

UNIVERSITY OF IOWA HEALTH CARE

DEPARTMENT  
OF **NURSING**  
**SERVICES AND**  
**PATIENT CARE**








On behalf of the entire Department of Nursing Services and Patient Care at the University of Iowa Health Care, I am thrilled to present the Calendar Year 2018 Annual Report.

The pinnacle achievement for Calendar Year 2018 was the call received from the American Nurses Credentialing Center’s Magnet® Commission on Sept. 19 congratulating the Department of Nursing on achieving a fourth Magnet® designation. Continuous recognition as a Magnet® organization requires more than simply providing outstanding patient care and achieving positive outcomes. It demonstrates commitment to professional development for nurses, advancement of nurses’ education, and preparation of future nursing leaders.

As I said then and want to reiterate now, we joined an elite rank on that day. Fewer than 10 percent of hospitals in the nation have achieved Magnet® status and to earn this recognition four times is both tremendously challenging and rewarding. We are clearly leading Iowa in nursing excellence. This accomplishment by the Department of Nursing Services and Patient Care would not have been possible without the steadfast support, collaboration, and teamwork exhibited by interprofessional colleagues across the enterprise and around the world.

The stories and content on the following pages are grounded by the five primary goals from the 2017-2020 UI Health Care Strategic Plan. These goals were intentionally created to span the organization’s mission areas and provide the foundation to develop strategies and initiatives aligned with organizational priorities.

-  **The Best People** – foster an environment in which the most talented want to learn, work, and lead here at Iowa.
-  **Collaborative Learning, Research, and Care Models** – deliver excellent outcomes through team-based collaborations that drive patient-directed care models, education, and research.
-  **Nimble Structure and Accountable Culture** – provide clear and supportive organizational structures that allow our people to do their best work supporting our tripartite mission.
-  **Diversified Financial Resources** – ensure sustainability of our tripartite mission through a broad base of financial resources.
-  **Strong Partnerships** – grow in Iowa and beyond, working with partners who share our values.

It is an honor for me to share a brief glimpse into some of the work being done every single day by individuals and teams within the Department of Nursing Services and Patient Care that is directly aligned with these goals and priorities. Please take a few moments to enjoy the select stories and highlights featured in this Calendar Year 2018 Annual Report. I am confident they will entice you to want to learn more about the superb professionals; the safe, high-quality care; and the countless opportunities available in the Department of Nursing Services and Patient Care at UI Health Care.

Sincerely,



*Cindy J. Dawson*

Cindy J. Dawson, MSN, RN, CORLN  
Chief Nurse Executive and Associate Director  
University of Iowa Hospitals & Clinics

# BEST PEOPLE



Kinnick fans wave to patients at the UI Stead Family Children's Hospital—a new tradition at Iowa Hawkeyes home football games.

## Waving back

Since the opening of University of Iowa Stead Family Children's Hospital in February 2017, pediatric patients and their families have experienced state-of-the-art, evidence-based health care in a healing, patient- and family-centered environment. To better support a child's basic need for play, which is an essential aspect of pediatric health care, spaces were planned just for children's play activities. These include nine playrooms, as well as special event spaces on Level 1 (Nick's Theater) and Level 12 (Children's Press Box and the Press Box Café).

For the past two seasons of Iowa Hawkeyes football, the Press Box has offered pediatric patients and

their families a unique vantage point to experience Hawkeye home games and participate in the Child Life Tailgate Party. As part of the plan of care for pediatric patients, this party offers a fun and special game day group activity in a safe, respectful, and playful environment. The event is hosted by the Child Life team, Children's and Women's Services nursing staff, Guest Services, Environmental Services, Food and Nutrition Services, Safety and Security, several Hawkeye athletes, and others.

While Children's Press Box events were expected to be a hit, the biggest surprise has been the impact on

**“IT’S LIFE-CHANGING FOR ALL OF THE PATIENTS HERE.”**  
—17-year-old patient




patients and families of “the Wave.” This grassroots effort, established by Kinnick fans on Sept. 2, 2017, happens at the end of the first quarter of every Iowa Hawkeyes home football game. Fans, opposing teams, referees, and our own Iowa Hawkeyes all turn away from the field to wave to the kids and families watching from the hospital windows that overlook Kinnick Stadium.

Now at the end of its second season, “the Wave” has become the “activity” patients and families most look forward to during home football

games. Children and their families tell us that experiencing the warm emotions from “the Wave,” and waving back, is extraordinary medicine that no conventional treatment plan can provide. To them, “the Wave” means they matter. What they are going through as children matters to complete strangers. They are not forgotten. “The Wave” is a gift with no strings attached that acknowledges the struggles faced by children in the hospital.

A 17-year-old patient who experienced “the Wave” said, “Being able to have

that game to look forward to all week, that definitely helped make the days go by a little bit faster and easier. It’s more than just a wave. It’s a lot more. It’s life-changing for all of the patients here.”

For the child life, nursing, and University of Iowa Health Care teams, a heartwarming symbol of the connections made between the children in the hospital and the people at Kinnick Stadium during home football games are the little hand and fingerprint smudges covering the windows long after the game is over. 

## Retention workshop communicates best practices




The Retention Committee.

Calendar Year 2017 was a record-breaking recruitment year for the Department of Nursing Services and Patient Care. The implementation of a divisional-based recruitment model, a renewed partnership with Marketing and Communications, and the tireless efforts of the Nursing Recruitment Office yielded more than 1,200 hires. This level of recruitment was essential to support the organizational growth and intense demand for nursing services generated by improved access to care and a palpable increase in patient acuity.

With vacancy rates returning to below baseline levels and dependence on agency staff dwindling, frontline clinicians and nursing leadership expanded their focus

on recruitment to a more comprehensive assessment of recruitment and retention. After reviewing an existing analysis of retention and work-life balance, the department’s Retention Committee conducted a comprehensive literature review to identify a core set of best practices for retaining nursing staff. The literature reflected a variety of professional domains including nursing, business and industry, and the Society of Human Resource Management. The team involved in the initial literature review quickly realized that many of the best practices and innovative approaches described were already in place at University of Iowa Hospitals & Clinics.

In February 2018, the Retention Committee participated in a workshop to outline the best practices confirmed by the literature review, conduct an inventory of current retention efforts in place, create a mini gap analysis for areas needing focus, and establish priorities to guide the work of the committee for the coming year. More than 40 nurses and human resources partners participated in the four-hour event. The resulting priorities were then disseminated through a host of forums, divisional meetings, and shared governance committees. This workshop resulted in widespread understanding and awareness of the great efforts already in place, and the organization’s commitment to ongoing continuous improvement. 




Austin Kannegeiter, BSN, RN, MBA, house operations manager and Night Nurse Council chair.

## Night Nurse Council improves engagement

The Department of Nursing Services and Patient Care takes nursing staff engagement seriously and regularly analyzes available data to address any issues. Registered nurse (RN) engagement data from 2017 demonstrated that engagement among RNs varied significantly between day shift and night shift nurses. Day shift RNs reported higher levels of engagement than the night shift RNs in six of the seven nursing excellence categories, with the most significant overall score variation in the leadership access and responsiveness category.

In October 2017, Austin Kannegeiter, BSN, RN, MBA, house operations manager, was selected to lead the implementation of a Night Nurse Council to bring night nurses together to share issues and ideas with nursing leadership. With support from Lou Ann Montgomery, PhD, RN-BC, director, Nursing Professional Development and Advanced Practice and Sara Caven, MSN, RN, CENP, Magnet® program director, Kannegeiter established the council’s charter, integrated the council into the department’s existing shared governance structure, and hosted inaugural meetings.

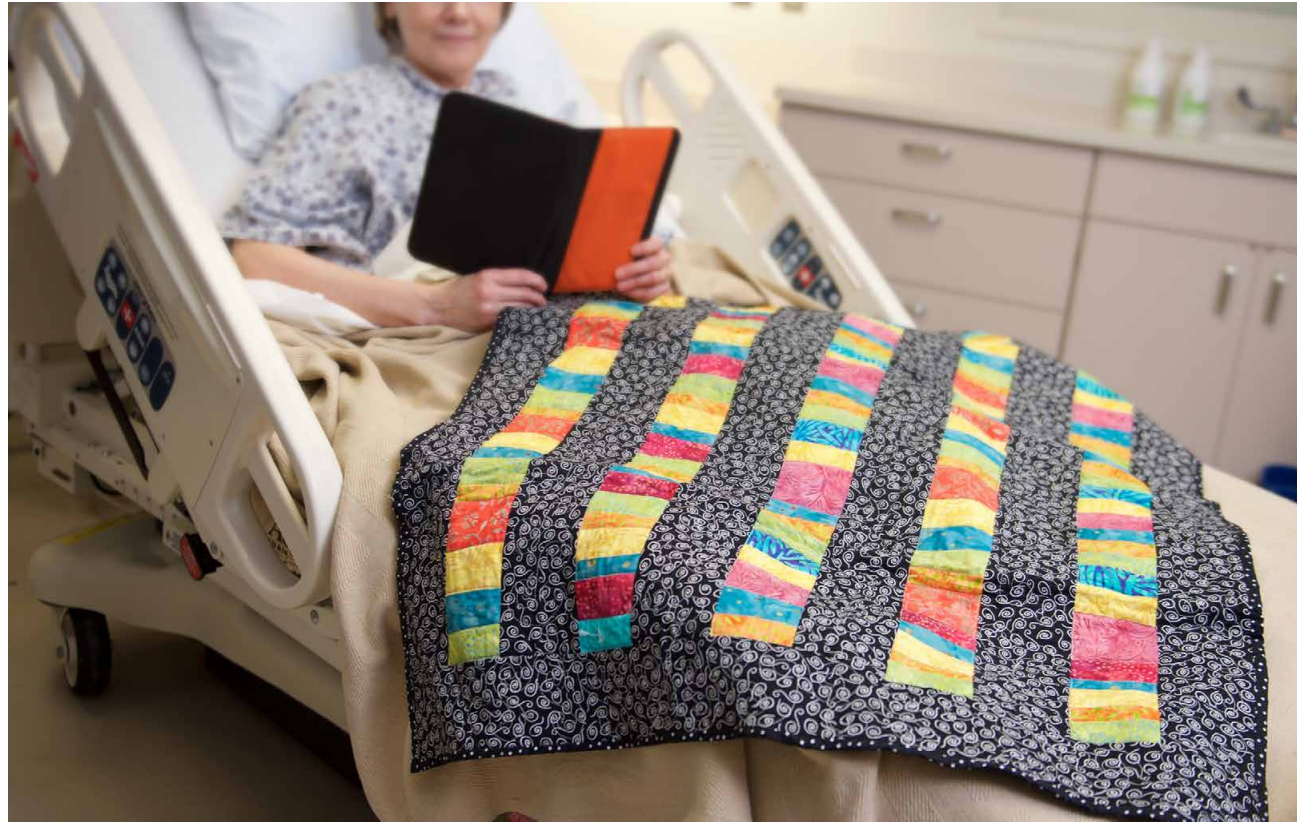
One issue shared at an early meeting was the perceived inequity created by the policy governing notification of unscheduled absences. The policy allowed RNs working the day shift to sign off up to one and a half hours prior to the start of their shift. On the other hand, night shift RNs were required to sign off four hours prior to the start of their shift. Key stakeholders, including staffing clerks, human resources, and nursing supervisors, perceived little benefit in making staffing plan adjustments under that practice. The council recommended a consistent two-hour minimum standard for notification of unscheduled absences. This policy revision was supported unanimously, and shared governance committees began providing staff education.

