>
<tr>
<td>Q4 2014</td>
<td>4.16%</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>4.9%</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>4.05%</td>
</tr>
</tbody>
</table>
Building Evidence-Based Practice: The Iowa Model

Back in the 1980s, the Dean at the University of Iowa College of Nursing joined with the UI Hospitals and Clinics Chief Nurse Officer to focus on research and its applications in patient care. With an ultimate goal of improving patient care and outcomes, linking research to practice had a lasting impact on the practice of nursing. And one of the most influential tools developed in that journey was the Iowa Model of Evidence-Based Practice to Promote Quality Care.

The Iowa Model has become synonymous with evidence-based practice (EBP) in nursing. Used in nearly every U.S. state and dozens of countries on five continents, the model has guided nurses from all over the world through the process of implementing EBP.

The model has been freely shared since its inception. Feedback was recently sought from over 3,000 of its users for a new update, and hundreds of suggestions helped to form the newest version of the Iowa Model – the fourth since its 1987 creation.

The model’s framework is now more linear, and less algorithmic, and the implementation and sustainability sections now provide more robust direction. “We’ve made the Iowa Model more rigorous and more scholarly, based on new evidence from implementation science,” said Laura Cullen, DNP, RN, FAAN, EBP Scientist.

The Iowa Model’s influence has not faded in its nearly 30-year history. Within the first 72 hours of releasing the new version, the team received over 550 requests from around the world for the updated model. That continuing impact led to UI Hospitals and Clinics winning the esteemed American Nurses Credentialing Center Magnet Recognition.

The new hospital is on schedule to welcome its first patients in December 2016, and that welcome will be warm, indeed. Nurses and other members of the interdisciplinary team have been using their extensive experience, with input from patients and families, to create zones that will be welcoming and functional, aiming toward maximum efficiency, safety, and quality.

Incorporating our institutional commitment to evidence-based practice, nurses are using a growing body of literature to support design choices and help create a safe, quality environment for our patients and their families. In addition, the decisions our nurses are making with their colleagues will stimulate innovation, foster research, and facilitate collaboration and teamwork for a richly satisfying work environment.

University of Iowa Children’s Hospital Growing Inside and Out

The new University of Iowa Children’s Hospital is growing up. Towering 164 feet into the air, the new building also extends 27 feet, 7 inches below ground. When it’s finished, the hospital will have fourteen beautiful floors with five floors of private inpatient rooms, a dialysis center, an infusion center, a cancer center, and eight operating rooms, as well as a children’s theater, library, and playground. And our nurses have been leaders and participants in the planning of virtually every aspect of the patient experience and nursing work environment.

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Nurses Help Build a Hospital: Co-chair UI Children’s Hospital Steering Committee, Co-chairs of six other planning groups, Representation on all planning groups.
Building Professionals: Building Confidence in New Nurses

The Nurse Residency Program at UI Hospitals and Clinics is the only such program in Iowa to receive accreditation from the Commission on Collegiate Nursing Education. It continues to educate and support new graduate nurses during their transition to nursing practice. Interest in the program is strong, with 100-150 nurses becoming residents each year.

In this 12-month program, new graduates work on specific units, interacting with expert nurses to learn about leadership skills, patient education, quality and safety initiatives, and much more.

Building on the foundation of an excellent initial orientation and unit-based education with preceptors, the Nurse Residency Program keeps new nurses engaged and inspired with monthly sessions providing new graduates the opportunity to network with other new graduates, share their challenges and successes. The program, coordinated by Janet Hosking, MSN, RN, BC, Nursing Practice Leader, culminates with a capstone EBP project, which encourages new nurses to work with what they’ve learned to create real change and improvement in patient care.

The program improves new graduate nurse confidence as well as retention. Data shows that residents are building both competence and confidence, with significant increases in communication, prioritization, and leadership skills.

