Introduction

On behalf of the Department of Nursing Services and Patient Care at University of Iowa Hospitals & Clinics, I am delighted to present the Calendar Year 2021 Annual Report.

The report is centered around the American Nurses Credentialing Center (ANCC) model for the Magnet Recognition Program®. The model was designed to guide both nursing practice and research and is comprised of the following five components:

1. **Transformational Leadership** – Visible, accessible, and responsive leaders who communicate expectations and develop a pipeline of future leaders; strong nursing mission, vision, values, philosophy of care, and professional practice model; nursing leaders at all levels who demonstrate advocacy and support on behalf of interprofessional team members and patients; and the chief nurse executive (CNE) is an organizational decision maker and influences change beyond nursing

2. **Structural Empowerment** – Nurses throughout the organization are involved in shared governance and decision-making structures and processes that address opportunities for improvement and establish standards of practice; completion of ongoing educational needs assessments; evidence of continuing professional development and tuition reimbursement programs; access to web-based resources and support for nursing certification; and participation in local, regional, national, and international meetings and conferences

3. **Exemplary Professional Practice** – Professional practice model that provides the framework for nurses, nursing care, and interprofessional patient care and illustrates the alignment and integration of nursing practice with the mission, vision, values, and philosophy of care; and programs and policies that support caregiver stress, diversity, clinician rights, confidentiality, care for the impaired caregiver, and methods to address interprofessional conflict

4. **New Knowledge, Innovations & Improvements** – Evidence-based practice and research are integrated into clinical and operational processes as demonstrated by at least one nurse serving as a voting member of the Institutional Review Board (IRB) and a minimum of two completed nursing research studies and one ongoing research study during each designation timeframe

5. **Empirical Outcomes** – Nurses throughout the organization contribute to patient, nursing workforce, organizational, and consumer outcomes

Organizations that have attained Magnet® designation are recognized as being at the pinnacle for nursing excellence due to the strict criteria set forth by ANCC that must be met or exceeded prior to each designation. Achieving Magnet® designation results in immeasurable benefits to the organization, some of which include attracting and retaining brilliant employees; improving care, safety, and satisfaction; fostering a collaborative culture; advancing nursing standards and practice; growing business and financial success; and validating and recognizing nursing excellence.

It is truly an honor to share a brief glimpse into some of the amazing work being done by individuals and interprofessional teams within the Department of Nursing Services and Patient Care that is directly aligned with the Magnet® model. I hope you are able to take a few moments to enjoy the content featured in the Calendar Year 2021 Annual Report.

Sincerely,

Kimberly D. Hunter, DNP, MBA, RN, NEA-BC
Chief Nurse Executive
University of Iowa Hospitals & Clinics
TRANSFORMATIONAL LEADERSHIP

Award-Winning Transformational Leaders

Transformational leaders meet future health care demands with vision, influence, clinical knowledge, and expertise related to professional practice. Among the many transformational leaders at UI Hospitals & Clinics are those recognized in 2021 through prestigious internal and external awards.

FELLOW OF THE AMERICAN ACADEMY OF NURSING

Lou Ann Montgomery, PhD, MAN, RN, NPD-BC, RN-BC, FAAN, director, nursing services

This award is considered the highest honor in the nursing profession. Montgomery’s seminal contributions to nursing include conducting landmark research and implementing evidence-based practices for family support and sibling visitation; providing visionary leadership and partnering with numerous academic nursing programs, including co-founding the UI Nursing Collaboratory; and building a creative, foundational infrastructure for onboarding new graduate nurses and advancing the professional development of nurses.

ANN WILLIAMSON AWARD FOR LEADERSHIP AND INNOVATION IN NURSING AND PATIENT CARE

Kara Prickett, MSN, RN, NPD-BC, nursing practice leader

This award recognizes a nurse, nurse leader, or clinical professional who has demonstrated an exceptional ability to lead and has an outstanding reputation for servant leadership and innovation. Prickett led development of the Nursing Education (NEd) app that provides just-in-time, point-of-use training to nursing staff to quickly review need-to-know educational information. Prickett also refreshed everyday nursing education events and operations with creativity and technology.

THE PHIL AWARD, RESPIRATORY CARE

Jennifer Brown, RRT, senior respiratory therapist

The PHIL (Pulmonary Health and Illnesses of the Lung) Award recognizes excellence in respiratory therapy. Brown was nominated by a colleague for going the extra mile to make a difference in the lives of patients—for example, ensuring a patient in the Cardiovascular Intensive Care Unit was bathed, shaved, and dressed prior to the arrival of the patient’s spouse, which created a special, meaningful moment for the couple.

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THE DAISY LIFETIME ACHIEVEMENT AWARD™

Laura Cullen, DNP, RN, FAAN, associate research scientist/engineer

This award is given to nurses who have devoted their life’s work to the compassionate care of others. Cullen is recognized by the global nursing community for pioneering research and publications on evidence-based practice, the process of applying clinical findings to patient care, and clinical decision-making. Cullen co-authored the Iowa Model, co-created the Iowa Implementation for Sustainability Framework, and co-authored the book Evidence-Based Practice in Action.

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In late 2020, the Children’s and Women’s Services (CWS) division purchased access to a platform for studying and preparing to take numerous professional nursing certification exams. Under the transformational leadership of Heather Eastman, MSN, RN, PEDS-BC, nursing practice leader, CWS experienced an immediate increase in nurses successfully using this platform to prepare and pass eight CWS-related exams. The mobile device-friendly platform provides each participant with 24/7 access to high-quality, evidence-based, comprehensive, up-to-date content.

Lou Ann Montgomery, PhD, MAN, RN, NPD-BC, RN-BC, FAAN, director, nursing services, learned of this success and advocated to nursing leadership to extend the purchase to serve the entire department. With widespread platform access since spring 2021, the Department of Nursing Services and Patient Care has seen the same improvement, and content is available for 20 exams. As of Oct. 15, 2021, 351 review courses had been accessed through the platform. Montgomery also convened a group of 19 certification champions across service lines and roles to help nurses with the platform and use other resources to achieve certification success.

Additional study resources continue to be available for those not wanting a platform approach. These include review courses and study materials from a lending library.

As of Sept. 30, 2021, the professional certification rate for all nurses across UI Hospitals & Clinics was nearing 50% (49.69%) due to efforts of many transformational leaders championing professional certification.
Kimberly Hunter, DNP, MBA, RN, NEA-BC, became chief nurse executive (CNE) on April 15, 2021. As CNE, Hunter leads the UI Hospitals & Clinics Department of Nursing Services and Patient Care and provides administrative oversight to nursing services, the Care Coordination division, the Department of Rehabilitation Therapies, and the Department of Respiratory Care.

Even though learning the day-to-day business and culture at UI Hospitals & Clinics will continue to take time and collaboration, Hunter immediately hit the ground running. Hunter has worked with individuals and interprofessional teams throughout the Department of Nursing Services and Patient Care to identify opportunities for improvement and to influence and inspire everyone to outperform their perceived capabilities in order to achieve remarkable patient, clinician, and organizational results.

As Hunter spent time gathering information and performing an assessment, certain themes emerged: employee engagement, leadership development, staffing, and patient outcomes. The fall 2020 employee engagement results were shared, and nursing leaders met often to identify strategies and actions to increase engagement and provide support for frontline managers before the fall 2021 survey. Collectively, these efforts resulted in an increased nursing response rate from 72% to 84%.

Assessment efforts are currently underway in the area of leadership development to determine what will best meet the needs for both new and experienced nursing leaders. Recruitment and retention have been priorities as have patient safety and the patient experience.

Hunter quickly set the direction, determined priorities, and began supporting both individuals and teams in achieving the priorities. The Department of Nursing Services and Patient Care is extremely well-positioned as we move into what is sure to be a successful 2022!
### Professional Development Opportunities Abound

Nursing Education offers numerous programs to enhance the professional development of all levels of nurses and interprofessional team members. Programs are free of charge or low-cost, and most programs grant continuing nursing education credits. Some programs can be used to meet requirements for direct care nurses applying for the Professional Recognition Program.