Since the introduction of the Night Nurse Council, RN engagement scores in all seven nursing excellence categories have improved among night shift survey respondents. Statistically significant improvement occurred in the categories of adequacy of resources, fundamentals of quality, interprofessional relationships, and leadership access and responsiveness. The council continues to meet monthly to share issues and ideas that specifically impact the night shift workforce. 



**IN ALL SEVEN NURSING EXCELLENCE CATEGORIES,** engagement scores have improved among night shift survey respondents.






Quilts created by SNICU staff and volunteers are provided to patients for palliative comfort.

# SNICU quilting provides comfort

In February 2018, the Surgical and Neurosciences Intensive Care Unit (SNICU) held their third annual quilting day at the Heartland Inn in Coralville, Iowa. The SNICU quilting day is a tradition started by a SNICU staff nurse, Shanna Hillier, RN, along with her mother, Chris Freel. The two women began making quilts for patients and families in the SNICU after Hillier asked Freel to see if their local church had a prayer shawl for a SNICU staff member's father. When no prayer shawls could be found that were adequate for him, Freel put together a quilted shawl herself and delivered it to the unit.

The SNICU quilting effort has grown beyond Hillier and Freel to include SNICU nurses, volunteers, and other disciplines. It has become a way for people to show support, share their talents, and create beautiful quilts for palliative comfort. Freel even takes the time to teach less experienced volunteers how to quilt. All the materials are donated or purchased with funds from the Unit Practice Council or through donations to the quilt fund by staff, families, or volunteers.

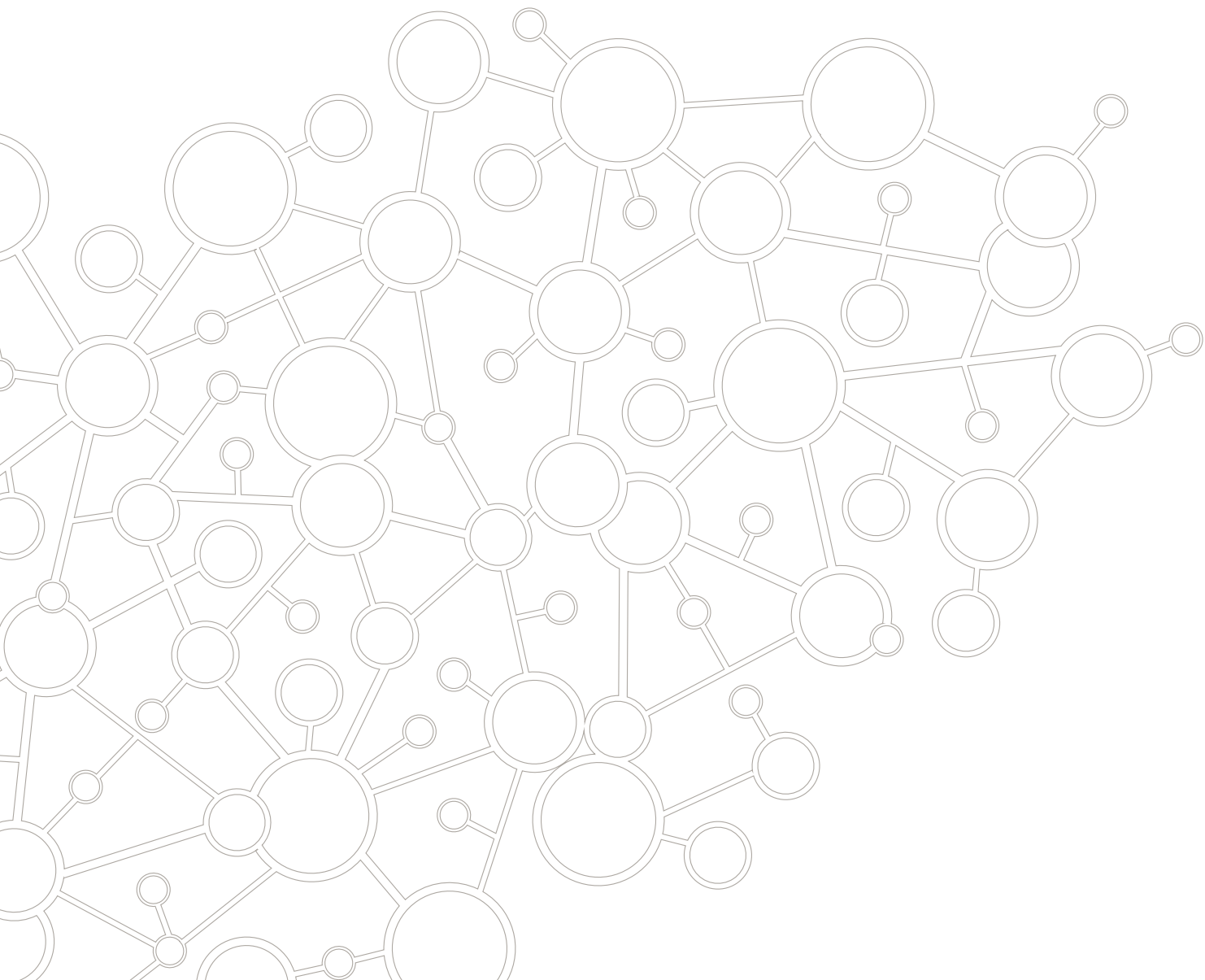
Quilts made during the quilting day and throughout the year are given to all patients receiving palliative or comfort care. Though nurses may not always have the words to comfort a patient during this time, a quilt is a symbol of warmth and comfort and is a keepsake for a family experiencing difficult decisions and the loss of a loved one. To date, the SNICU effort has provided 365 patients and families with a quilt in their time of need, in large part because of Freel's initiative. She has also partnered with a local quilting guild and her friend, Claudia, to assist in the quilting process. Hillier says since Freel has begun quilting, it has given her mother a new sense of purpose and reminds her that she is not the only person to experience pain or grief. Freel's talent has helped many grieving families and has instilled a sense of togetherness within the SNICU team. What started as a kind act for a SNICU staff member's father has become a tradition that will impact SNICU patients and families for years to come. 

Quilts stand ready to continue a caring tradition started by nurse Shanna Hillier, RN and her mother.





# COLLABORATIVE LEARNING, RESEARCH, AND CARE MODELS



The CSU allows nurses like Heidi Robinson, BSN, RN, CMSRN, nurse manager, to provide care in a distinctly different way than a typical inpatient unit or an ED.

## CSU offers new treatment option

In October 2018, the Crisis Stabilization Unit (CSU) opened its doors for the first time, marking a significant chapter in University of Iowa Health Care's long history of providing treatment and support to people suffering from mental illness.

In recent years, it has been common for a person to wait days in an emergency department (ED) because there was not a mental health inpatient bed available in the entire state of Iowa. EDs are not designed for long-term stays, especially for individuals with mental illness. In addition to the lack of inpatient beds, problems also arose due to the types of outpatient services available for these individuals.

The CSU provides a much-needed level of care to the UI Health Care behavioral health treatment system. The CSU is singularly important because it adds a level of service that enables the hospital to more efficiently utilize the psychiatric inpatient beds that currently exist.

The role of the CSU is to provide treatment to patients with acute mental illness by providing intensive mental health services in a supportive clinical setting, until either the patients improve enough for discharge or it is determined that they require inpatient psychiatric care. CSU treatment is suitable for medically stable adult psychiatric patients who are experiencing a psychiatric crisis

70 percent of patients are discharged or transferred from the CSU in **LESS THAN 24 HOURS.**

The average time adult psychiatry patients wait for admission **DECREASED FROM 30 HOURS TO UNDER 5 HOURS.**

and who are in need of immediate around-the-clock care and observation.

The CSU provides care in a distinctly different way than a typical inpatient unit or an ED. It is a short-stay unit, with a maximum capacity of 12 patients. A large, open plan room provides comfortable reclining chairs rather than traditional hospital beds. Individual therapy spaces are located immediately adjacent to this central room. Patients are offered home-like touches, including access to TVs, music, snacks, laundry facilities, and the internet.

With a goal of maintaining a low patient-to-caregiver ratio, the CSU is staffed by a team of interprofessional personnel including psychiatrists, social workers, registered

nurses, psychiatric nursing assistants, crisis stabilization officers, and unit clerks. The patient-to-staff ratio is lower than on the inpatient psychiatric units, which reflects the active evaluation and treatment process that takes place in this setting. The care team evaluates new patients and develops a treatment plan that may include medications; therapy; arranging follow-up appointments; or providing connections to community resources. Some patients may need to be admitted to an inpatient unit, but for others, a short stay in the CSU is sufficient.

The CSU is already having an impact. The patients enjoy the new unit, and it has improved the care experience for patients as well as clinicians.



CSU treatment team and associates of the CSU project at the open house held on Oct. 12, 2018.

# Easing the transition from hospital back to school



Megan Soliday, MA, pediatric teacher, helps a patient with her schoolwork.

For a child, returning to school after a diagnosis of cancer or another life-changing condition can be intimidating. The child's parents, as well as his or her classmates and teacher, may also face uncertainty as to how best to help the child readjust. It is, however, essential that children who require prolonged hospitalization or treatment maintain a sense of normalcy while receiving their care. For most, that means being involved in school.

The care team at University of Iowa Stead Family Children's Hospital realized that young patients needed greater support to transition from hospitalization back to school. A committee was formed to evaluate how pediatric patients could be better integrated into their local classroom settings while also receiving treatment for their medical conditions.

Megan Soliday, MA, is a pediatric teacher who provides education services to patients at the UI Stead Family Children's Hospital. She worked collaboratively with an interprofessional team to benchmark other children's hospitals to learn what they were doing for re-entry to school. Since children come from all across the state and region for care at UI Stead Family Children's Hospital, it was impractical to accompany the patients back to their local classroom settings. Instead, the team utilizes state-of-the-art technology in the children's hospital classroom to virtually assist in the re-entry process.