Poster Presentations

Three labor and delivery nurses from our Nurse Residency Program had their poster selected for presentation at the 2014 Nurse Residency Program and Chief Nursing Officers Council Meeting, where only 34 posters were selected from 105 submissions. Abby Salton, BSN, RN, Haley McNulty, BSN, RN, and Amber Farson, BSN, RN, also presented their poster at the 21st National Evidence-Based Practice Conference. Examining labor-coping mechanisms, their poster inspired other residents to pursue projects of their own.

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Transitional Care Teams Extend Our Reach

Patients from all over Iowa come to UI Hospitals and Clinics, referred by providers or attracted by our outstanding reputation for quality care. Because of Iowa’s rural geography, many of those patients return to small towns with limited medical resources.

With a three-year “Health Care Innovations Awards” grant from the Center for Medicare and Medicaid Services, Linda Abbott, MSN, RN, AOCN, CWON, Nursing Practice Leader, extended both the reach and duration of our exceptional care. As the site coordinator for the program, Abbott was instrumental in its creation and operation. The grant focused on adult patients admitted for internal medicine and behavioral health issues, supporting extensive outreach efforts through critical access hospitals in nine rural Iowa counties. UI Hospitals and Clinics Transitional Care Team (with representatives from nursing, social work, pharmacy, psychiatry, and internal medicine) worked closely with rural care coordinators at each critical access hospital to provide follow-up patient care for four to six weeks after discharge.

Services were provided at no extra expense to the patient. Before discharge, patients met their rural care coordinators through video conferencing on laptops and electronic tablets. At home, the rural coordinator provided needed contact, advice, and services, and monitored progress.

Nurses involved in the program found the focus on helping individual patients navigate the system and regain control over their own wellbeing exceptionally satisfying. Patients’ lives were richer, with less time in the hospital and traveling for medical care. Their quality of care and adherence to treatment plans increased, and many experienced improved outcomes.

The program also aimed to control costs through fewer emergency room visits and readmissions, and by eliminating duplicate tests and procedures. “If a five-minute phone call can keep someone out of the hospital,” one care coordinator said, “that is a very efficient use of resources.”

Ambulatory Care Nurses Address New Realities

As health care systems change, the core of nursing stays the same: helping patients, whether by providing hands-on care or assisting them through a maze of new choices and options. Ambulatory care nurses are at the forefront of care coordination and transition management. As inpatient stays become more limited and less frequent, access to care and coordination of services have increased the complexity of care delivered in the ambulatory setting. In fact, UI Hospitals and Clinics is already in the planning stages of addressing the shift to ambulatory care.

In more than 30 years in nursing, Medical Specialty Clinic Staff Nurse (pictured left) Laura Goddard, BSN, RN, has seen the length of inpatient stays shrink, and the acuity of outpatients rise. This increase in patients with chronic health conditions means that nurses working in ambulatory care must use their critical thinking skills to serve as navigators, coordinating numerous services and provider recommendations into a single care plan. Using the nursing process, Goddard provides triage, advocacy, direct patient care, and patient education, connecting all the dots to ensure optimal care for her patients.

While she would like more time for wellness planning and teaching preventive care, Goddard still receives great satisfaction from serving patients. “The interaction with patients is so valuable,” she said. “I'm so fortunate to have a job I still love after 30 years.”
Small Changes Lead to Large Impacts

For most patients, a typical electric hospital bed holds little danger. It provides all the equipment and convenience their care team needs to treat them with minimal threat to their wellbeing. In behavioral health, things can be different, especially if a patient is suicidal. For this population, electrocution, crushing, and strangulation are all potential hazards. Beds in behavioral health units are typically mattresses on platforms, or are raised and lowered with cumbersome hand-crank systems.

In an article published in the Journal of Psychosocial Nursing, John Wagner, MA, RN-BC, Director, Clinical Functions for Behavioral Health Services, and Todd Ingram, MA, RN, Clinical Assistant Professor at the UI College of Nursing, described the process of redesigning an electric bed to remove injury and suicide hazards yet retain the functionality clinicians desire.

Numerous staff worked together with a manufacturer to develop a bed with innovations like safer battery structure, enclosed wiring in metal housing, shorter cords, and minimal ligature points. The mattress surface can be lowered to nine inches from the floor, significantly reducing the risk of strangulation and falls. In addition, an LED signal informs staff immediately if the electric system has been disabled.