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<th>Program</th>
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<td>Shared Governance Workshop 2021</td>
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**Improving Infant Feeding Processes to Advance Neonatal Outcomes**

Maritza Johnson, MSN, RN, CNL, RNC-NIC
Clinical Practice Leader, NICU

**Nursing Research and EBP Grand Rounds**

Maritza T. Johnson, MSN, RN, CNL, RNC-NIC
Clinical Practice Leader, NICU

**Continuing Education Classes**

646 external attendees
3,796 internal attendees

**Staff Nurse Leadership Development Series**

85 Charge Nurse Workshop attendees
91 Influencing Change Workshop attendees
45 Staff Nurse Leadership Workshop attendees

**Shared Governance Workshop 2021**

Total attendees
**Comfortable with the Unknown**

"You have to be willing to go the extra mile to have great patient outcomes. Patients are our focus."  
JENNIFER SMITH, BSN, RN, CNOR, STAFF NURSE

After more than 12 years at UI Hospitals & Clinics, Jennifer Smith, BSN, RN, CNOR, staff nurse, knows a thing or two about caring for others. When COVID-19 emerged, Smith put previous experience into practice.

"Change is inevitable," says Smith. "What’s going to get you through is how you respond to the situation." Smith says part of being an operating room nurse is becoming comfortable with the unknown.

"Nonverbal communication is key," says Smith. "Being an OR nurse involves the skill, thinking about next steps, and reacting quickly to eight different things at once." As the pandemic continues, Smith knows open communication is critical and is quick to share updates to keep team members informed when functioning as the charge nurse.

"You have to be willing to go the extra mile to have great patient outcomes," Smith says. "Patients are our focus." Smith knows surgery can be a scary thing for people at any time, particularly during COVID-19, but Smith is there to put their minds at ease.

"I love helping patients and giving them some of the confidence that I have," Smith says. "Stepping forward, knowing that you can safely take care of the patients, changes the outlook for a lot of people.”

Smith was recognized and featured in a photo essay compiled by the American Journal of Nursing to highlight moments in nursing and midwifery care that occurred in 2020, which was initially set to be the Year of the Nurse and Midwife before COVID-19 became 2020’s biggest story.


**Show of Support Team**

Diffusing potentially turbulent situations inside the hospital is one of the most delicate challenges some UI Hospitals & Clinics employees face. One way that challenge is made easier is by using the Show of Support (SOS) team. Over recent years, data has shown an increase in Code Greens (disruptive behavior by patients), but a decrease in restrictive outcomes, or situations in which an intervention of seclusion or restraint is necessary. The SOS team was developed to handle those episodes that may be resolved with verbal de-escalation or non-restrictive interventions.

The SOS team functions as a preliminary response team tasked with diffusing situations before a Code Green response is necessary. The team is comprised of a rotating pool of clinicians from Safety and Security and Behavioral Health Services, with one member from each department responding to a call at any one time.

During fiscal year 21, there were 310 SOS calls; 85% resulted in non-restrictive outcomes for the patient, and for 22%, the SOS team assisted in medication administration. The Emergency Department and the Internal Medicine Unit were the highest utilizers of the SOS team in fiscal year 21.
In September 2020, the adult inpatient phlebotomy team transitioned to the Department of Nursing Services and Patient Care from the Department of Pathology. The inpatient phlebotomy team covers all adult inpatient units across the Medical-Surgical Services, Intensive and Specialty Services, and Behavior Health Services divisions, drawing morning labs between 4 a.m. and 12:30 p.m., seven days a week. Since transitioning to the Department of Nursing Services and Patient Care, the vacancy rate for the adult inpatient phlebotomy team has decreased to 18%.

In March 2021, a phlebotomy training program for nursing assistants and medical assistants was developed. Since this initiative launched, the inpatient phlebotomy team has trained 13 clinicians from inpatient, ambulatory, and research arenas.

The adult inpatient phlebotomy team draws an average of 6,000 morning labs and 150 blood cultures for patients each month. In addition, the team implemented proactive unit rounding and courtesy lab draws on top of the scheduled morning labs.
Celebrating 100 Years of Social Services

The year 2021 marked the 100th anniversary of social workers playing an integral role at UI Hospitals & Clinics.

Social workers recognize the importance of empathy, critical thinking, and collaboration to support patients and families through the different stages of their care. Over the years, the Social Services team joined the Department of Nursing Services and Patient Care but never missed a beat in consistently providing exceptional care and assistance to patients across the care continuum from inpatient to outpatient or the Emergency Department to behavioral health settings. As time marched on, the need for a strong, solid team continued to grow as did the need for increased services.

The hospital’s 1926 Social Services annual report mentioned the number of team members: a part-time head social worker, full-time assistant, part-time student assistant, and a secretary working with over 600 patients. Today, the social work team, part of the Care Coordination division, consists of over 100 social workers working with over 800 adult and pediatric inpatients on a daily basis in addition to being available to thousands more who are being seen in the Emergency Department or outpatient clinics.

“As the social worker, we pull all the pieces together to ensure a safe discharge,” explains Jennifer Enriquez-Lawler, LMSW, social worker III, who works with patients from across Iowa. “We take recommendations from the medical team, physical and occupational therapy, and dietary along with looking at what their home life is like and what is available in their community.”

Alycia Karsjens, LMSW, social worker I in the Emergency Department, is always ready to assist patients and their families. “I take pride in trying to be the calming force,” Karsjens says.
Some specific criteria and processes for using the Discharge Lounge include:

- Adult self-ambulating, self-care medical, or surgical patients who were observation, acute, or intermediate patients and are discharging to home and awaiting transportation
- Patient able to self-administer medications
- Discharge orders are written, fully executed, and home-going prescriptions are picked up prior to the patient being taken to the Discharge Lounge

When an eligible patient is identified, the unit nursing staff communicate to the Discharge Lounge to confirm there is an open chair for the patient and confirm the anticipated patient pick-up time. Once the patient is approved to use the Discharge Lounge, the nurse will have a conversation with the patient regarding the reason for the move.

The Discharge Lounge staff greet the patient, help them into a recliner, and ask when they expect their transportation to arrive. A blanket, bottled water, and diversional activities are offered to the patient.

**SUCCESSES (JAN. 26 – OCT. 26, 2021)**

- **18 UNITS** have sent patients to the Discharge Lounge; the Medical-Surgical Cardiology Unit, Medical-Surgical Hematology/Oncology/Urology Unit, and Short Stay Unit led the way
- **317 PATIENTS** have used the Discharge Lounge
- **350 HOURS EARLIER** Use of the Discharge Lounge has freed up inpatient beds than expected, which has supported throughput from the Emergency Department and Post-Anesthesia Care Unit

**SAMPLE SCRIPTING**

“We have all of your discharge teaching completed, and you have your discharge paperwork. We know that your ride to take you home is coming soon, so we are going to have you wait for them in our Discharge Lounge. There will be hospital staff available in the lounge. We will be sure to communicate this with the driver, who is coming to pick you up. Thank you.”
Worth Every Mile: 
Commuting to UI Hospitals & Clinics

Rick Poore, RN, perioperative staff nurse, travels from Waterloo to Iowa City to work in the operating room as part of the surgical team caring for ear, nose, and throat patients. It is more than 80 miles each way, but Poore doesn’t mind.

“People are sometimes surprised when they hear how far I drive to work each day,” says Poore. “But it’s not a big deal. The drive in gets me ready for the workday, and the drive back lets me unwind so that when I step through the door at home, I am able to focus on my family.”

Poore previously worked in Waterloo, but when Poore started looking for a place of employment that offered a supportive yet challenging work environment, UI Hospitals & Clinics rose to the top.

More than four years after making the switch, it remains one of Poore’s best decisions.

“We self-schedule, so we can rotate which day we want off. If I have a doctor’s appointment, I can schedule my days around that,” Poore says. “It’s that kind of structured team support that really goes a long way in finding a job you love.”

Hannah Delveau, BSN, RN, staff nurse on the Medical-Surgical Hematology/Oncology/Urology Unit, feels the same way.

“When I was going to school, I thought to myself that it was ridiculous to drive an hour [from Davenport] to work. In fact, UI Hospitals & Clinics wasn’t even on my radar to apply for a job, but I went there for my preceptorship before I got my degree. I think it was only my first or second day on the job, and I realized I didn’t want to work anywhere else.”

The welcoming atmosphere, opportunities to learn, and encouraging growth appealed to Delveau.