Soliday and other care providers use Skype to take virtual visits to the children's local classrooms. This allows patients receiving treatment in the children's hospital to interact with their home teachers and classmates. The child and the pediatric educator explain to local students and educators what the patient goes through on a day-to-day basis and provide education about the child's medical condition. The virtual visit gives patients the opportunity to interact with their peers for social support and creates a connection to the current happenings in their local classroom.

The first virtual school re-entry took place in August 2017, and the care team has since completed several more. Each re-entry session is personalized for the patient and has been presented to individual classes, entire grades, and even at school assemblies. School personnel and families have given positive feedback, and the smiles on patients' faces show how meaningful the sessions are to them. Implementing a formalized school re-entry program has helped ease the fears the patients, parents, and school personnel experience when a newly diagnosed patient returns to school.



Soliday and other care providers use Skype **TO TAKE VIRTUAL VISITS TO THE CHILDREN'S LOCAL CLASSROOMS.**





HBO therapy enables patients to be treated for various conditions with pressurized pure oxygen.

## Hyperbaric facility collaborates on HOBIT study

Patients with severe traumatic brain injuries have high mortality rates and poor long-term outcomes. Hyperbaric oxygen (HBO) therapy has been recognized as a possible way to offset the lack of oxygen available due to an acute brain injury by introducing supplemental HBO before cellular energy failure occurs.

In August 2018, the Hyperbaric Facility at University of Iowa Hospitals & Clinics officially began enrolling patients into a multicenter study known as the Hyperbaric Oxygen Brain Injury Treatment Trial (HOBIT). UI Hospitals & Clinics is one of 20 facilities around the nation involved with this study, which investigates what pressure and duration of treatment best suits the needs of this patient population. Currently, eight specific treatment arms are being investigated during the second phase of this trial. Treatment arms are randomly assigned upon successful enrollment in the study.

The Hyperbaric Facility at UI Hospitals & Clinics was considered a favorable candidate for this study based on the ability to care for critically ill patients in the HBO chamber. Dedicated clinicians and the leadership of medical director Merete Ibsen, MD, clinical assistant professor of anesthesia - hyperbaric oxygen therapy, and site investigating physician Nicholas Mohr, MD, MS, clinical associate professor of emergency medicine, anesthesia - critical care medicine, and epidemiology, have been vital to UI Health Care's participation in this innovative study.

 UI Hospitals & Clinics is **ONE OF 20 FACILITIES** around the nation involved with this study.


## HOBIT study parameters

Patients must meet specific inclusion criteria before enrollment can proceed. This study accepts patients from ages 16-65 with a Glasgow Coma Scale (GCS) of between 3 and 8. Informed consent must be granted by a legally recognized family representative. The initial treatment must be administered within eight hours after arrival to the Emergency Department. Patients requiring a surgical intervention must be able to be treated within 14 hours. The primary objectives of this study include observing a greater than 50 percent improvement in neurological outcomes versus control patients from other studies and to select an effective treatment regimen based on the outcomes from each treatment arm.

### PRIMARY ENDPOINTS INCLUDE:

- Three- and six-month post-evaluations will be conducted on each study patient
- The Glasgow Outcome Scale - Extended (GOS-E) is used to establish each patient's condition
- Patients with a GCS between 3 and 5 are considered favorable if their six-month GOS-E is upper good recovery to upper severe disability
- Patients with a GCS between 6 and 8 are considered favorable if their six-month GOS-E is upper good recovery to moderate disability

### SECONDARY ENDPOINTS INCLUDE:

- Analyze level and duration of intracranial pressures (ICP) if >22mmHg in hyperoxia treated patients versus control patients
- Analyze therapeutic intensity level scores for controlling ICP in hyperoxia treated patients versus control patients
- Compare serious adverse events of each treatment arm 

## NCEC launches NEd. application for just-in-time information


In February 2018, the Nursing Clinical Education Center (NCEC) debuted a just-in-time nursing education application, Nursing Education (NEd.). It gives frontline clinicians a quick way to find a video or written education on products, processes, and policies through their mobile communication device or the desktop application.



NEd. was created to deliver the right information, just in time, to the large and diverse population in the Department of Nursing Services and Patient Care. Before NEd., the online education system that

tracks nursing Compliance and Qualification education (CQ) housed more than 350 nursing-specific modules. Consequently, nursing staff was inundated with training modules of every sort and variety, and many of them were not timely. By moving many training modules out of CQ and into NEd., CQ can stay focused on topics that are more global in nature, while NEd. bridges the educational gap and gives clinicians quick, unit-specific training. There are currently 49 NEd. topics, and the number is rapidly increasing.

Using NEd., nursing staff have access to brief on-the-job refreshers on education they have already received. For example, restraints are used relatively rarely, but when they are needed, it is critical to use them properly. The Restraint Application and Documentation (Posey) NEd. provides immediate access to 13 videos that demonstrate the use of every type of restraint University of Iowa Health Care uses and even includes additional information about documentation and policies.

NEd. ideas and topics come from frontline clinicians and divisional educators who identify educational gaps. 





# Sharing research to reduce and prevent HAPI

Perioperative Services has been active in the past year with ongoing research and presentations related to patient safety. There has been a particular emphasis on reduction and prevention of hospital-acquired pressure injuries (HAPI). A fruitful and ongoing collaboration with the interprofessional HAPI Committee has resulted in two research posters that have been presented locally and nationally at several conferences and expositions.



Reduction and prevention of HAPI is one of the patient safety concerns being researched and presented by Perioperative Services.

- Factors Influencing OR Generated Hospital Acquired Pressure Injuries* was presented at:
- Association of periOperative Registered Nurses’ (AORN) Global Surgical Conference & Expo
  - National Pressure Ulcer Advisory Panel’ (NPUAP) annual conference
  - UI Health Care’s 6th Annual Quality and Safety Symposium
  - UI Health Care’s Nursing Recognition Day and received the Conduct of Research Poster Award

- Using a Collaborative Team to Reduce Pressure Injuries Originating in the Perioperative Division* was presented at:
- American Society of PeriAnesthesia Nurses’ 37th National Conference
  - AORN’s Global Surgical Conference & Expo
  - NPUAP’s annual conference
  - Wound Ostomy and Continence Nurse Society’s 50th Annual Conference and received the Practice Innovation Merit Award

This project was also presented as a podium presentation at the AORN Global Surgical Conference & Expo and was awarded first place in the evidence-based practice category. Amos Schonrock, MAN, RN, PHN, CSSM, CNOR, nursing practice leader, and Michelle Mathias, BSN, RN, CNOR, clinical coordinator and interim nurse manager, highlighted the origination of an interprofessional committee to address and decrease the number of patients developing HAPI in the OR setting.

# BHS SWOT provides crucial interventions

For several years, the Department of Nursing Services and Patient Care has had a Service Without Territory (SWOT) service. SWOT nurses have been a valuable option for assisting units struggling to respond to temporary surges of acuity due to any number of causes, such as:

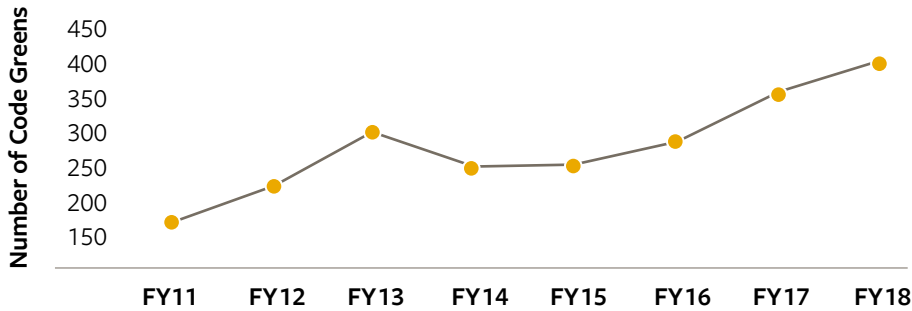
- Increased number of patient admissions or discharges
- Difficult-to-place IVs or nasogastric tubes
- Need to transport patients

Until recently, there has not been a comparable service to help respond to unanticipated needs involving patients with behavioral issues. Patients with behavioral health needs get sick like everyone else and, like everyone else, they may be admitted to the hospital for medical treatment. Occasionally, these patients may struggle to adapt to the inpatient care setting, and when that happens, their care can be negatively impacted. In particularly difficult situations, a Code Green is called.

A Code Green is a behavioral emergency, similar to a Code Blue. When it is initiated, a team of specially trained interprofessional clinicians with Crisis Prevention Institute training respond to the location of the event, no matter where it is.

In the past six years, there has been a 131 percent increase in Code Greens in areas other than Behavioral Health Services (BHS) or the Emergency Department (ED). This is a significant increase and reflects the rise in health care violence seen nationally.

CODE GREENS IN NON-BEHAVIORAL HEALTH SERVICES/EMERGENCY DEPARTMENT AREAS



In January 2018, the BHS SWOT nursing service began. The BHS SWOT nurse functions much like the medical SWOT nurse, except they focus on helping patients with behavioral issues anywhere within the hospital. The SWOT team is composed of BHS nurses who have demonstrated the ability to function independently and who excel in communication and de-escalation skills. These nurses interact directly with patients and support the unit team assigned to them to better understand their issues and instruct clinicians about how best to help these patients.

The goal is to provide short-term behavioral health nursing interventions on medical units as well as in the ED or wherever these patients are located. As part of their duties, the BHS SWOT nurses attend and lead all Code Greens which occur during their shift.

The BHS SWOT role has been very successful and has greatly assisted University of Iowa Health Care patients and clinicians. Currently, the BHS SWOT service is available on weekends and select evenings during the week. Eventually, the goal is to schedule a BHS SWOT nurse during the evening and night-time hours during the week and all weekend.

## CAR T-cell therapy changes lives




Holden Comprehensive Cancer Center became **IOWA'S ONLY CAR T-CELL CERTIFIED THERAPY CENTER** and one of the first 40 centers in the world to offer this therapy.

Chimeric Antigen Receptor (CAR T-cell) therapy is unleashing new, life-changing options for cancer patients by turning the human body's own cells into cancer-fighting agents. This treatment involves taking T-cells (a type of immune system cell) from a patient and altering them so they will attack cancer cells. The gene for a special receptor, called a Chimeric Antigen Receptor (CAR), is bound to a particular protein on the patient's cancer cells. These modified cells are grown to a large quantity and delivered back to the patient by an infusion.

The overall care of CAR T-cell patients is complex, with times of high acuity. The average inpatient stay is 20 days, and 80 percent of CAR T-cell patients require care at an intensive care unit level at some point during that stay. As such, making CAR T-cell therapy available at University of Iowa Health Care mandated an investment in personnel. Over 800 UI Health Care clinicians who provide direct CAR T-cell care completed a Risk Evaluation Mitigation Strategies (REMS) training that is required by the U.S. Food and Drug Administration.