The new bed is now a best-seller for the manufacturer. A five-hospital study comparing its safety, function, and effectiveness to that of traditional beds has been completed. The study showed promising results, and the findings will be published soon.

Quality Information at a Glance

Correct and current patient information is crucial to providing quality care. In a busy unit, getting that vital information at a glance is an extraordinarily valuable tool.

At UI Hospitals and Clinics, we’re putting technology to good use by consolidating patient data into unit dashboards through Epic. With a single look, nurses can assess care needs of their own patients, and others on the unit. They can quickly take in pain information, fall risks, pressure ulcer risks, and even the likelihood of readmission. The information is color-coded and accompanied by simple graphics that can be understood in an instant.

The dashboards connect each member of the care team, and show nurses, in real time, how their actions are affecting quality patient care.

Innovative Strategies in inpatient psychiatry:

Cell phones

Many of us have become so attached to our mobile phones that we can’t imagine being without them. Yet confiscating cell phones is a typical practice in many psychiatric hospitals, which can intensify feelings of isolation. A major concern has been patient confidentiality when every cell phone has a camera. Covering the lens with a special tape that shows tampering solved that worry, and now all UI Hospital and Clinics adult behavioral health units allow cell phones, normalizing and improving the patient care experience.

TVs

Typically psychiatric units only offer televisions in the day room, where dozens of people have to not only agree upon what to watch, but be quiet enough for the show to be enjoyed. This is a challenge for most families, much less groups of strangers, and sets the stage for frustration, anger, and even violence. On several UI Hospitals and Clinics psychiatric units, specially-built cabinets house flat-screen TVs in individual patient rooms. With enclosed wiring and unbreakable Plexiglas covers, these systems allow patients to choose their own entertainment – and may lead to a reduction in restraints and code green emergencies.

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Building a Safer Environment

Nurses Prepare for Ebola

In the summer of 2014, the world learned about Ebola – the seemingly unstoppable virus filled headlines and newscasts. At UI Hospitals and Clinics, our Bio-Emergency Response Team immediately assessed our readiness. Representatives from every hospital department came together to develop an effective response to this new potential threat. And nurses, on the front line of every care team, were instrumental in creating innovative solutions to new problems.

It was decided early on that the Surgical and Neurosciences Intensive Care Unit (SNICU) would care for any potential Ebola patients. Emily Wynn, BSN, RN, MBA, CCP, then Nurse Manager for the SNICU, was charged with securing volunteers to treat potential patients. “I thought ‘rallying the troops’ might be difficult,” she said, “but it was the easiest part. People came out of the woodwork to help prepare.”

Wynn and her Assistant Nurse Manager Kelly Bream, BSN, RN, along with representatives from Emergency Management and Clinical Quality, visited the Nebraska Biocontainment Patient Care Unit. What they learned there helped guide their planning. Numerous simulations followed, with attention paid to every possible detail – like elevator control, waste disposal, and how to move an infectious patient through the hallways.

Wynn noted that support from hospital administration at every level was crucial to the success of the effort. “They said ‘yes’ to everything, and ‘if you need that we will make it happen.’” Through all the intricacies of planning, and the multiple layers of responsibility, nurses never lost sight of their central purpose. “Our number one priority, our biggest concern, was how to take the best possible care of our patients while protecting our staff,” Wynn said. “Our team did an incredible job. A visiting team from the Centers for Disease Control (CDC) agreed, with appreciation for and confidence in the newly refined processes and procedures.”

Why Order Two When One Will Do?

Blood Management Program Reduces Usage

For years there has been a movement to reduce the usage of blood products – not just to conserve an expensive and finite resource, but also to improve patient outcomes. Numerous studies have shown that inappropriate blood product usage may be associated with increased risks, mortality, and morbidity. Studies have also shown that education alone has a limited impact on reducing usage; information must be combined with strategy, policy development, and standardization of practices for lasting change.