“Managers are so flexible and understanding. They really mentor you as you go about your day, which has been wonderful,” Delveau says. For nurses who commute, the intangible benefits are worth so much more. The hospital’s reputation attracts talent, and their coworkers make them feel welcome.
**EXEMPLARY PROFESSIONAL PRACTICE**

**Bridging the Communication Gaps from Preop to Phase II**

Lack of a standard process or tool to communicate patient information and parental concerns from the preoperative (preop) setting to the Post-Anesthesia Care Unit (PACU) may result in suboptimal patient care. Inconsistent processes or tools can lead to incomplete handoffs between surgical and anesthesia colleagues, followed by incomplete movement of information downstream during handoff between PACU nurses and second-stage recovery prior to discharge nurses (phase II).

Lori Jenkins, BSN, RN, CNOR, CAPA, nursing practice leader; Laura Wittmann, BSN, RN, staff nurse; and Julie Williams, MHA, BSN, RN, CAPA, interim associate director, nursing services, led a project to develop a tool to improve communication of patient information from the preop setting to PACU, provide prompts to obtain more complete PACU handoffs from surgery and anesthesia colleagues, and provide structure for nurse-to-nurse handoffs downstream from PACU. These efforts focused on improving safety, efficiency, and patient and parent satisfaction.

Select project activities included pre-pilot audits to determine current communication processes between settings and clinician surveys pre- and post-pilot regarding communication gaps and handoff challenges. The pre-pilot feedback was then used to develop a communication tool that was piloted and refined based on user feedback.

The tool was successfully piloted and adopted by clinicians, and the post-pilot surveys indicated that clinicians felt the quality of handoffs improved. Post-pilot audits revealed sufficient use of the tool to provide patient and parent information from the preop setting and improved quality of handoffs on PACU arrival.

Jenkins disseminated project information and results externally to colleagues attending the 2021 American Society of PeriAnesthesia Nurses (ASAPAN) National Conference, which was held virtually in April 2021.

56% (n=9) strongly agreed and 44% (n=7) agreed that nursing handoff from preop to PACU improved

69% (n=11) strongly agreed and 25% (n=4) agreed that nursing handoff from PACU to phase II improved

**The DAISY Team Award™: Emergency Department**

The DAISY Team Award™ honors collaboration between two or more people, led by a nurse, who identify and meet patient and/or family needs by going above and beyond the traditional role of nursing. The highly deserving team honored in 2021 with this prestigious award was the Emergency Department (ED).

While commitment to emergency medicine is evident in the care provided to patients every day, each ED team member’s dedication to the department was highlighted in early summer 2021. A violent incident occurred in the ED waiting room, where there were over 40 patients and visitors. The ED team immediately called 911, evacuated the area, and locked down the unit. Once the individual was subdued, the ED team began providing medical care. The waiting room and triage reopened an hour after the incident. The team never stopped working and ensured minimal interruptions to patients.

The ED team was deeply impacted by the incident, but the team supported each other and used the event as a springboard for change. Team members checked on each other multiple times a day and ensured peers could attend debriefings. They cried together and assisted each other on the job and outside of work. The team used the situation to highlight opportunities to improve security and patient care. Nursing staff implemented twice-daily interprofessional huddles that begin with a motivational word of the day—responsibility, accountability, determination, contribution, resilience, perspective, faith, for example—followed by a unit overview, which led to a collaborative atmosphere and positive mindset, and ensured that all disciplines know current ED state.

That fateful night showcased the extreme situations that ED staff sometimes encounter. More important, it highlighted the professional way the team responds to situations, how they support each other, how determined they are to improve the ED, and how they always put the patient first.

The DAISY Team Award™: Emergency Department

44 rooms

145 patients/day on average

145+ nurses, paramedics, and nursing assistants

38 attending physicians

4 pharmacists

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A new inpatient psychiatry unit, opened on March 24, 2021, offers a different look and an updated model of care focused on preventing problem behaviors. The unit was specifically designed to feature new amenities that help create a more positive experience for both patients and clinicians, including:

- A brighter space with more natural light
- New exercise equipment
- All private rooms
- Two sensory/destimulation rooms
- A new position, behavioral health consultant (BHC), which refers to individuals who have a specialized skill set in multiple therapeutic modalities such as dialectical behavior therapy, applied behavior analysis, and rational behavior therapy

One side of the unit has 13 beds for patients older than 14 years of age in need of treatment for eating disorders. The other side of the unit is 12 beds for patients primarily needing treatment for mood disorders.

As other hospitals and health systems throughout Iowa have closed similar units, this move represents UI Hospitals & Clinics’ devotion to the mental health of Iowans and continued commitment to all patients seen within the facilities.
EXEMPLARY PROFESSIONAL PRACTICE

COVID-19 Care Across the Continuum

Turning on a dime was critical when it came to UI Hospitals & Clinics’ COVID-19 response. Three key initiatives involved developing the Home Treatment Team, establishing a contact tracing process, and delivering vaccinations safely and efficiently to the Johnson County community and people of Iowa.

HOME TREATMENT TEAM

A COVID-19 Home Treatment Team telehealth program was developed within a week of UI Hospitals & Clinics admitting its first COVID-19 positive patient in March 2020. Under the leadership of Stephanie Stewart, PhD, RN, RNC-NIC, associate director; nursing services, and Andrew Bryant, MD, clinical assistant professor, the Home Treatment Team was launched to monitor symptoms of all ambulatory COVID-19 positive patients in order to detect early physiological distress of high-risk patients at home and reduce the risk of overburden to the health care system.

In August 2020, the home treatment program transitioned to the influenza-like illness (ILI) team led by Katie Bulin, MBA, BSN, RN, CEN, nurse manager, and Robert Linnell, MPAS, PA-C, PA/ARNP/CEN, nurse manager, and Robert Linnell, MPAS, PA-C, PA/ARNP/CEN, nurse manager. To this day, the nurse team continues to contact all COVID-19 positive patients within 24 hours and provide education regarding the disease while triaging symptoms and offering a telemedicine visit with a provider or in-person ILI Clinic follow-up. High-risk patients are sent a kit containing portable devices to measure oxygen levels and blood pressure in collaboration with the pharmacist team. The ILI providers collaborate with the internal medicine team if a patient requires triage to an inpatient level of care.

The program now includes resources in the electronic health record patient portal, such as Self-Checker, for patient-initiated triage and COVID-19 test scheduling. Another application available through the patient portal is Care Companion, which sends daily surveys to COVID-19 patients and gives care recommendations. Results are sent to ILI providers for follow-up based on patients’ answers. Both allow for efficient access to safe care for all patients while respecting hospital resources for the sickest patients.

CONTACT TRACING

The University Employee Health Clinic (UEHC) started employee contact tracing for infectious diseases on Aug. 3, 2020. Since then, UEHC has learned much about the COVID-19 virus and how it spreads, focusing on continuous improvement to better track potential exposures and keep the UI Hospitals & Clinics community safe.

Employees positive for COVID-19 are contact traced to ensure others have not had a high-risk exposure. Individuals with potential exposures are investigated and counseled to self-monitor or quarantine to break the chain of transmission. They also are scheduled for testing at pre-determined timeframes to catch asymptomatic positive cases.

Data collected by the contact tracing team is used to help better understand and track the spread of COVID-19 within UI Hospitals & Clinics to help keep patients, visitors, and team members safe.

Average call volume in November/December 2020 before the vaccine:

160 calls/day during 24-hour clinic hours

Currently, 1 contact tracing clerk and 6 UEHC nurses handle lead roles during clinic hours and on weekends

COMMUNITY IMMUNITY

UI Hospitals & Clinics marked a milestone in its COVID-19 vaccination journey on Feb. 3, 2021, with 1,005 first-dose vaccinations administered in one day for Johnson County residents.

This was made possible through the collaboration of many teams to convert the first floor of the Health Care Support Services Building (HSSB) in Coralville, Iowa, into an efficient and safe space to receive a vaccine. The operational efficiency and flow of the space meant that there were no lines, physical distancing could be maintained at each step, and first-dose-vaccinated individuals left with their second vaccine appointment already booked.

For the team members giving the vaccinations and the patients receiving the vaccinations, it was a meaningful day.