Effectively delivering this therapy also required the addition of a new nurse coordinator (NC). The NC's role is to educate CAR T-cell therapy eligible patients and their families and serve as an administrative and clerical liaison to patients during pre-therapy, mobilization and collection, inpatient treatment, post-treatment, and maintenance phases.

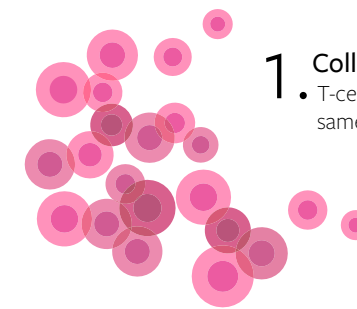
A patient receiving CAR T-cell therapy is cared for by one nurse from the Stem Cell Transplant and Cellular Therapy Unit on the day of cell infusion and for the following six to eight days. This staffing model necessitated an increase in inpatient nursing hours. Eight frontline nurses received additional training and provided primary care for the first two CAR T-cell patients. These nurses then oriented the remaining nurses to care for this patient population. The NC and unit nurses work as part of a comprehensive care team, including physicians, social workers, dietitians, pharmacists, and financial coordinators to ensure safe, high-quality patient-centered care for people receiving this innovative new treatment. 

In May 2018, the Holden Comprehensive Cancer Center became Iowa's only CAR T-cell certified therapy center and one of the first 40 centers in the world to offer this therapy. The Holden Comprehensive Cancer Center predicts this therapy will be utilized by at least 25 patients with either large B-cell lymphoma or relapsed or refractory acute lymphocytic leukemia in the first year. The potential to expand treatment to include patients with non-Hodgkin lymphomas and multiple myeloma is projected as additional treatments are approved.



The new Stem Cell Transplant and Cellular Therapy Unit opened in December 2018.

## How CAR T-cell therapy works

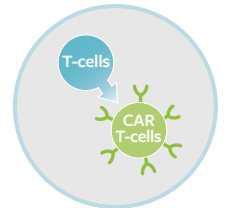


### 1. Collection

- T-cells are collected from patient's blood and sent to the lab. This is the same basic process as when a person donates blood.

### 2. Conversion

- In the lab, T-cells are changed genetically so that they grow chimeric antigen receptors (CARs) on their surfaces, turning them into CAR T-cells that can find and kill cancer cells.



### 3. Replication

- CAR T-cells multiply to hundreds of millions.

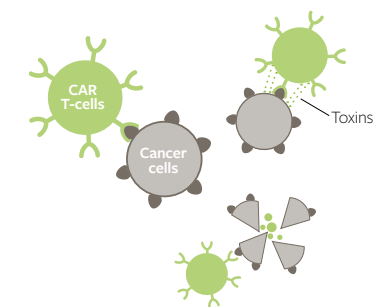
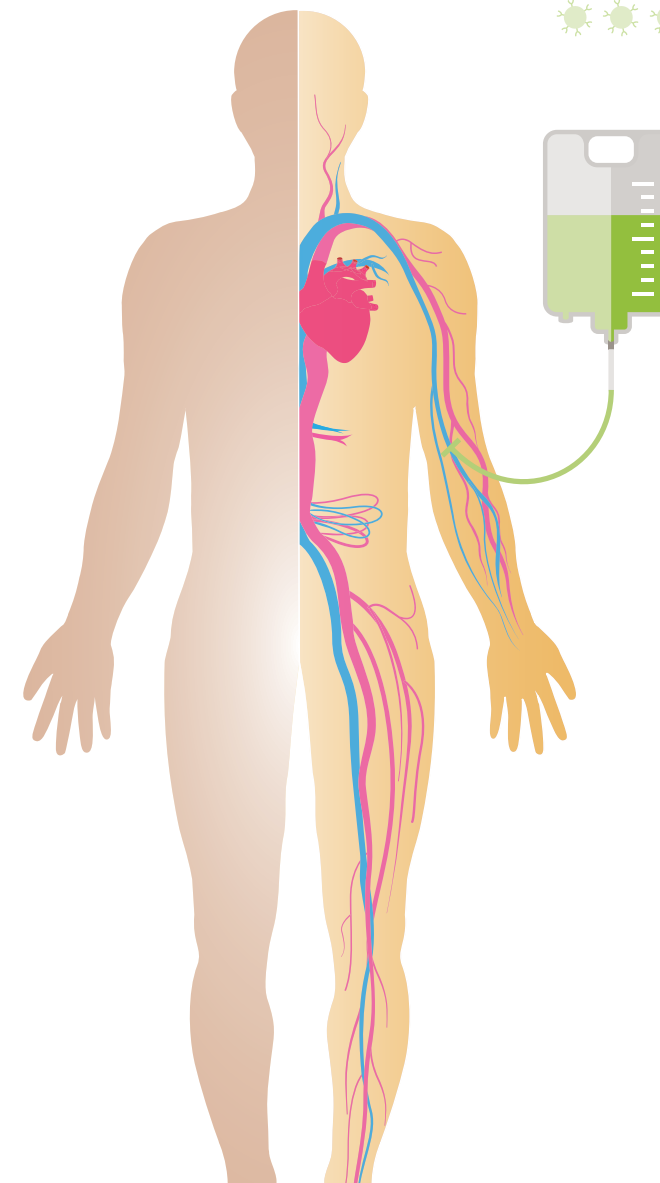


### 4. Infusion

- Patient receives infusion of CAR T-cells.

### 5. Cancer cells destroyed

- In the bloodstream, CAR T-cells seek out cancer cells and destroy them.





# NIMBLE STRUCTURE AND ACCOUNTABLE CULTURE



Nurses and staff participating in the September 2018 Magnet® Celebration at the UI Stead Family Children’s Hospital lobby.

## 4th Magnet® designation achieved

The highlight of the year for the Department of Nursing Services and Patient Care was achieving a fourth designation as a Magnet®-recognized organization for nursing excellence.


University of Iowa Health Care is among a select group of health care organizations worldwide to receive this honor. UI Hospitals & Clinics was the first hospital in Iowa to receive designation (2004) by the American Nurses Credentialing Center and the first in the state to be re-designated twice (2008 and 2013). Fewer than 10 percent of hospitals in the nation have earned Magnet® status,

and far fewer have achieved it four consecutive times.

“The Magnet® designation is the pinnacle of achievement in nursing,” said Cindy Dawson, MSN, RN, CORLN, chief nurse executive and associate director, UI Hospitals & Clinics. “To earn this recognition four times is a tremendous accomplishment and a testament to the high-quality care that our nurses provide to our patients.”

The journey to Magnet® designation is focused and intense and could not be achieved without concerted effort from every aspect of the

organization. Magnet® designation is awarded to a hospital only after a rigorous application process, documentation review, and on-site evaluation of all aspects of its nursing services. At a Magnet® hospital, nurses are committed to maintaining the highest standards of care in an environment that values quality, safety, satisfaction, and education.


“Iowans can be proud that our nurses are being recognized as the leaders of our profession and providing patient care that ranks among the best available anywhere around the globe,” Dawson said. 

## S-T-I-C-K program improves treatment for bloodborne pathogen exposure

Approximately one-third of surgical residents and faculty have admitted to not reporting a sharps injury, primarily because the process was too time-consuming. The process for reporting a blood or body fluid exposure has historically included going to the University Employee Health Clinic (UEHC) during business hours and to the Emergency Department (ED) for after-hours and weekend/holiday care. Data showed that for either setting, the time from injury to the first dose of post-exposure prophylaxis (PEP) was significantly greater than the recommended two hours.

having to physically move to another location to receive care, among others. Literature and Occupational Safety and Health Administration requirements were reviewed, and local experts were contacted by the team. The group determined that the ED was not the best place to provide care for bloodborne pathogen (BBP) exposure that does not require sutures or other immediate care.

The team developed a new process of care that is more efficient and improves the timeliness of administering PEP medications. A person receiving a BBP exposure calls one phone number, which rings to UEHC during regular business hours and the Integrated Call Center after hours, and a nurse uses an algorithm to assess the situation. If PEP is indicated, the pharmacy is notified by email/phone and places an order for PEP medications per a Collaborative Practice Agreement. The injured employee or volunteer picks up the medication at the pharmacy. If the employee is not able to leave their current work area, the medication can be sent directly to the work area. A visit to UEHC is recommended as soon as possible for additional follow-up.

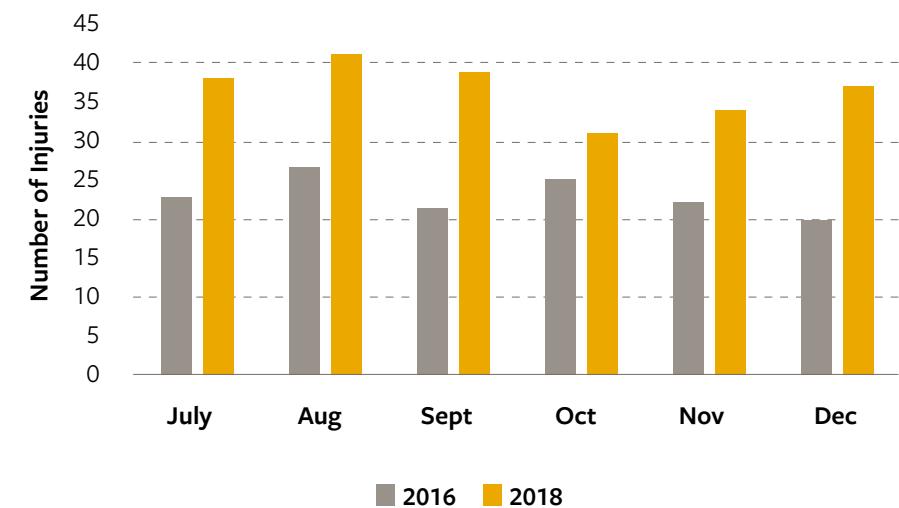
The new process was piloted in the Main Operating Room in June 2018 with housewide implementation at the end of that month. In December 2018, the team received an Improving Our Workplace Award to recognize their efforts. Injured employees or volunteers who use the S-T-I-C-K program provide feedback; metrics are monitored monthly. The graph on the next page shows positive results, with more BBP exposures reported since the program began. 



The interprofessional team works to improve patient care and institutional processes at UI Hospitals & Clinics.

An interprofessional team, led by Lynette Kenne, MSN, RN, lean management engineer, began evaluating the process of care in 2016. The team utilized process mapping and identification of inefficiencies, e.g., waiting to be seen in the ED; duplication of injury documentation – incident report, First Report of Injury, Epinet Form; and

NUMBER OF BLOODBORNE PATHOGEN EXPOSURES REPORTED



## Video monitoring improves patient safety

There is substantial research showing that video monitoring is a successful technology to improve patient safety by decreasing falls and reallocating sitter staff to care for more than one patient. Monitoring is done without Health Insurance Portability and Accountability Act (HIPAA) concerns as it is a live-stream video without recording ability. The Video Monitoring Unit (VMU) at University of Iowa Hospitals & Clinics went live in January 2018.