UI Hospitals and Clinics enlisted the help of nurses who were passionate about patient and transfusion safety to implement a new program. Aldijana Avdić, BSN, RN, PBMS, CPHQ, and Anne Smith, MSN, RN-BC, Nursing Practice Leader Nursing Quality, attended a conference where they learned how to put together a strategically-sound patient blood management program. They worked on policies and training programs, enlisting the help of champions to develop educational presentations for our clinical and nonclinical staff.

One central theme of the program was changing the default transfusion order from two units to one unit at a time instead of two, receiving support at all levels. “Nurses really got the project going, and sustained it through transitions,” Avdić said. “Now it’s ingrained in our culture, and everyone is speaking the same language.”

Blood Transfusion Rate per 1,000 Discharges

Anemia Clinic

It is estimated that up to 35 percent of certain surgical patients may be anemic. The Patient Blood Management Program piloted an anemia clinic that identified pre-surgical patients with low hemoglobin. The clinic offered these patients blood-strengthening treatments to reduce their need for transfusions in surgery. The success of the pilot program led to the opening of a full-fledged Anemia Management Clinic.
We’ve Found Our NICHE!

Nurses Improving Care for Healthsystem Elders (NICHE) is the leading nurse-driven program designed to help hospitals improve the care of older adults. NICHE designation recognizes dedication and progress in improving quality of care for older adults. Out of more than 600 NICHE-designated hospitals, just 72 have reached the highest level of commendation: NICHE Exemplar status.

UI Hospitals and Clinics is the only hospital in Iowa to achieve NICHE Exemplar status, which recognizes ongoing, high-level dedication to geriatric care and preeminence in Iowa to achieve NICHE Exemplar status. Of all Iowa hospitals, just 72 have reached the highest level of commendation: NICHE Exemplar status. NICHE Data

Continuation of Care: ACO Nurses Bring the Pieces Together

Since 2012, Accountable Care Organizations (ACOs) have been part of America’s health care landscape. ACOs focus on quality, cost, and overall care to improve the health of individuals and communities. Central to the success of these groups is coordination, integration, and communication—particular talents of the ACO care coordinators at UI Hospitals and Clinics.

Whole teams of providers are behind every patient’s care: staff nurses, attending physicians, nurses, social workers, and navigators. ACO care coordinators are educators and encouragers, involving patients and caregivers in planning and helping them take responsibility for their own wellbeing.

“Nurses love this work,” Wasson noted. “There are amazing success stories every day. They are truly changing lives.”

Appropriate Care for a Vulnerable Population

The focus of care of the intellectually disabled has undergone a major change both locally and nationally, shifting from institutionalized care to community-based care. However, this process has left some patients in limbo, especially intellectually disabled patients who have a co-occurring mental illness with behavior problems. The needs of such patients often surpass the skill level of their caregivers. In most instances, inpatient psychiatric care is not appropriate, leaving very few options for these patients and their caregivers.

A new program at UI Hospitals and Clinics has been developed to provide a multi-level treatment approach for this vulnerable population. This program, provided by the Department of Psychiatry, brings together an advanced practice provider to diagnose medical conditions, a behavioral psychologist to diagnose behavioral issues, and the caregivers themselves to develop plans and strategies to better manage behaviors on an outpatient basis.

Building Specialized Services: Better Serving our Community

A serendipitous meeting of two UI Hospitals and Clinics doctors at a community meeting led to the first and only clinic in Iowa dedicated to the needs of lesbian, gay, bisexual, and transgender patients. Nancy Dole, BSN, RN-BC, immediately applied for a staff nurse position in the clinic, and finds the work enormously satisfying. The LGBT clinic operates out of the beautiful new Iowa River Landing facility, and there has been no shortage of clientele since the clinic opened in September of 2013.

Some operations, medicines, hormones, and physical needs are unique to this population. Additionally, patients presenting outwardly as one gender may have medical needs of another, which can be awkward in waiting rooms and exam rooms of traditional providers. Dole is the first clinic contact for most patients, and sets the stage for its welcoming and affirming environment. She is especially gratified by the response of transgender patients: “They get so excited that we recognize and understand they have unique needs.”