20,655 positive patients contacted by Home Treatment Team (March 2020 – November 2021)

1,005 first-dose vaccinations in 1 day

39,701 vaccinations from Feb. 3 – Oct. 27, 2021
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Investigators Conduct Research to Discover

UI Hospitals & Clinics leaders and clinicians understand the importance of nursing research. New studies are centered on helping clinicians and patients, despite challenges from the pandemic.

- Jodi Bloxham, DNP, ARNP, CPNP-AC, CPNP-PC, clinical assistant professor; Stephanie Stewart, PhD, RN, RNC-NIC, associate director, nursing services; Paula Leveti, MS, RN, CCRN-K, nursing practice leader; and Danielle Hodge, DNP, ARNP, PNP-AC, critical care/neonatal ARNP, collaborated on a study to assess parental anxiety related to visitor restrictions during COVID-19 in the Pediatric Intensive Care Unit.

- Laura Cullen, DNP, RN, FAAN, associate research scientist/engineer; Kirsten Hanrahan, DNP, ARNP, CPNP-PC, FAAN, director, nursing services; Stephanie Edmonds, PhD, MPH, RN, nurse scientist; and Michele Wagner, MSN, RN, CNRN, nursing practice leader, developed the Iowa Implementation for Sustainability Framework, which provides guidance to clinicians who are implementing a practice change. With feedback from members of the Nursing Practice Leader/Clinical Practice Leader Council, investigators used a four-step, iterative mixed-methods approach to evaluate and revise this framework.

- Cullen and Edmonds have also partnered with Priya Pennathur, PhD, associate professor, UI College of Engineering, to understand how triage nurses working in the Integrated Call Center navigate patient phone calls about COVID-19 with frequently updated guidance from public health officials.

- Hanrahan is the site investigator for the U.S. Clinician Well-Being Study. The purpose is to determine whether the value of positive work environments affects clinicians’ well-being and patient safety and quality of care. This study is taking place at over 60 Magnet®-designated hospitals.
Innovations in Nursing & Patient Care

"Never was there a more perfect storm for innovation and change in health care. We rose to the occasion."

KIRSTEN HANRAHAN, DNP, ARNP, CPNP-PC, FAAN, DIRECTOR, NURSING SERVICES

Guest speakers sparked the spirit of frontline innovators in 2021. Rose Hedges, DNP, RN, nursing research and innovations coordinator with UnityPoint Health, presented "Nursing Innovations: Prototyping at the Point of Care" at Nursing Grand Rounds, and Dan Weberg, PhD, MHI, BSN, RN, head of clinical innovation with Trusted Health, inspired with "Nursing’s Blockbuster Moment: Innovation and the Future of Our Profession" at the Ann Williamson Leadership and Innovation Event.

The Department of Nursing Services and Patient Care was awarded $50,000 in funds by the Office of the Chief Innovation Officer to jump start projects. UI Ventures provided mentoring and key connections.

In partnership with UI Hospitals & Clinics clinicians and UI College of Engineering students, Laura Cullen, DNP, RN, FAAN, associate research scientist/engineer, and Priya Pennathur, PhD, associate professor, UI College of Engineering, developed and evaluated a device to prevent common medication errors related to roller clamps.

Abigail Holtkamp, BSN, RN, staff nurse, and Molly Kucera, MBAHC, BSN, RN, CNAMB, CNOR, interim associate director, nursing services, took the idea for a cart to safely store surgical hoods worn for total joint repair procedures to Master Tool & Manufacturing in Hiawatha, Iowa, and co-created a design and prototype for testing.

An interprofessional team, led by Julia Langin, MSN, RN, CWON, CMSRN, nursing practice leader, took a UI developed computer application, for auditing hospital-acquired pressure injuries (HAPI app) to NewBoCo (New Bohemian Innovation Collaborative) in Cedar Rapids, Iowa, for redesign, with plans to expand to other quality metrics.

Kara Prickett, MSN, RN, NPD-BC, nursing practice leader, and Nursing Education colleagues took NEd., the innovative, just-in-time education platform they developed, to Bio::Neos, a software company in Coralville, Iowa, for customer discovery and market research.
The Evidence-Based Practice (EBP) Internship and EBP Change Champion programs bring frontline clinicians to the forefront of promoting and implementing change. Through education, training, mentorship, and support, these clinicians lead teams through the EBP process and create a practice change for their local setting.

In 2021, six interns and one staff nurse mentor were celebrated for the work they accomplished:

- Margo Cox, BSN, RN, staff nurse: Evidence-Based Pain Assessment in Nonverbal Palliative Care Patients
- Allison Hanson, BSN, RN, PMGT-BC, nurse clinician, and Seth Jackson, BSN, RN, staff nurse mentor: A Functional Pain Scale in Adult Cardiothoracic Inpatients
- DeeAnn Hebrink, RN, PEDS-BC, staff nurse: Supportive Care for Children with Autism Spectrum Disorder During Venipuncture
- Sarah Helle, BSN, RN, CPN, staff nurse: Standardizing Pediatric Non-Oncology Acute Infusion Reaction Processes
- Peggy Lyon, MA, RD, LS, CNSC, dietician II: Evidence-Based Oral Nutritional Supplements for Medical/Surgical Patients
- Emily Neeld, BSN, RN, nurse clinician: Supporting Families Across the Lifespan: Transition of Care for Patients with Chronic Kidney Disease From Pediatric to Adult Care Services

Additionally, eight EBP change champion and leader partner teams completed fall reduction or safe patient handling projects in ambulatory and inpatient settings. An example of one of the eight projects is highlighted below:

- EBP change champion Andrew Robertson, BSN, RN, staff nurse, and practice partner Brittany Weijen, BSN, RN, OCN, assistant nurse manager, created an innovative decision support tool to engage patients in preventing falls on the Medical-Surgical Hematology/Oncology/Urology Unit.
Nursing Research and Evidence-Based Practice

UI Hospitals & Clinics nurses and interprofessional teams generate new knowledge through research and disseminate findings for global impact. Applying evidence requires adaptation and innovation to improve healthcare for patients and the community. UI Hospitals & Clinics’ reputation as world leaders in evidence-based practice (EBP) is demonstrated by reach of the Iowa Model and Iowa Implementation Framework.

**IOWA MODEL**
(2001-2021)
- 9,750 requests
- 50 states
- 63 countries
- 1,241 citations

**IOWA IMPLEMENTATION FRAMEWORK**
(2013-2021)
- 5,824 requests
- 50 states
- 58 countries
- 125 citations

**ACTIVE DISCOVERY LED BY THE DEPARTMENT OF NURSING SERVICES AND PATIENT CARE**
(2021)
- 20 research studies
- 32 EBP projects
- 8 EBP Change Champion projects
- 4 innovations

**28TH NATIONAL EVIDENCE-BASED PRACTICE CONFERENCE**
(APRIL 14–15, 2021)
- 1st virtual event with hybrid of live and recorded sessions
- 340 participants
- Over 80 posters and 20 recorded video presentations
- 156,483 sponsor impressions
- 1,527 total webpage views
- 1,189 messages exchanged by participants
- 1,123 profile views
- 731 attendee interactions
- 239 recommends
- 87% loved the app platform
- 75 photos posted with 357 likes

**EVIDENCE-BASED PRACTICE IN ACTION**
(2018-2021)
- 828 library holdings
- 19,231 total downloads
- 49 states
- 41 countries
- 55 citations

The second edition of *EBP in Action*, loaded with examples of EBP led by UI Hospitals & Clinics clinicians, will be released in summer 2022.
EMPIRICAL OUTCOMES

NICU Neuroprotection: Interventions Supporting the Developing or Injured Brain

IN FISCAL YEAR 21

5.7
average days to first eligible skin-to-skin holding (down from 9.2 days in fiscal year 20)

80.4%
of patients >36 weeks were held skin-to-skin during their admission (up from 79.2% in fiscal year 20)

Neuroprotection in the Neonatal Intensive Care Unit (NICU) uses four pillars of care: supporting a healing environment, individualizing infant care, strengthening and supporting families, and working collaboratively. Evidence-based interventions include skin-to-skin holding, positive feeding experiences, and infant reading. Skin-to-skin holding, which involves a parent holding their diapered infant on their bare chest, is associated with improving infant’s quality of movements, decreasing infant stress signals, improving breastfeeding rates, decreasing pain scores, and promoting parental-infant bonding, psychological well-being, and parental involvement.