The VMU is a remote patient observation and communications platform that enables both visual and audio monitoring of adult patients at risk for falls and other concerns for safety. The video camera can pan, tilt, and zoom in close enough to read the identification band on the patient, along with a two-way audio system that allows for communication


between the patient and the video monitoring technician. This enables a single caregiver to keep track of as many as 12 patients at once from a central monitoring station. The trained video monitor technicians can verbally intervene with patients while simultaneously summoning a nurse or nursing assistant on the unit via their mobile communication device. For more emergent situations, the video monitor technician can activate a STAT alarm, quickly summoning any available clinicians on the floor to the patient's room to avert harm.

If a patient is recommended for video monitoring, the VMU rounder brings a mobile camera unit to the patient's room and collects the necessary information from the patient's nurse, including patient demographics and what specifically the VMU monitors

should be watching for. This information is loaded into the VMU system for easy reference for the monitoring technicians tasked with watching that patient.

The VMU is an additional tool for fall prevention and overall patient safety that does not require a provider's order and can be initiated at any time by the nurse. Since the implementation of the VMU at UI Hospitals & Clinics, an 11 percent reduction in one-to-one sitter full-time equivalents

**11 PERCENT REDUCTION** in one-to-one sitter full-time equivalents.

has been achieved for all adult inpatient units without an increase in organizational fall rates. 





Dawn Brue, RN, staff nurse, demonstrating the smoke plume pen which is now used in operating rooms.

## EBP project improves smoke plume evacuation

Over 500,000 health care workers in the United States are exposed to dangerous chemicals from surgical smoke plumes every year throughout their career. Surgical smoke plume is a product released when cautery, laser, or energy-generating devices are used to cut, coagulate, vaporize, or ablate tissues in the body. In this process, fine particles are dispersed into the air, releasing the plume containing smoke, formaldehyde, acetaldehyde, and toluene. Inhalation of the plume caused by one gram of tissue being cauterized is equivalent to a person smoking six unfiltered cigarettes.

Patient exposure during surgery can lead to port site metastasis and carbon monoxide exposure. Carboxyhemoglobinemia (COHb) is released and absorbed in a patient's peritoneum. These tissues hold the COHb, causing smoke poisoning. Similar to secondhand smoke,

the most common side effects include acute and chronic pulmonary conditions; acute headaches; and irritation and soreness of eyes, nose, and throat. The smoke may also seed malignant cells. Position statements, regulatory standards (NIOSH), and nursing recommend smoke plume evacuation to provide a safe work environment.

For Dawn Brue, RN, staff nurse, being a nurse in the operating room (OR) was her dream job. But that dream involved helping sick children, not breathing harmful OR smoke. With the cooperation of her nurse manager, nursing practice leader, and an evidence-based practice (EBP) scientist, she began an EBP project related to smoke plume evacuation. The purpose of the project was to implement and evaluate evidence-based smoke plume evacuation in the pediatric OR to reduce exposure to carcinogens.




Patient **EXPOSURE DURING SURGERY CAN LEAD TO** port site metastasis and carbon monoxide exposure.

The EBP change included bringing in new supplies to evacuate smoke plume directly at the site of cauterization. Implementation included:

- Sharing key evidence about the dangers of smoke plume
- Educating during a morning meeting
- Presenting at a perioperative hospital meeting
- Troubleshooting at the point of care
- Academic detailing
- Clinician input
- Informing organizational leaders
- Reporting within the organizational infrastructure
- Just-in-time education
- Changing protocol and equipment access
- Pre-incision safety
- Quality scripting for every case requiring cautery

Future implementation will expand smoke plume pen availability as a standard part of surgical packs, with the help of the nurse manager and service team leads. Learning from successes and challenges will be shared to facilitate rollout.

Evaluation of the project included feedback from nurses and surgeons, extent of use of the smoke plume evacuators, and integration of the smoke plume evacuators into the surgical packs. The percent of use for the smoke plume evacuators started at 2 percent and has risen to 41 percent with implementation efforts targeting where there is the greatest opportunity.

Exposure to smoke plume is an occupational and patient safety priority, with promising results indicated in current literature. With leadership support, clinicians in the OR are encouraging providers to increase the use of smoke plume evacuators for all indicated procedures. Nursing can make a difference in leading health care changes that benefit all stakeholders to reduce occupational exposure and children's exposure in the OR. 

## 25th National Evidence-Based Practice Conference

In April 2018, the Department of Nursing Services and Patient Care hosted the 25th National Evidence-Based Practice (EBP) Conference.

- Conference theme: Evolving Evidence, RE-Solving Care
- Conference objectives were to:
  - Describe strategies for meeting the Institute of Medicine/National Academy of Medicine goal of more than 90 percent of care being evidence-based by 2020
  - Discuss strategies for EBP decision-making as health care issues emerge
  - Facilitate networking to advance application of EBP for improved health care outcomes

### BY THE NUMBERS:

**302**  
registered participants

**67**  
poster presentations

**29**  
states

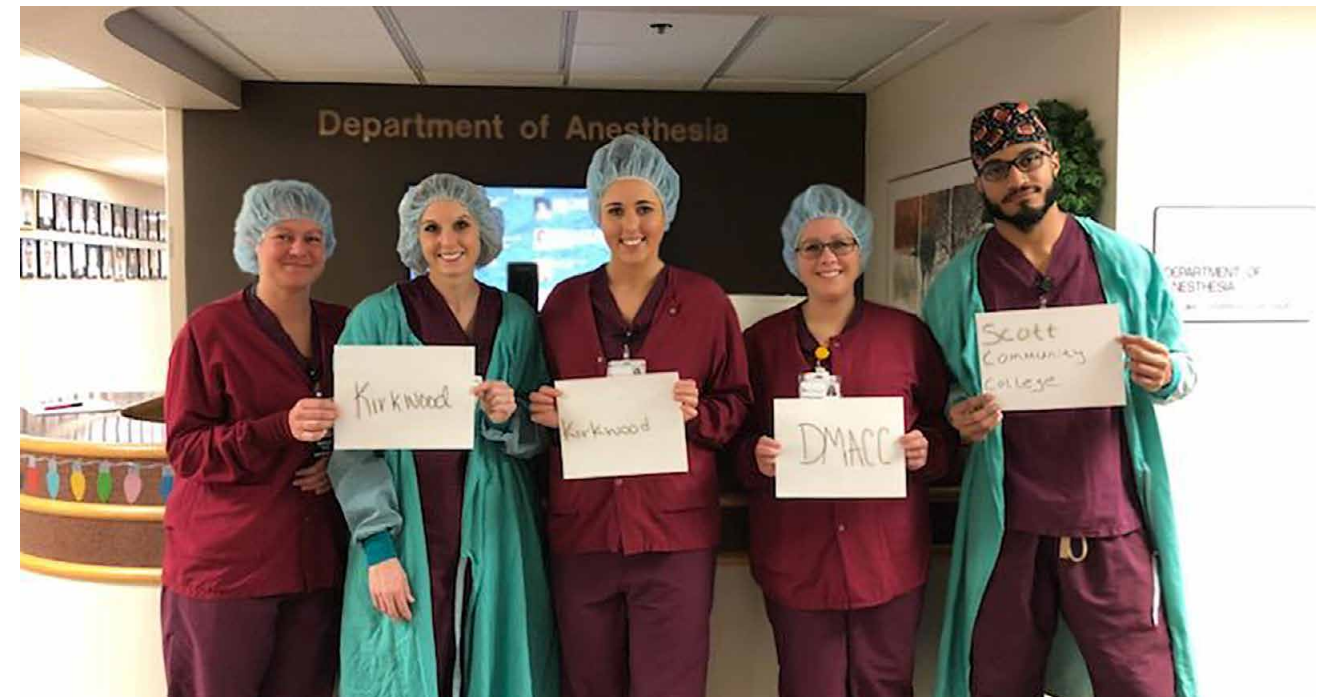
**17**  
oral presentations from abstracts

**84**  
participants from UI Health Care

**23**  
UI Health Care participants received registration fee scholarships



# DIVERSIFIED FINANCIAL RESOURCES




Left to right: Surgical technologists Jennifer Demuth, Heather Otis, Rebecca Goerdt, Whitney Nelson, and Andrew Terrell-Rodriguez.

## Relationships result in new hires for Perioperative Services

During 2018, Perioperative Services was dedicated to building and maintaining relationships with local universities and community colleges in order to create a pipeline of surgical technologists and staff nurses. The department continuously hosted nursing students from Allen College, the University of Iowa, Mount Mercy University, and Kirkwood Community College in clinical rotations and as part of the Summer 10 program.

To recruit surgical technologists, Perioperative Services collaborated with programs at Kirkwood Community College, Des Moines Area Community College, and Milwaukee


Career College for clinical rotations and to conduct on-site visits and present employment opportunities within the department.

Perioperative Services recruited nine surgical technologists and three staff nurses from these academic partnerships in 2018. These direct hires help students make expeditious and efficient transitions to becoming employees, as shown by a decrease in didactic orientation time required for many of them. Additionally, these partnerships have proven financially and occupationally rewarding for the department and the employees hired. 



Left to right: PACU staff nurses Ciara Demings, BSN, RN, and Ashley McWilliams, BSN, RN.



 Every day, the PAC handles approximately **6,250 CALLS** and schedules **2,600 VISITS**.


## Team triage improves patient satisfaction and raises revenue

One of the organizational Fiscal Year (FY) 2018 initiatives was team triage. The goal was to improve patient access and reduce the number of non-scheduling calls to the Patient Access Center (PAC). University of Iowa Health Care implemented a formalized triage process in the Heart and Vascular Center, Ophthalmology Clinic, Orthopedic Clinic, and Adult and Child Psychiatry Outpatient Clinics. In addition, nursing leaders developed action plans to improve efficiencies and processes in the clinics that already had triage in place.

Prior to this initiative, a significant volume of incoming calls to the PAC for these focus clinics were patients trying to speak to a clinician. When these calls came into the PAC scheduling lines, the patient access specialists would have to transfer the calls to the clinic.

Collaborative efforts between nursing, telecom, PAC, and clinical department administrators directly impacted the success of this initiative. Many metrics were tracked, including patient satisfaction data. The top box score (percent of “very good” responses) from the patient satisfaction surveys increased from Calendar Year (CY) 2017 to CY2018 for “ease of getting through to the clinic on the phone,” “our promptness in returning your phone calls,” and “ability of getting an appointment for when you wanted.”