The clinic’s website—www.ijnlpclinic.com—has emerged as a major source of health information for the Iowa City LGBTQ community, and Dole has contributed to that effort as well.

Normalization of Pregnancy

“Centering Pregnancy” is not a class. It is an enhanced model of prenatal care that brings together expectant mothers, individual attention and mutual support. A series of one-hour sessions work. ACO care coordinators are educators and encouragers, involving patients in care and helping them take responsibility for their own wellbeing.

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Building Great Nurses: 100 Great Nurses

Since 2006, “The 100 Great Iowa Nurses” program has recognized nurses throughout the state that have made meaningful and lasting contributions to their patients, colleagues, and the nursing profession. More than 100 nurses from UI Hospitals and Clinics have received this honor, including 1 making the list in 2014 and eight in 2015.

2014: Martha Blondin, MSN, RN, OCN, Nursing Practice Leader, Medical Surgical Division • Linda Boehmer, BSN, RN, CPN, Staff Nurse, Peds Specialty Clinic • Mindy Bowser, BSN, RN, CAPA, Assistant Nurse Manager, Day of Surgery Admissions • Laura Collins, BSN, RN, NP (ASCP), Assistant Laboratory Manager, DeGowin Blood Center • Jennifer Ehrlich, RN, Staff Nurse, Peds Dialysis • Elynn Harris-Heal, MA, ARNP, PNP, Critical Care/Neonatal Nurse Practitioner, NICU • John Morgan, MSN, RN, ACNS-BC, Nursing Practice Leader, Transitional Care Program • ICS-Administration • Jeanette Muller, RN, CHFN, Nurse Clinical-Specialist, Transitional Care Program, ICS Administration • Debra Picone, PhD, RN, CPHQ, Quality and Operations Improvement Engineer, COSEP • Colleen Shipley, BSN, RN-BC, Staff Nurse, Peds Cardiology, Cath Lab • Kathleen Burrell, PhD, RN, PMHCNS-BC, FAAN, Nurse Research, EBP, Quality

2015: Paula Forest, MSN, ARNP, OCN, GNP-BC, CHPN, Advanced Registered Nurse Practitioner, Palliative Care Consult Service • Amy Leitch, DNP, ARNP, MBA, CPNP, FNP-BC, Advanced Registered Nurse Practitioner, Anesthesia Management Clinic • Lisa Maske, BSN, RN, Nurse Clinician/Specialist, Transitions of Care Team, ICS Administration • Deana McAndrew, RN, Staff Nurse, Pediatric Catheterization/EP Lab • Christine Mertz, BSN, RN, CPN, Assistant Nurse Manager, Pediatric Catheterization/EP Lab • Julie Neuzil, RN, Staff Nurse, OB Services, Women’s Health Center • Roger Roseder, BSN, RN, Pediatric Sedation Team • Christina Woline, MSN, RN, CPN, Advanced Registered Nurse Practitioner, Anemia Management Clinic • Lisa Kongable, MSN, RN, CPHQ, Staff Nurse, Behavioral Health Unit

Additional Kudos

In 2013, Nursing Practice Leader Barbara “BJ” Hannon, MSN, RN, CPHQ, Nursing Practice Leader, Nursing Quality, received the Board of Regents Staff Excellence Award, presented to those “whose accomplishments have significantly benefited the university, brought honor or recognition to the university, and who have a significant positive impact on the state’s economy.” Ms. Hannon received the award for her work as the Magnet Coordinator, achieving Magnet Hospital Designation for UI Hospitals and Clinics three times.

Sharon Tucker, PhD, RN, PMHCNS-BC, FAAN, Director, Nursing Research, Evidence-Based Practice and Quality, was inducted into the American Academy of Nursing in October of 2014. Criteria for the honor include evidence of significant contributions to nursing and health care, and a nursing career that has influenced health policies and the health and wellbeing of all.

The Sally Mathis Hartwig Scholarship for practicing UI Hospitals and Clinics nurses was awarded to Janine Petitgout, MSN, ARNP, Palliative Care and Continuity of Care, in 2014, and Kathleen Burrell, DNP, RN, Nurse Manager, 2JCP, Pediatric Stepdown Unit, and Anne Byee, BSN, RN, CPN, staff nurse, 2JCP, Pediatric Bone Marrow Transplant, in 2015.