Positive infant feeding experiences are achieved through sensitive oral approaches, developmental readiness scoring, drops of milk or non-nutritive breastfeeding during tube feedings, following infant stress cues, and utilizing reliable feeding systems. Providing a positive feeding experience decreases an infant’s risk for feeding refusals, oral aversion, texture disapproval, and oral-motor problems.

Reading to infants is beneficial, even for those born very early. From 26 weeks on, infants can perceive and react to auditory information. By 35 weeks, auditory processing helps learning and memory. Reading strengthens neural connections, promotes social, emotional, and language development; supports language and reading outcomes; and promotes parent-child interactions. Reading provides cognitive nutrition where language-rich interactions are integral to an infant’s brain development. It is one of many neuroprotective interventions that improves outcomes for UI Stead Family Children’s Hospital’s smallest patients.

To celebrate national literacy and NICU awareness month in September, the NICU participated in their first-ever Babies with Books Read-a-Thon, an annual worldwide event promoting reading. During this event, babies 27 weeks and greater were read to for specific, evidence-based times to promote auditory stimulation. Parents, team members, and trained volunteers read to patients. UI Stead Family Children’s Hospital ranked 21st out of 120 participating NICUs with 837 reading sessions for approximately 9,938 minutes during the 10-day challenge.
Strong Educational Infrastructure Promotes Competence and Confidence Among Nursing Staff

Nursing practice leaders in Nursing Education are dedicated to onboarding new nursing staff and supporting their successful transition and ongoing professional development. These talented nurse educators have nimbly pivoted when challenged with pandemic restrictions, which impacted teaching strategies and unpredictable class volumes. As a result, UI Hospitals & Clinics achieved and sustained national accreditation for two transition-to-practice programs and increased participation of nurses in the Professional Recognition Program.

**ONBOARDING**

During fiscal year 21, there were 1,249 new hires to the Department of Nursing Services and Patient Care who were successfully onboarded. Nursing practice leaders Kristina Beachy, MSN, RN, CNOR, CPAN; Rachel Wichmann Hottel, MSN, RN, NPD-BC; April Roe, DNP, RN, NEA-BC; Sarah Schneider, MSN, RN, PCCN, NPD-BC; and Christina Wolnine, DNP, RN, NPD-BC, along with staff development instructor Louise Letendre, RN, were instrumental in providing the initial onboarding education. Orientation schedule changes included reducing the inpatient electronic health record training to one day, clustering health services professional training for nursing assistants/psychiatric nursing assistants outside their initial orientation week, and scheduling Compassionate Connected Care™(C3) training to coincide with inpatient registered nurse and nursing assistant/psychiatric nursing assistant start dates.

251
nurses participated in the program in fiscal year 21

221
nurses completed the program (88.0%) in fiscal year 21

**NURSE RESIDENCY PROGRAM**

The Nurse Residency Program has been accredited twice by the Commission on Collegiate Nursing Education as an entry-to-practice nurse residency program. The 12-month program utilizes the Vizient and American Association of Colleges of Nursing Nurse Residency Program™ curriculum. The program is a joint collaboration between UI Hospitals & Clinics and the UI College of Nursing and is led by Janet Hosking, DNP, RN, NPD-BC, CHSE, nursing practice leader, and Katie Knox, PhD, RN, clinical assistant professor. Upon hire, all new graduate nurses are automatically enrolled. During the pandemic, the program moved to a hybrid format (virtual and in-person) in order to safely provide support and educational opportunities for the new graduate nurses.

**EXPERIENCED NURSE FELLOWSHIP PROGRAM**

The Experienced Nurse Fellowship Program (ENFP) is accredited as a Practice Transition Accreditation Program® by the American Nurses Credentialing Center. The ENFP is the first fellowship program in Iowa, and sixth globally, to achieve this designation. The six-month program, led by Sarah Schneider, MSN, RN, PCCN, NPD-BC, nursing practice leader, is designed to assist experienced nurses during their transition to the role of an acute care nurse at UI Hospitals & Clinics. Experienced nurses new to adult and pediatric inpatient units, the Emergency Department, perioperative services, and the Ambulatory Surgery Center are automatically enrolled in the program. During the pandemic, the program moved to a hybrid format (virtual and in-person) in order to safely provide continued support and educational opportunities for experienced nurses.

**PROFESSIONAL RECOGNITION PROGRAM**

The Professional Recognition Program (PRP) recognizes accomplishments of direct care nurses; incentivizes them to stay engaged in direct patient care as they support safety, quality, and research; and provides compensation for consistently going “above and beyond requirements of their assigned role.” The program is co-led by Sarah Schneider, MSN, RN, PCCN, NPD-BC, nursing practice leader, and Kristina Beachy, MSN, RN, CNOR, CPAN, nursing practice leader. Thirty-one professional achievements and contributions (PACs) are used to measure PRP qualifications, with each nurse developing a professional portfolio, highlighting how they meet select PACs. The PRP has two levels: silver (level 1) and gold (level 2).

PRP recipients: 101 staff nurses and 16 nurse clinicians

117

87
nurses awarded silver (level 1)

30
nurses awarded gold (level 2)
Emergency Medical Services Learning Resources Center

Since 1978, the Emergency Medical Services Learning Resources Center (EMSLRC) has provided initial education for persons seeking certification and licensure as providers of out-of-hospital emergency care. Graduates of the Emergency Medical Services (EMS) education programs go on to work as emergency medical technicians and paramedics in communities across Iowa and the nation. The EMSLRC also provides CPR training and continuing professional education such as advanced cardiac life support, pediatric advanced life support, and trauma care courses to community members, first-responder personnel, and health care providers internal and external to UI Hospitals & Clinics.

**EMERGENCY MEDICAL SERVICES COURSES**

- **Emergency Medical Responder**
  - Spring 2021 at the Oxford, Iowa, Fire Department: 11
  - Total EMR graduates: 11

- **Emergency Medical Technician**
  - Spring 2021 at UI Hospitals & Clinics: 13
  - Spring 2021 at the Lone Tree, Iowa, Fire Department: 12
  - Summer 2021 at UI Hospitals & Clinics: 44
  - Fall 2021 at UI Hospitals & Clinics: 12
  - Fall 2021 at the Coralville, Iowa, Fire Department: 13
  - Total EMT graduates: 94

- **Paramedic**
  - Fall 2020 class (graduated in May 2021): 9
  - Spring 2021 class (graduated in September 2021): 8
  - Total paramedic graduates: 17

- **Emergency Medical Services Instructor**
  - Spring 2021 internal and external cohorts: 9
  - Fall 2021 cohort: 10
  - Total EMS-I graduates: 19

- **Total EMS Graduates**: 141

**EMERGENCY MEDICAL SERVICES TESTING**

- **EMT Psychomotor Examination**
  - Iowa EMT Psychomotor examination delivered: 112
  - Retest exams delivered: 1
  - Total exams delivered: 113

**TOTAL EMS EXAMS DELIVERED**: 221

**EMS SPECIALTY CERTIFICATION**

- **Prehospital Trauma Life Support**
  - Provided within the paramedic program: 17
  - November 2021 at the Muscatine, Iowa, Fire Department: 15
  - November 2021 at the Altoona, Iowa, Fire Department: 7
  - Total PHTLS participants: 39

- **Advanced Medical Life Support**
  - Provided within the paramedic program: 17
  - Total AMLS participants: 17

- **Total EMS Specialty Certification Participants**: 56

**DATA FROM JAN. 1 – NOV. 1, 2021**

**EMPIRICAL OUTCOMES**

**American Heart Association Courses**

- **Basic Life Support/CPR**
  - UI Hospitals & Clinics employees: 3,605
  - Non-UI Hospitals & Clinics employees: 489
  - Total BLS trained: 4,094

- **Advanced Cardiac Life Support**
  - Total ACLS trained: 290

- **Pediatric Advanced Life Support**
  - Total PALS trained: 132

- **Total AHA Trained**: 4,516

**TRAUMA CERTIFICATION COURSES**

- **Advanced Trauma Life Support**
  - New providers: 54
  - Renewal providers: 90
  - Total ATLS participants: 144

- **Trauma Nursing Core Course**
  - Outside personnel: 16
  - UI Hospital & Clinics personnel: 26
  - Total TNCC participants: 42

- **Emergency Nursing Pediatric Course**
  - Outside personnel: 1
  - UI Hospitals & Clinics personnel: 22
  - Total ENPC participants: 23

- **Total Trauma Certification Participants**: 209
Respiratory Care

Respiratory Care is a health care specialty that administers acute and chronic treatment, management, diagnostic evaluation, and care of patients with deficiencies and abnormalities with the cardiopulmonary system. Respiratory therapists manage ventilators and other life support equipment to support adult, pediatric, and neonatal patients during their critical phase of hospitalization.