QUESTION	TOTAL TOP BOX CY17 SCORE	TOTAL TOP BOX CY18 SCORE
Ease of getting through to the clinic on the phone	54.6	56.1
Our promptness in returning your phone calls	65.2	66.5
Ability of getting an appointment for when you wanted	58.8	59.8

The number of phone calls to get an appointment scheduled decreased for the clinics implementing triage and for all clinics as a whole. The decrease in non-scheduling calls allowed the PAC to improve patient access because more appointments were scheduled from fewer calls. Scheduling more appointments resulted in an estimated \$1.6 million dollars in revenue generation for the organization. 

## Improving continuity of care and communication

The Case Management Module in the electronic health record was implemented in May 2018 to improve continuity of care and communication among interprofessional caregivers who interact with adult and pediatric patient populations. The module allows quick access to the daily workflow of social workers, nurse navigators/discharge nurses, utilization management nurses, level of care nurses, and the continuity of care team. It connects multiple aspects of the patient’s hospitalization, such as clinical care, transition of care from one level of acuity to another, financial/insurance status, and plans for post-acute transitioning.

For nurse navigators, the Case Management Module provides easy access to the most current documentation related to discharge plans and the various options available in arranging a seamless transition to post-discharge care for patients. The module also provides the ability to view inpatient orders, follow-up appointments, and care coordination plans for patients to assist in reduction of readmissions.


Access to documentation of payer communication helps team members ensure patients are financially covered to the maximum of their benefits while hospitalized and for post-acute needs.

The Case Management Module lets social workers electronically initiate post-acute referrals to various agencies, facilities, and durable medical equipment companies. Up-to-date information is shared with agencies in real time to

assist with transitions of care. Social workers can provide the patient with information about any external agency involved in their post-discharge care, allowing for improved communication between the patient and facility. The module also creates efficiencies in documentation within the electronic health record for the interprofessional team.

Indicia for Care Coordination is an interactive assessment tool that leverages care guidance from nationally recognized Milliman Care Guidelines (MCG®), which supports a comprehensive way to build and facilitate access to others on a specific patient’s plan of care. Evidence-based care guidelines support case management and clinical care management goals, all integrated within the electronic health record.

The Indicia tool uses clinical case information to help determine the level of care. It also provides a care plan to use as a guide for inpatient clinically-achieved milestones to be met for a discharge plan. The system includes the tracking of “variances” from diagnosis-driven guidelines when a patient’s clinical course is different than expected, extending their length of stay. The information collected from variance tracking helps identify patterns of potential delays within the system and focuses attention to decrease these occurrences.

Internal and external metrics for tracking the impact of the Case Management Module and Indica for Care Coordination tool are under development. 



**THE CASE MANGEMENT MODULE** allows quick access to the daily workflow of social workers, nurse navigators/discharge nurses, utilization management nurses, level of care nurses, and the continuity of care team.

# Inpatient Access Optimization project improves efficiency



This project has three phases and is approximately **HALFWAY THROUGH ITS LIFE CYCLE.**


The Inpatient Access Optimization project aims to improve patient throughput, discharge processes, and length of stay for inpatients at University of Iowa Hospitals & Clinics through the review and optimization of workflows, processes, policies, and procedures. It also aims to increase and improve internal and external provider satisfaction.

The scope of this project includes:

- Engage stakeholders through focus groups to identify and prioritize areas for improvement
- Review Admission and Transfer Center (ATC) workflows to identify and optimize areas for improvement
- Review, analyze, and optimize reporting
- Develop success metrics
- Collaborate and benchmark with other academic medical centers on ATC workflows, processes, and metrics
- Review financial considerations when accepting patients
- Review and optimization of guidelines, policies, and procedures
- Review and optimization of customer service, quality controls, and human resources practices

This project has three phases and is approximately halfway through its life cycle. Phase I, which included an assessment and discovery of current state, is completed. This phase also included discussions with many stakeholder focus groups within and outside of UI Health Care. Phase II includes 40-plus project activities that were identified through Phase I and approved by the Oversight Committee. Phase III will include closing the project, turning processes over to operational leaders, and documenting lessons learned throughout the project.

Recent project successes include:


- Optimization of daily nursing bed huddles. The number of daily huddles was reduced from three to one. The meeting format was optimized, and the focus was expanded to include the evaluation of current bed availability, prioritization of patient movement, and discussion of any barriers to timely patient discharge.
- Development of a patient prioritization algorithm to identify how patient movement across the organization is prioritized
- Development of guidelines pertaining to patient placement and exclusion criteria for all inpatient units
- Development of key performance indicators for the ATC and ATC clinicians
- Since this project was initiated, the average amount of time it takes to admit a patient to UI Health Care has decreased by 37 minutes 

# Philanthropy for nursing diversifies financial support

Investing in the future of nursing care is a wonderful way to remember and honor past and current caregivers who have and will continue to provide high-quality, compassionate care to the community. The Department of Nursing Services and Patient Care has historically benefited from a variety of philanthropic accounts, established by generous donors to the University of Iowa Center for Advancement, to support the mission of improving nursing care.

These funds help University of Iowa Health Care nurses attend local and national conferences and sponsor professional development activities within the region, where these nurses share knowledge to promote improved nursing care. Nurses return from these events with ideas, innovative practices, and advice to incorporate to continually improve care delivery. Donations to this fund not only acknowledge care that has been given but ensure that the Department of Nursing Services and Patient Care will be able to continue to bring evidence-based nursing care to our community in the future.

## EFFORTS HAVE INTENSIFIED TO BUILD ON THIS HISTORICAL FOUNDATION.

This year, motivated by a strategic focus on diversifying financial resources, efforts have intensified to build on this historical foundation. The partnership with key stakeholders at the UI Center for Advancement has strengthened even further to expand the philanthropic acumen among nursing leaders and frontline clinicians. The team is strategizing and finding creative ways to build financial support for the department's mission and nurses' professional development. 



**THESE FUNDS HELP UNIVERSITY OF IOWA HEALTH CARE NURSES** attend local and national conferences and sponsor professional development activities within the region.



# STRONG PARTNERSHIPS



Members of UI Health Care travel to Amish communities to care for patients with genetic blood disorders.

## Hemophilia Outreach Clinic improves care for Amish patients


Hemophilia B, or factor IX deficiency, is a genetic condition in which blood does not clot properly and is common in some Amish communities. For the past 17 years, members of an interprofessional team with University of Iowa Health Care have traveled one Saturday every fall to the Hemophilia Outreach Clinic for the Amish. In Iowa, there are large Amish communities near Bloomfield and Hazelton, referred to as the Northern and Southern Groups, and the clinic alternates between locations every other year.

With funding from various grants, these Amish patients are able to meet with hematologists, nurses, dentists, and physical therapists; complete necessary lab work; and meet with social workers

at no cost, all in one day. Because of religious beliefs, most Amish choose not to carry health insurance, which can typically be a barrier for care. For many of these patients living in the Iowa communities, the Hemophilia Outreach Clinic is the only way for them to have an affordable, comprehensive visit every other year.

The Patient Medication Assistance Program (PMAP) social worker helps those who need care to obtain the expensive factor IX treatment and medications, the cost of which can approach thousands of dollars without coverage. While most Amish people who are hemophiliacs only have to keep on-demand treatment at home in case of a bleed, access to this expensive,

lifesaving treatment is crucial. Pharmaceutical programs like Pfizer and Akorn provide these medications at no cost to those who qualify, and the PMAP social worker assists in the application process.

Outreach day is not only a chance to interact with the families, but it increases compliance among members of the community with this condition. Most families, especially in the North, do not have a phone or access to technology, so communication can be difficult, and it is hard to obtain the necessary paperwork and documentation. Currently, the program helps 78 Amish patients from infants to elders, and this number continues to rise as families expand. 



UI College of Nursing students at the White Coat Ceremony.

## Clinic immersion pilot gives nursing students real-world experience

In August 2018, the University of Iowa College of Nursing approached the Department of Nursing Services and Patient Care about partnering with Ambulatory Nursing to set up a first-semester immersion experience for nursing students in the ambulatory setting. A team from Ambulatory Nursing administration and the UI College of Nursing met to carry out the vision. The team included April Prunty, MSN, RN, lecturer from the UI College of Nursing; Melissa Gross, MSN, RN, CNRN, director, Ambulatory Nursing; Suzy Hammer-White, MSN/MHA, RN, CNML, nursing practice leader; and Cara Holub, MSN, RN, nursing practice leader from Ambulatory Nursing Administration.

Students were assigned one-to-one with either a registered nurse (RN) or medical assistant (MA) for a four-hour block of time in October and December 2018. The goal was to provide these students the opportunity to work on their communication skills, which included greeting the patient,

introducing themselves, obtaining vital signs, and sharing these findings with the RN or MA. Traditionally, learning for such skill sets in the first semester occurs in a lab setting with peers. The clinical immersion experience in an ambulatory setting early in the students' education enhances the educational experience in a "real world" setting and increases their comfort level in communicating with patients, families, and health care providers.

Nursing lecturer Prunty noted, "There is an increasing need to offer opportunities for students to engage with patients early in their nursing education. The clinic immersion pilot was an incredible partnership that would not have been possible without the support of the participating clinics from UI Health Care. We are incredibly lucky to have this collaboration that offers such a unique and rewarding experience for our students."


### This collaboration resulted in:

Number of first-semester nursing students participating: **72**  
 Number of clinics participating: **16**  
 Number of hours each student spent in an ambulatory setting: **8.5**  
 Total number of hours ambulatory clinicians committed to the immersion experience: **1,224**



### Students were surveyed after the initial immersion experience in October and provided the following feedback:

**81** percent of students indicated an increased understanding of the patient experience in ambulatory settings.  
**62** percent indicated feeling more comfortable communicating with patients.  
**77** percent indicated feeling more comfortable communicating with health care providers.  
**86** percent indicated the clinic immersion was a worthwhile learning experience.

**"I think the clinical immersion experience was very valuable. It was nice to get to work with MAs and RNs in settings outside of the inpatient units we're in for clinicals. I liked seeing a patient population I'm not used to, and I liked the ability to do vitals on people with real illness rather than our healthy classmates."** –nursing student 

## Technology improves efficiency and throughput from ED

Increased utilization of emergency departments (ED) leads to overcrowding, while improving efficiency can decrease ED boarding. Hospital processes directly impact delays in placement in an inpatient bed, and nursing report and transport significantly influences this time.


By leveraging existing technology, nursing was able to improve efficiency and patient throughput from the ED to inpatient units. The goal for this intervention, a secure mobile messaging text-based nursing report, was to provide valuable and consistent information in a shorter amount of time and in a format that could be shared rapidly within the health care team. It increased patient throughput and efficiency, as well as clinician collaboration, while continuing to ensure patient safety.