The UI College of Nursing and UI Hospitals and Clinics Department of Nursing Services and Patient Care were joint recipients of the 2014 American Association of Colleges of Nursing Exemplary Academic-Practice Partnership Award, presented to institutions with a highly productive and model academic-practice partnership.

The Professional Recognition Program Celebrates Nursing Achievement

The Professional Recognition Program (PRP) recognizes accomplishments of bedside staff nurses and incented them to stay engaged in direct patient care as they support safety, quality, and research. The program highlights RNs who consistently go “above and beyond.”

PRP portfolios are accepted twice a year for two different recognition levels. Level 1 (silver) requires RNs to meet 10 of 17 professional achievements and contributions (PACs). Level 2 (gold) is awarded to RNs who have achieved 15 of 23 PACs. Eligible PACs include maintaining other nurses and students, committee participation, and involvement in professional activities, with a focus on service excellence and quality improvement. Successful applicants are recognized at a ceremony, are listed on the PRP website, and receive a monetary award.

The program builds confidence as participants realize their accomplishments, and builds commitment to the profession as nurses mentor colleagues.

“The program is so affirming and validating to your professional role as a nurse here,” said Lisa Kongable, MA, RN, PMHCNS-BC, staff nurse, Behavioral Health Unit. Kongable received Level 1 recognition with the inaugural PRP cohort in February 2014, and was one of the first two RNs to receive Level 2 recognition in February 2015. “It really nurtures professional development,” she said. “The program promotes networking and contributes beautifully to the Magnet culture...a really positive thing on multiple levels.”

Key metrics: Cohort 1, February 2014: 16 new RN applicants at Level 1 Cohort 2, July 2014: 20 new RN applicants at Level 1 Cohort 3, February 2015: 8 new RN applicants at level 1, 8 renewing RN applicants at Level 1, 2, former Level 19 new at Level 2.
DAISY Award winners

The DAISY Foundation provides grants, encouragement, and awards for exceptional staff nurses across the country. Developed as a way to give back to nurses who give so much to their patients, the DAISY Award recognizes one of our nurses each month with a bouquet of daisies (of course), a unique sculpture, cinnamon rolls, and a banner displayed on their unit.

May and June 2015: Stephanie Bock, RN, and Tomasz Palasiewicz, BSN, RN

April 2015: Sherry Hall, RN, OCN, BMT-CN

March 2015: Matt Bell, BSN, RN

February 2015: Bobby Anderson, BSN, RN

January 2015: Naha Darji, BSN, RN

December 2014: Todd Widner, BSN, RN

November 2014: Bridget Dougiam, BSN, RN

October 2014: Natalie Chadwick, MSN, RN

September 2014: Toni Mueller, RN, MSN, CCRN; Emily Wynn, BSN, RN, MBA; Natalie Norton, BSN, RN; Kenneth Rempher, PhD, RN, MBA; and Kenneth P. Kates, MBA

UI Hospitals and Clinics Firsts

We are the

• First to adopt the Partners in Care curriculum for Nursing Assistant orientation
• First collaborative nursing practice and academic simulation lab and center in Iowa (UI Department of Nursing and UI College of Nursing Nursing Clinical Education Center)
• First nursing collaborative between nursing practice and academia in Iowa for practice, research, education and informatics (UI Department of Nursing and UI College of Nursing)
• First nursing department in Iowa to have a comprehensive nursing shared governance model (dates back to the 1970s)
• First nursing department in Iowa to integrate NANDA/NIC/NOC standardized nursing language in Epic for care planning and flow sheet documentation
• First in the nation to add our own custom code within Epic for blood bar coding/administration processes and use it as the 2nd independent check (instead of two nurses checking it together)
• First in Iowa to receive NICHE Exemplar status
• First hospital in Iowa to receive the prestigious Magnet Prize®
• First to integrate Epic and the Alaris pump