SERVICES PROVIDED
• Invasive and non-invasive ventilation
• Airway management
• Bronchoscopy assist
• Oxygen and inhaled medication administration
• Administration of inhaled specialty gases
• Non-invasive monitoring
• Arterial blood gas sampling and analysis
• Bronchopulmonary hygiene
• Internal and external transportation of critically ill ventilated patients
• Hyperbaric medicine services – Iowa’s only 24/7 emergency services for critically ill patients
• Adult and pediatric diagnostic and interventional bronchoscopy
• Adult and pediatric pulmonary function & exercise testing and metabolic measurements
• Patient education
• Participation in various clinical research studies

COVERAGE AREAS
• 24/7 coverage for adult units: Burn Treatment Center, Cardiovascular Intensive Care Unit, Medical Intensive Care Unit, Respiratory Specialty and Comprehensive Care Unit, and Surgical and Neurosciences Intensive Care Unit, plus all other adult inpatient units
• 24/7 coverage for pediatric & neonatal units: Neonatal Intensive Care Unit, Pediatric Walmart and Sam’s Club 10th Floor Inpatient Unit, and Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit, plus all other pediatric inpatient units and the UI Stead Family Children’s Hospital Operating Room and Post-Anesthesia Care Unit
• 24/7 coverage for the neonatal/pediatric transport team
• 24/7 coverage for all adult and pediatric Code Blue and rapid response calls on main campus and in UI Stead Family Children’s Hospital
• Emergency Department: adult and pediatric coverage for all patients requiring invasive and non-invasive ventilation or having other complicated respiratory illness requiring higher oxygen demands

FISCAL YEAR 21
• 4,568 adult, pediatric, and neonatal ventilator initiations
• 15,620 diagnostic tests/procedures performed in pulmonary function and bronchoscopy lab
• 605 treatment dives in hyperbaric medicine
• 190 neonatal/pediatric transports
• 5,277 adult, pediatric, and neonatal in-house transports of critically ill ventilated patients

161 TEAM MEMBERS
9 administrative leaders and support staff
131 clinical division staff
18 diagnostic division staff
3 diagnostic administrative and support staff

41ST ANNUAL RESPIRATORY CARE SEMINAR
(OCT. 14–15, 2021)

Zoom Live online webinar
2nd virtual conference
220+ attendees, including respiratory therapists from Iowa and surrounding states
10 presentations by 11 speakers

161 TEAM MEMBERS
As part of a fiscal year 2021 quality and safety initiative aimed at eliminating hospital-acquired pressure injuries (HAPI), a two-person skin assessment was implemented for any patient admitted or transferred to the intensive care unit (ICU).

Deemed a “4 Eyes Skin Assessment,” clinicians take photos of skin breakdown noted on admission using an electronic health record (EHR) application, and the photos are directly placed in the patient’s EHR.

Shortly after implementation on March 1, 2020, COVID-19 complicated the picture. During routine HAPI prevention rounding in the medical ICU (MICU), Shannon Swartz, BSN, RN, CWON, nurse clinician and wound ostomy nurse pressure injury prevention partner, noted facial pressure injuries for COVID-19 patients receiving pronation therapy. As part of ongoing HAPI prevention work between nursing and respiratory therapy, this issue was brought to light. Swartz, Justin Kuhn, BS, RRT-ACCS/NPS, research specialist and respiratory therapy supervisor, and Julia Langin, MSN, RN, CWON, CMSRN, quality nursing practice leader, worked together to devise a creative, evidence-based solution for these patients. Placing the endotracheal tube (ETT) securement device upside down on the patient with foam padding over the plastic portion of the device and using a fluidized positioner under the patient’s head while in the prone position reduced the number of facial pressure injuries in this patient population.

To sustain these positive patient outcomes, ongoing monitoring continues through proactive pressure injury prevention rounding by nursing and respiratory therapy, which includes just-in-time, face-to-face education with frontline clinicians; adding the technique to the Nursing Education (NEd) app that provides just-in-time, point-of-use training to nursing staff to quickly review need-to-know educational information; and incorporating the technique into orientation for respiratory therapists.

MEDICAL INTENSIVE CARE UNIT (MICU) PATIENTS WITH HOSPITAL-ACQUIRED PRESSURE INJURY (HAPI) RELATED TO ENDOTRACHEAL TUBE (ETT) SECUREMENT DEVICE
Behavioral health occupational therapists and recreational therapists provide services across the continuum of care in the UI Hospitals & Clinics psychiatric inpatient and partial hospitalization programs, which includes child/adolescent, adult, and geriatric patients. The therapists assigned to these areas lead daily groups and provide one-to-one sessions.

Circle School educators work with all child psychiatry inpatients (n=15) an average of three hours daily in the classroom setting, usually divided according to age groups.

The UI Stead Family Children’s Hospital educator has a steady caseload of long-term inpatients and returning clinic patients in which one-to-one tutoring services are provided to assist them with homework and prepare them for re-entry into their local school system at time of discharge.

Pulmonary occupational therapy and physical therapy are available on a consultative basis for inpatients on all units within the UI Stead Family Children’s Hospital. Physical therapy also provides evaluation and treatment for pediatric patients in collaboration with the interprofessional Pediatric Pain Clinic, Gastrointestinal Pain Clinic, Pediatric Headache Clinic, and with the pediatric pulmonology and neurosurgery teams.

Music therapy is another consultative service available to inpatients within UI Stead Family Children’s Hospital. In addition, music therapy works collaboratively to provide psychosocial support to inpatients followed by UI Hospitals & Clinics Adult Palliative Care Service, for pediatric and adult behavioral health inpatient units, and for patients enrolled in the partial hospitalization program.
RECOGNITION AND AWARDS

100 GREAT IOWA NURSES 2021

The 100 Great Iowa Nurses Program annually honors 100 outstanding nurses selected from the 99 counties in Iowa and funds financial awards to support the education of Iowa nurses. Established in 2004, the program recognizes qualities that demonstrate efforts beyond those expected of a nurse within their normal duties, such as concern for humanity, significant contribution to the profession, and mentoring.

ANN WILLIAMSON AWARD FOR LEADERSHIP AND INNOVATION IN NURSING AND PATIENT CARE

The Ann Williamson Award for Leadership and Innovation in Nursing and Patient Care is awarded annually to a nurse, nurse leader, or other clinical professional who has demonstrated exceptional ability to lead and innovate in the care of patients and families. The awardee demonstrates an outstanding reputation for servant leadership and innovation. Award criteria recognize that leadership and innovation are needed in formal managerial and executive roles as well as among frontline clinicians. Finally, the recipient shall have demonstrated a high degree of citizenship and collegiality within UI Hospitals & Clinics, the Department of Nursing Services and the Patient Care, and their discipline.

THE CORRIDOR BUSINESS JOURNAL’S (CBJ) 2021 FORTY UNDER 40

The Forty Under 40 Awards recognize 40 leaders under the age of 40 who have made a significant impact in their profession and community early in their careers.

CHARMAINE KLEIBER EXCELLENCE IN PEDIATRIC NURSING RESEARCH-TO-PRACTICE AWARD

The Charmaine Kleiber Excellence in Pediatric Nursing Research-to-Practice Award recognizes an individual or team who has completed or is near completion of data collection for a research study or initiative that incorporates the use of research-based evidence to benefit children and their families.
THE DAISY AWARD™

The DAISY Award™ was developed as a way for patients, visitors, faculty, clinicians, or volunteers to reward and celebrate extraordinary clinical skill and compassionate care given by a nurse.

THE DAISY LIFETIME ACHIEVEMENT AWARD™

The DAISY Lifetime Achievement Award™ is given to nurses who have devoted their life’s work to the compassionate care of others. Recipients are nominated for their dedication to nursing through active mentoring, role modeling, advocating for their patients, and promoting the positive image of nursing.