The secure mobile message nursing report was implemented between the ED and General Medicine Unit in August 2017. The ED and General Medicine Unit nursing leaders and staff nurses worked together to design the report process. When the General Medicine Unit bed is clean and ready, the ED track board updates and triggers the ED nurse to send the message using a predefined report template. The inpatient nurse is allotted 10 minutes to prepare for the patient arrival, ask any clarifying questions, and reply "yes" indicating readiness for the admission.

During the three-month pilot period, the ED admitted nearly 600 patients to the General Medicine Unit. After implementation of the secure mobile message nursing report, the median time from "bed ready" to admission decreased by six minutes; a 13 percent

decrease. The proportion of patients taking more than 80 minutes from "bed ready" to arrival decreased from 17.6 percent to 9.2 percent.

This reduction in time equates to 65 hours per quarter of increased ED bed availability. With this increase in bed availability, the ED has the potential for a \$96,000 increase in revenue. Additionally, clinician satisfaction surveys showed an improvement in perception regarding the relationship between the ED and General Medicine Unit. The organization's incident report system also had zero reports related to care coordination between the two units compared to two pre-implementation.

Since implementing this nursing report process on the General Medicine Unit, it has successfully been implemented in seven additional areas. 



## Partnership improves safe sleep for infants

Throughout 2018, Children’s and Women’s Services nursing and the University of Iowa Stead Family Children’s Hospital Safe Sleep Task Force have continued their strong partnership with the Safety Store to improve community safety and

reduced-priced Pack-n-Plays with funds from a generous Volunteer Services grant. These Pack-n-Plays are given to families who would otherwise not have a safe sleep environment in their home for their newborn or infant upon discharge.



Heather Eastman, MSN, RN-BC, nursing practice leader, demonstrates the steps for wrapping an infant swaddle blanket.

education regarding newborn and infant safe sleep and other crucial safety messages. Members of the task force toured the Safety Store in the spring to learn about safety products available for infant sleep. The task force then shared this information with clinicians and parents of hospitalized infants.

The task force continues to partner with the Safety Store to purchase

Two Facebook Live events were held in 2018 in partnership with the Iowa City Moms Blog. During the first event, Pam Hoogerwerf, Safety Store program director, and Penny Smith, BSN, RN, nurse clinician, discussed the basics of Sudden Infant Death Syndrome (SIDS), safe sleep, and the wide array of safety items available at the Safety Store to help reduce the risk for SIDS. During the second event, Smith and Heather Eastman, MSN, RN-BC, nursing practice leader, reviewed products currently marketed for infant sleeping in order to clarify those which do and do not meet the American Academy of Pediatrics safe sleep guidelines. Together, these online safety events had over 14,000 views by community parents.

The Safe Sleep Task Force members and the Safety Store also partnered to present a booth at the Stork Storytime EXPO in North Liberty, Iowa, which was an opportunity to meet and present safety information to current and expecting parents in that community.



Together, these online safety events had over **14,000 VIEWS** by community parents.

## Evidence-Based Practice in Action

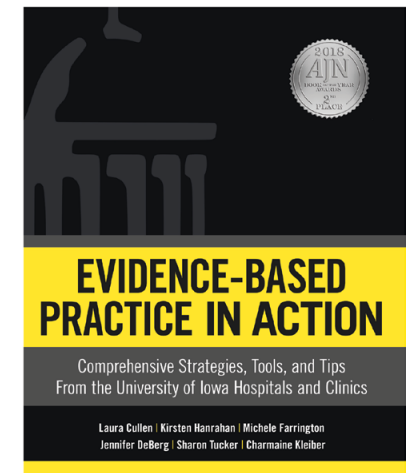
The book, *Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips From the University of Iowa Hospitals and Clinics*, was created to make the evidence-based practice (EBP) process clear and easy to follow. It is a unique, application-oriented EBP resource organized on *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care* and can be used with any practice change. Actionable step-by-step directions for busy clinicians and multiple examples of nursing EBP excellence from University of Iowa Health Care are highlighted throughout the book.

A significant portion of the book is dedicated to implementation strategies from the groundbreaking framework, *Implementation*

*Strategies for Evidence-Based Practice*. This framework provides guidance on building a comprehensive implementation plan and how to choose and use key implementation strategies to improve processes and outcomes.

This resource will impact the quality of health care for patients and families across the U.S. and around the world. It has been recognized as an *American Journal of Nursing* 2018 Book of the Year; awarded runner up in the nursing education/continuing education/professional development category.

In addition to this book, an e-book and companion workbook with 39 practical tools following the Iowa Model are available.



Sold as of 6/30/2018:  
647 books  
76 e-books  
132 workbooks

### COMPLIMENTARY EBP RESOURCES

**DOWNLOADS** **COUNTRIES** **STATES**

<i>The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care®</i>	840	25	49
<i>Implementation Strategies for Evidence-Based Practice</i>	562	22	47
Chapter tools from <i>EBP in Action: Comprehensive Strategies, Tools, and Tips From the University of Iowa Hospitals and Clinics</i>	2,920	17	44

Based on 2018 data.  
For more information, visit: [uihc.org/evidence-based-practice](http://uihc.org/evidence-based-practice).



## New mural improves environment for psychiatry patients



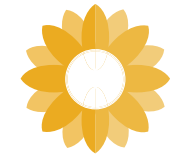
A beautiful new mural now enhances the outdoor patio used by inpatient adult psychiatry patients, thanks to the work of recreational therapists, the Department of Psychiatry, Project Art, and a Volunteer Services grant.

Recreational therapists Jon Mitchell, MA, CTRS, and Sarah Hefel, BA, CTRS, regularly use the patio and saw an opportunity to transform a plain concrete wall into a canvas for a mural. They presented the idea to Steve Blanchard, MHA, administrator for the Department of Psychiatry, who then discussed the concept with Bruce Scherting, MFA, director of Project Art. Blanchard and Scherting collaborated on an application for a Volunteer Services grant, which resulted in a \$20,000 award for the mural project.

The mural, by artist Tom Torluemke and assistant Billy Pozzo, is titled, “A Fresh New Morning.” It depicts a nature scene with a focus on native Iowa animals and plant

species. The mural’s bright source of color and imagery creates a sense of calm and makes the environment seem less like a hospital. Even though many adults in behavioral health are unable to leave the unit, they can see the mural from their windows.

Depending on the diagnosis and individual goals, the patio is used for a variety of interventions. For instance, patients who have eating disorders enjoy doing yoga and other stretching exercises on the patio for health and wellness. One of the most popular sessions held there is therapeutic dog visitations. These activities often bring large numbers of patients at a time. Patients will also visit the patio individually with clinicians for more quiet contemplation and an opportunity to get outside. The mural provides a more beautiful, peaceful space for everyone who visits the patio. 🌿



**“Those columbine flowers remind me of my hike in Ledges State Park.”**  
—adult patient

**“That looks like a place I want to go.”**  
—adult patient

**“The waterfall is my favorite.”**  
—adult patient

Left: Artist Tom Torluemke painting flowers on the Department of Psychiatry mural.

Bottom: “A Fresh New Morning” by Tom Torluemke and assistant Billy Pozzo.





# Recognition

**100 GREAT IOWA NURSES 2018** 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.



100 Great Iowa Nurses 2018 Awardees.

- Stephanie Rozek**, BSN, RN, assistant nurse manager, Imaging and Procedure Center, Pediatric Catheterization Lab
- Mary Schlapkohl**, MA, RN, ARNP, advanced registered nurse practitioner, Department of Pediatrics, Division of Pediatric Hematology/Oncology
- Sarah Schneider**, MSN, RN, PCCN, nursing practice leader, Nursing Clinical Education Center and staff nurse, CRU Team 2
- Debbie Sheikholeslami**, BSN, RN, OCN, staff nurse, Medical Surgical/Hematology Oncology Unit
- Emily Spellman**, MSN, RN, nursing practice leader, Children’s and Women’s Services
- David Spicknall**, BSN, RN, retired staff nurse, Cardiovascular Intensive Care Unit
- Patricia Troyer**, RN, staff nurse, Post-Anesthesia Care Unit
- Marta Zahs**, BSN, RN, CNOR, nurse clinician, Main OR, Genitourinary/Gynecology/ Transplant

- Mike Anderson**, DNP, RN, CRNA, certified registered nurse anesthetist, Department of Anesthesia
- Wendee Beranek**, RN, staff nurse, Holden Comprehensive Cancer Center Clinic
- Janet Geyer**, MSN, RN, CPNP, nursing practice leader, Children’s and Women’s Services
- Jan Hartwig**, BSN, RN, nurse clinician, IVF nurse coordinator, Women’s Health Clinic
- Wendy Hochreiter**, MSN, RN, CNL, house operations manager and nurse manager, SWOT Team
- Danilo Jahn**, RN, staff nurse, Medical Surgical Cardiology Unit
- Christine McNair**, MSN, RN, CRNA, assistant director, Anesthesia Pre-Surgical Evaluation Clinic
- Maria Miller**, MSN, RN, nurse clinician, Orthopedic Clinic
- Kelly Poch**, BSN, RN, MBA, CCRN, staff nurse, Surgical & Neurosciences Intensive Care Unit
- Erin Rindels**, MSN, RN, CNRN, SCRNP, NVRN-BC, stroke nurse coordinator, clinical practice leader, Department of Neurology, Neurology Clinic



Daniel Holthaus      Amy Bowman      Kristin Foster      Marissa Johnson      Lauren Maus

**2018 FINANCIAL EDUCATION AWARD – IOWA HOSPITAL ASSOCIATION’S IOWA HOSPITAL EDUCATION AND RESEARCH FOUNDATION (IHERF)**  
**Daniel Holthaus**, BSN, RN, staff nurse, General Medicine Unit

**2018 NURSING EXCELLENCE IN CLINICAL EDUCATION AWARD**  
Recipient – **Amy Bowman**, MSN, RN, CCRN, staff nurse, Medical Intensive Care Unit  
Semi-Finalist – **Ruth Teesdale**, BSN, RN, staff nurse, Neonatal Intensive Care Unit Bay 2

**2018 SALLY MATHIS HARTWIG SCHOLARSHIP RECIPIENTS**  
**Kristin Foster**, MSN, RN, ARNP, PNP, advanced registered nurse practitioner, Pediatric Oncology  
**Marissa Johnson**, BSN, RN, staff nurse, Neonatal Intensive Care Unit Bay 2  
**Lauren Maus**, BSN, RN, CCRN, interim assistant nurse manager, Cardiovascular Intensive Care Unit

**AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION FELLOW**  
**Kim Eppen**, PT, PhD, FAACVPR, clinical specialist, physical therapist, Rehabilitation Therapies

**AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES – ICU DESIGN AWARD FOR UI STEAD FAMILY CHILDREN’S HOSPITAL PEDIATRIC CARDIAC INTENSIVE CARE UNIT (PCICU) AND PEDIATRIC INTENSIVE CARE UNIT (PICU)**  
The award was presented in Boston during the May 21-24, 2018, National Teaching Institute & Critical Care Exposition and recognized the excellent design and planning that impacts patient care at the University of Iowa Stead Family Children’s Hospital.