THE DAISY TEAM AWARD™

The DAISY Team Award™ honors collaboration between two or more people, led by a nurse, who identify and meet patient and/or family needs by going above and beyond the traditional role of nursing.

RECIPIENT: Emergency Department

NOMINEES:
- Behavioral Health Services SWOT (Service Without Territory) Team
- Burn Treatment Center
- Medical Intensive Care Unit
- Neonatal Intensive Care Unit (NIC1 & NIC2) Central Line-Associated Bloodstream Infection Prevention Team
- Neonatal Intensive Care Unit (NIC1 & NIC2) Nursing Team
- Neurology and Neurosurgery Unit Nurse Navigators
- Pediatric SWOT (Service Without Territory) Team
- Pulmonary Hypertension Team
- Safe Patient Handling (Ergonomics) Team
- Special Pathogens Unit (SPU)
- UI Stead Family Children’s Hospital Operating Room
- UI Stead Family Children’s Hospital Pediatric Inpatient Unit
- UI Stead Family Children’s Hospital Perioperative Nursing
- Utilization Review and Level of Care

GOOD CATCH AWARD

The Good Catch Award recognizes clinicians for their professional diligence in having prevented a potential error or “near-miss.” A near-miss is an event or situation that, if not identified and acted upon, could have resulted in an accident, injury, or illness. A “Good Catch” event can occur anywhere within UI Hospitals & Clinics and impact anyone—patients, visitors, faculty, or staff.

RECIPIENT: Emergency Department

NOMINEE: Daniel Rincon-Perez, nursing assistant (no photo available)

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RECIPIENT: Emergency Department

NOMINEE: Daniel Rincon-Perez, nursing assistant (no photo available)
RECOGNITION AND AWARDS

HELPING HANDS AWARD

The Helping Hands Award was developed for patients, families, visitors, or UI Hospitals & Clinics team members to recognize merit staff involved in direct patient care who are excelling in their roles to provide exceptional patient care and interactions.

RECIPIENT
Nicole Koshatka, MSN, RN, staff nurse

SEMIFINALIST
Amy Lage, BSN, RN, C-NPT, staff nurse

FELLOWS OF THE AMERICAN ACADEMY OF NURSING

Fellows of the American Academy of Nursing are leaders in nursing education, management, practice, and research. The award is considered the highest honor in the nursing profession.

RECIPIENT
Lou Ann Montgomery, MSN, EdD, RN, NEA-BC, FAAN, director, nursing services

SEMIFINALIST
Ella Wilford, nursing assistant

SUNSHINE AWARD

The Sunshine Award was developed for faculty or clinicians to recognize Ambulatory Surgery Center, UI Stead Family Children’s Hospital, and Main Operating Room team members, including nurses, surgical technologists, nursing assistants, and core personnel. The award winner exemplifies innovation, collaboration, accountability, respect, and excellence in providing safe, high-quality, patient- and family-centered care and fosters teamwork through extraordinary interaction with others.

RECIPIENT
Matt Butera, RN, CNOR, assistant nurse manager (no photo available)

ROSE AWARD

The ROSIE Award was developed for patients, visitors, faculty, or clinicians to recognize social workers.

RECIPIENT
Whitney Jost, LISW, social worker II

SALLY MATHIS HARTWIG SCHOLARSHIP

The Sally Mathis Hartwig Scholarship recognizes a nurse pursuing graduate education at the UI College of Nursing.

RECIPIENT
Laura Corbett, BSN, RN, CCRN, nurse manager

BE INSPIRED! SCHOLARSHIP AWARD

The Be Inspired! Scholarship Award recognizes a staff nurse who is not currently working on an advanced degree and who has demonstrated an outstanding commitment to delivering excellent patient care.

RECIPIENT
Sarah Prochaska, LMSW, social worker III

NURSING EXCELLENCE IN CLINICAL EDUCATION AWARD

The Nursing Excellence in Clinical Education Award recognizes a staff nurse who excels in the teaching role, demonstrates an innovative spirit, and is a professional role model and lifelong learner.

RECIPIENT
Nicole Koshatka, MSN, RN, staff nurse

SEMIINALIST
Amy Lage, BSN, RN, C-NPT, staff nurse

THE PHIL (PULMONARY HEALTH AND ILLNESSES OF THE LUNG) AWARD

The PHIL (Pulmonary Health and Illnesses of the Lung) Award was developed for patients, visitors, faculty, or clinicians to recognize excellence in respiratory therapy for outstanding care, treatment, professional excellence, and compassion with a patient and/or family dealing with pulmonary illness.

RECIPIENT
Jennifer Brown, RRT, senior respiratory therapist

NOMINEES
• John Bradford, RRT, respiratory therapist
• Tyler Byrnes, RRT, senior respiratory therapist
• Larissa Kopp, RRT, respiratory therapist
• Julia Ostrom, RRT, respiratory therapist
• Dawn Richmond, RRT, respiratory therapist
• Mary Sellers, RRT, respiratory therapist

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RECIPIENT
Matt Butera, RN, CNOR, assistant nurse manager (no photo available)
The Professional Recognition Program recognizes the accomplishments of the direct care nurse and incentivizes them to stay engaged in direct patient care as they support safety, quality, and research. The program compensates nurses who consistently go "above and beyond the requirements of their assigned role."

**COHORT 15: FEBRUARY 2021**

**Level 1 Recipients**
- Lora Albert, BSN, RN, IBCLC, RNC-NIC
- Nicole Artioli, BSN, RN, CPN
- Diana Bandow, BSN, RN
- Nicolette Bobolts, BSN, RN
- Audrey Flack, BSN, RN, CMSRN
- Linda Cannady, BSN, RN, CNOR
- Daniel Dietzel, BSN, RN, CRNN
- Marilyn Gaber, BSN, RN, CHPPN, CPNP
- Sarah Harper, BSN, RN
- Holly Imman, BSN, RN, CMRSN
- Summer Jagnow, BSN, RN, MedSurg-BC
- Michelle Jensen, BSN, RN, CRNN
- Molly Knipfel, BSN, RN
- Tiffany Knupp, BSN, RN
- Dana Koerner, BSN, RN
- Emma Lee Leinen, BSN, RN, CRNN
- Caroline Liebe, BSN, RN, CRNN
- Brooke Martin, BSN, RN, CPN
- Jennifer Meyer, MSN, RN
- Logan Morrison, BSN, RN, CMSRN
- Kayla Myers, MSN, RN
- Samantha Noonan, BSN, RN
- Sheri Parman, BSN, RN, CAPA
- Jennifer Paulsen, BSN, RN, CPN
- Kelli Penfield, BSN, RN, CMRSN
- Kayci Prabhi, BSN, RN, MNN
- Amy Sheehan, BSN, RN, CCRN
- Jessica Stellwag, BSN, RN, CRNN
- Jessica Stonis, BSN, RN, OCN
- Courtney Stonskas, BSN, RN, CPN
- Deborah Strike, BSN, RN, CRNL

**Level 2 Recipients**
- Danielle Busta, BSN, RN, CCRN
- Tara Dolezal, BSN, RN, CNOR
- Andrea Haynes, BSN, RN, CRNN
- Mallory McKay, BSN, RN, CRNN
- Penny Smith, BSN, RN, RNC-NIC
- Kimberly Taylor, BSN, RN, RNC-MNN, ICCBE, CBE, CCE

**COHORT 16: AUGUST 2021**

**Level 1 Recipients**
- Haley Andrews, BSN, RN
- Linda Baylor, MS, BSN, RN, CPN
- Brenna Bittner, BSN, RN, CRNN
- Caitlin Blomme, BSN, RN
- Kelsey Boekhoff, BSN, RN
- Kelsey Bohle, BSN, RN, VA-BC
- Mary Colleen Burton, DNP, ARNP, CPNP
- Katelyn Hoile, BSN, RN
- Sheila Ours, BSN, RN, RNC-LRN
- Alyssa Owens, BSN, RN, CRNN-CC
- Kelli Poo, DNP, FNPC, CPNP
- Chris Ries, BSN, RN
- Lauri Riss, BSN, RN, CPAN
- Nikita Rohr, BSN, RN
- Michelle Schubert, BSN, RN, CRNN
- Amber Senior, BSN, RN, CMSRN
- Michelle Smith, BSN, RN, RNC-LRN
- Ellie Spillman, BSN, RN, CWOCN
- Alexandra Springer, BSN, RN, CPNP
- Lori Stebral, BSN, RN
- Katie Steichen, BSN, RN, BMTCN
- Jacqueline Thorp, BSN, RN, BC-CV
- Stephanie Wagneran, BSN, RN, CPN
- Kendra Walsh, BSN, RN, RNC-LRN
- Tara Willis, BSN, RN, CRNN
- Jody Yoder Hochstetler, BSN, RN, CRNN

**Level 2 Recipients**
- Melissa Barns, MSN, RN, CNOR
- Julie Anne Barrett, BSN, RN, MH-BC
- Michelle Brueggie, BSN, RN, CPN
- Katie Brittner, BSN, RN, RNC-LRN
- Shelby Ghostner, BSN, RN, CPN
- Michelle Clarahan, BSN, RN, CPN
- Elaine Dettner, MSN, RN, RN-BC, CMSRN
- Kristina DeVore, MSN-Ed, RN, GERO-BC
- Justin Dolezal, BSN, RN, CNOR
- Alyssa Henschek, BSN, RN, RNC-NIC
- Stephanie Horn, BSN, RN, VA-BC
- Brittany Iezek, MSN, RN, CPNP
- Karen Kephart, BSN, RN, CRNN
- Gracie Kerr, BSN, RN, CRNN
- Amy Lave, BSN, RN, CN-PNP
- Colleen Lasciol, BSN, RN, RN-BC
- Haylee Latta, BSN, RN, CPN
- Elizabeth May, MSN-CN, RN
- Lori Oberbroeckling, MSN, RN, CCTM
- Jennifer Off, BSN, RN, CCN
- Laura Pheerman, BSN, RN, CPNP
- Carrie Swenka, BSN, RN, RNC-NIC
- Jennifer Szmyanowski, MSN, ARNP, FNP-C, CRNN
- Erin Weber, BSN, RN, CRNN

The Clinical Leadership Development Academy is a comprehensive UI Hospitals & Clinics program that addresses core characteristics and skills needed to lead effectively in an academic health care environment.

The Executive Leadership Academy is a comprehensive UI Hospitals & Clinics program that addresses the complexity, breadth, and importance of the developing leader and promotes excellence through clinical scholarship.


Brimeyer, D., & Stenger, K. (2021, October 7). Nursing leadership role in facilitating EBP. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*

Brimeyer, D., & Wagner, M. (2021, February 19). Nursing leadership role in facilitating EBP. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Cullen, L. (2021, February 17). Implementation strategies: Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*

Cullen, L. (2021, February 24). Designing your EBP program. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*

Cullen, L. (2021, February 24). Organizational infrastructure for EBP program success. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Cullen, L. (2021, June 8). Precision implementation approach*. Gamma Pi Chapter of Sigma Induction, University of Nebraska Medical Center and Nebraska Methodist College, Virtual.


Cullen, L. (2021, October 8). Organizational infrastructure for EBP program success. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*

Cullen, L. (2021, October 15). EBP return on investment (ROI). Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*

Cullen, L. (2021, October 15). EBP return on investment (ROI). Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Cullen, L. & Bullard, T. (2021, June 18). EBP return on investment (ROI). Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, University of New Mexico College of Nursing, Virtual.


Cullen, L. & Edmonds, S. (2021, June 18). Implementation strategies: Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, University of New Mexico College of Nursing, Virtual.


Cullen, L. & Edmonds, S. & Rempel, K. (2021, October 15). Be creative – Can this be taught? Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Cullen, L. & Hanrah, K. (2021, June 18). Sustaining the practice change. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, University of New Mexico College of Nursing, Virtual.


Cullen, L., Laurens, F., & Rempel, K. (2021, February 24). Be creative – Can this be taught? Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Elgin, T., & Spellman, E. (2021, October 9). Running an effective mock code using simulation principles. Children’s and Women’s Services Fall Nursing Conference 2021, Virtual.*


Eppen, K. (2021, May 17-19). Exercise prescription for chronic disease management. DPT Program Health and Wellness Week, George Fox University, Virtual.


Everhart, C. (2021, October 5). Role of pelvic floor physical therapy in the OB/Gyn patient population. Children’s and Women’s Services Fall Nursing Conference 2021, Virtual.*


Feminio, L. (2021, February 17). Applying the principles: CPG critique. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Fowler, C. (2021, March 23). Fanning the flames for success: Evidence-Based Practice Training Program: Igniting the Spark for Evidence-Based Practice, UnityPoint Health, Des Moines, IA.

Fowler, C. (2021, June 18). Piloting the practice change. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, University of New Mexico College of Nursing, Virtual.


Fowler, C. (2021, October 8). EBP training across the career continuum. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Hanrahan, K. (2021, March 23). Building up fire for EBP. Evidence-Based Practice Training Program: Igniting the spark for EBP. UnityPoint Health, Des Moines, IA.*

Hanrahan, K. (2021, March 23). Igniting the spark for evidence-based practice. Evidence-Based Practice Training Program: Igniting the spark for Evidence-Based Practice, UnityPoint Health, Des Moines, IA.*

Hanrahan, K. (2021, June 18). Data driven precision implementation approach.** Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Hanrahan, K., & Edmonds, S. (2021, September 1). Implementing a functional pain scale. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Virtual.*


Horak, T., & Krusk, K. (2021, April 14-15). Long-term EBP self-efficacy of former nurse residents. 28th National Evidence-Based Practice Conference, Virtual.*

Kohler, D., & Yanek, L. (2021, September 7-8). Impacting the continuum of care through the role of the nurse navigator. 18th Annual Neuroscience Nursing Conference, Virtual.*


Little, A. (2021, September 2-3). FPITP in the urogen region. Iowa Urological Society Annual Meeting, Iowa City, IA.*


McNair, C., Bunning, J., & Farnsworth, M. (2021, August 21-24). The two shall become one: Marriage of panneastology testing and surgical co-management clinics. 2021 Users Group Meeting, Epic Systems Corporation, Verona, WI.


Mitchell, J. (2021, March). Recreation therapy at the UIHC. University of Northern Iowa Therapeutic Recreation Association, Virtual.


Mitchell, J. (2021, September). Internship opportunities at UIHC. Pre-internship Seminar Class, Iowa City, IA.*


Poch, K. (2021, September 7-8). Palliative care and rapid emergency screening. 18th Annual Neuroscience Nursing Conference, Virtual.*

Poch, K. (2021, September 7-8). Palliative care and rapid emergency screening. 18th Annual Neuroscience Nursing Conference, Virtual.*


Schreiber, L. (2021, October 5). Nuisance alarms in labor and delivery. Children’s and Women’s Services Fall Nursing Conference 2021, Virtual.*


Spellman, E., & Elgin, T. (2021, October 5). Interventional simulation to improve admission temperatures for very low birthweight infants. Children’s and Women’s Services Fall Nursing Conference 2021, Virtual.*

Willis, M., & Seo, M. (2021, April 14-15). Improving the quality of time on an inpatient unit. 28th National Evidence-Based Practice Conference, Virtual.


The Gazette. (2021, April 29). Meet some of the local nurses honored as Great Nurses program [K. Bulbo].


UI HOSPITALS & CLINICS BY THE NUMBERS  
FISCAL YEAR 21

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 20</th>
<th>FY 19</th>
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<tbody>
<tr>
<td>Total Inpatient Beds</td>
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<tr>
<td>Total Patient Admissions</td>
<td>32,067</td>
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<tr>
<td>Clinic Visits</td>
<td>1,348,060</td>
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<tr>
<td>Births</td>
<td>2,644</td>
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<tr>
<td>Total Inpatient Beds</td>
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<td>Total Patient Admissions</td>
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<td>Clinic Visits</td>
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<td>Births</td>
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<td>Major Surgical Operations</td>
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<td>Minor Surgical Procedures</td>
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<td>Emergency Department Visits</td>
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<td>Patients Transported by Air and Mobile Critical Care Services</td>
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<td>Department of Nursing Services and Patient Care Team Members</td>
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<tr>
<td>Consecutive Magnet® Designations for Nursing Excellence</td>
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