Left to right: Kathryn Cronk, BSN, RN, Andrea Haynes, BSN, RN, CCRN, and Rhonda Mebus, MSN, RN, CCRN.

**AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING® CLINICAL PRACTICE POSTER AWARD**  
*What a Pain! Meeting The Joint Commission Standards for As-Needed Medication Indications* (**Anne Smith**, MSN, RN-BC, **Debra Bruene**, MA, RN, CPHON, and **Michele Farrington**, BSN, RN, CPHON)



## ANN WILLIAMSON LEADERSHIP AND INNOVATION AWARD

**Laura Cullen**, DNP, RN, FAAN, EBP scientist, Nursing Research and Evidence-Based Practice

Left to right: Ann Williamson, PhD, RN, NEA-BC, Laura Cullen, DNP, RN, FAAN, and Cindy Dawson, MSN, RN, CORLN.



**BEACON AWARDS** are awarded by the American Association of Critical-Care Nurses (AACN). For patients and families, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction. For nurses, a Beacon Award signals a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale, and lower turnover.

### GOLD BEACON AWARDS

Medical Surgical Cardiology Unit  
Neonatal Intensive Care Unit

### SILVER BEACON AWARDS

Adult Blood and Marrow Transplant/Leukemia Service  
Cardiovascular Intensive Care Unit  
Medical Intensive Care Unit  
Medical Surgical/Hematology Oncology Unit  
Surgical & Neurosciences Intensive Care Unit



Medical Surgical Cardiology Unit / Gold Beacon Award



Neonatal Intensive Care Unit / Gold Beacon Award



Adult Blood and Marrow Transplant/Leukemia Service / Silver Beacon Award





Cardiovascular Intensive Care Unit / Silver Beacon Award



Medical Surgical/Hematology Oncology Unit / Silver Beacon Award



Medical Intensive Care Unit / Silver Beacon Award



Surgical & Neurosciences Intensive Care Unit / Silver Beacon Award

## EAR, NOSE AND THROAT NURSING FOUNDATION LITERARY AWARD

*Pain Management Interventions for Needle Stick Procedures: An Ambulatory EBP Project* (**Michele Farrington**, BSN, RN, CPHON, **Trudy Laffoon**, MA, RN-BC, **Cindy Dawson**, MSN, RN, CORLN, and **Carmen Kealey**, MA, RN)

## EMERGENCY NURSES ASSOCIATION IOWA EDUCATOR OF THE YEAR

**Katherine Schneider**, MSN, RN, CEN, assistant nurse manager, Emergency Department

## EMERGENCY NURSES ASSOCIATION IOWA ENA RISING STAR

**Heather Andresen**, BSN, RN, CEN, clinical coordinator, Surgery

## SERVICE STAR WINNER

**Jumeka Hemphill**, medical assistant, Pain Management Clinic

## BOARD OF REGENTS STAFF EXCELLENCE AWARD

**Janie Knipper**, RN, MA, AE-C, MAACVPR, clinical practice leader, Rehabilitation Therapies





**THE DAISY FOUNDATION™** provides grants, encouragement, and awards for exceptional 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, a unique sculpture, cinnamon rolls, and a banner displayed on the clinical area.

January 2018 – **Mackenzie Kane**, MSN, RN, staff nurse, Respiratory Specialty and Comprehensive Care Unit  
February 2018 – **Luke Schomberg**, BSN, RN, staff nurse, Orthopaedics, Ophthalmology, Urology Unit  
March 2018 – **Danielle Black**, BSN, RN, staff nurse, Emergency Department  
April 2018 – **Joe Schmuecker**, RN, staff nurse, Emergency Department  
May 2018 – **Susan Bormann**, RN, staff nurse, Adult Acute Medicine Unit  
June 2018 – **Brooke Taylor**, RN, CPN, staff nurse, Pediatric Medical Surgical Unit  
July 2018 – **Nicole Bush-Sanders**, RN, staff nurse, Neuroscience Intermediate Unit  
August 2018 – **Shelley Jacobus**, BSN, RN, staff nurse, Neonatal Intensive Care Unit Bay 2  
September 2018 – **Michael DeMoss**, BSN, RN, CCRN, staff nurse, Cardiovascular Intensive Care Unit  
October 2018 – **Chris Bouslog**, RN, CNOR, staff nurse, Ambulatory Surgery Center  
November 2018 – **Karreen Kephart**, BSN, RN, staff nurse, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit  
December 2018 – **Belva Everett Vincent**, MSN, RN, staff nurse, Non-Vascular Neurology Unit

**THE DAISY TEAM AWARD™** is designed to honor collaboration by 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.

#### DAISY TEAM AWARD™ WINNER Wound Ostomy Nursing



Front row, left to right: Shannon Swartz, BSN, RN, CWON, CMSRN, Laura Phearman, BSN, RN, CPNP, Julia Langin, MSN, RN, CWON, CMSRN, Linda Abbott, DNP, RN, CWON, AOCN, Marge Jensen, MSN, RN, CWON, and Pat Pezzella, BSN, RN, CWON.

Back row, left to right: Bev Folkedahl, BSN, RN, Melissa Barnes, MSN, RN, CWON, Elizabeth Culver, BSN, RN, CWON, and Michelle Greve, MSN, RN, CWON, CMSRN.

**THE DAISY NURSE LEADER AWARD™** gives staff, patients, and families a way to express their gratitude for the compassionate environment nurse leaders provide.

#### DAISY NURSE LEADER AWARD™ 2017

**Kelly Petrulevich**, MSN, RN, OCN, nurse manager, Medical Surgical/Hematology Oncology Unit



Left to right: Cindy Dawson, MSN, RN, CORLN, Kelly Petrulevich, MSN, RN, OCN, and Ami Gaarde, BSN, RN, MBA, OCN.

#### DAISY NURSE LEADER AWARD™ 2018

**Laura Corbett**, MNHP, RN, CCRN, nurse manager, Neonatal Intensive Care Unit Bay 2



Left to right: Emily Ward, BSN, RN, MBA, CCRN-K, Jody Kurtt, MA, RN, CPNP, NEA-BC, Laura Corbett, MNHP, RN, CCRN, Cindy Dawson, MSN, RN, CORLN, Jackie Nelson, DNP, RN, MBA, NEA-BC, and Angie Shalla, DNP, RN, NE-BC.

#### HELPING HANDS: RECOGNIZING OUTSTANDING MERIT STAFF

Assistants, technologists, and clerks have an enormous impact on the patient experience. The Nursing Assistant Workgroup created a program focused on positive reinforcement and public recognition to reward individuals for outstanding work and as a way to remind the entire hospital of the importance of support staff.

**Alex Bates**, nursing assistant, Pediatric Operating Room  
**Jaimie Berger**, nursing assistant, Orthopaedics, Ophthalmology, Urology Unit  
**Dawn Doehrmann**, nursing assistant, Non-Vascular Neurology Unit  
**Paul Even**, nursing assistant, Post-Anesthesia Care Unit  
**Angela Hodges**, hemodialysis technician, Dialysis  
**Mikayla Johnston**, nursing assistant, Medical Surgical Services Float  
**Amanda Manary**, nursing assistant, General Medicine Unit  
**Madison Richard**, nursing assistant, Adult Surgery Specialty Unit

#### JOURNAL OF EMERGENCY NURSING AUTHORS OF THE YEAR AWARD

*Voluntary Medication Error Reporting by ED Nurses: Examining the Association with Work Environment and Social Capital* (**Amany Farag**, PhD, RN, **Mary Blegen**, PhD, RN, FAAN, **Amalia Gedney-Lose**, BSN, RN, **Daniel Lose**, BSN, RN, and **Yelena Perkhounkova**, PhD)

#### NURSE RESIDENCY PROGRAM REACCREDITATION

The University of Iowa Hospitals & Clinics Department of Nursing Services and Patient Care and the University of Iowa College of Nursing partner to provide a nurse residency program that was re-accredited by the Commission on Collegiate Nursing Education (CCNE) for the Employee-Based Nurse Residency Program through June 30, 2023.

#### TOP 3 NON-TRAINEE POSTER AWARD – 6TH ANNUAL QUALITY AND SAFETY SYMPOSIUM

*Efficient Nurse Report: Utilizing Secure Mobile Messaging & the Electronic Medical Record to Improve Emergency Department Throughput* (**Caitlin Bulin**, MBA, BSN, RN, CEN, **Daniel T. Lose**, DNP, RN, CNML, **Hannah McClellan**, MBA, BSN, RN, CEN, and **Katherine Schneider**, MSN, RN, CEN)



NURSING RECOGNITION DAY 2018 POSTER AWARD WINNERS

Conduct of Research – *Factors Influencing OR Generated Hospital Acquired Pressure Injuries* (**Cormac T. O’Sullivan**, PhD, CRNA, ARNP, **Amos Schonrock**, MAN, RN, CNOR, **Michelle Mathias**, BSN, RN, and **Prakash Nadkarni**, MD)

Educational – *AIRPAL Use for Pediatric Spinal Fusion Patients: Improving Care* (**Brittany Walker**, BSN, RN, CAPA, **Kristina Beachy**, MSN, RN-BC, CPAN, and **Stephanie Stewart**, PhD, RNC-NIC)

Evidence-Based Practice – *Increasing Nursing Involvement in Patient and Family Centered Rounds (FCR)* (**Gracie Laughton**, MSN, RN, CPHON, **Ryan Winder**, BSN, RN, **Arunkumar Modi**, MD, **Julie Landsteiner**, BSN, MOL, RN, CPN, and **Libby Stutzman**, BSN, RN, CPHON)

Quality/Safety – *Improving the Process of Care for Employee Blood and Body Fluid Exposures* (**Lynnette Kenne**, MSN, RN, **Ashley Hinman**, MSN, RN, **Stephanie Holley**, MBA, RN, CIC, **Sarah Healy**, BSN, RN, **Tammy Sebolt**, MSN, MBA, RN, CNML, **Michael Edmond**, MD, MPH, MPA, **Brenda Carmody**, PharmD, **Courtney Gent**, PharmD, **Dave Nelson**, BSN, **Kenneth Valley**, BS, DC, **Chris James**, BS, CQA, **Rashmi Mueller**, MD, **Barbara Schuessler**, MSN, RN, MBA, CPEN, and **Patrick Hartley**, MB, BCh, BAO, MPH)

PRACTICE INNOVATION MERIT AWARD – WOUND OSTOMY CONTINENCE NURSING SOCIETY CONFERENCE

*Using a Collaborative Team to Reduce Pressure Injuries Originating in the Perioperative Division* (**Michelle Mathias**, BSN, RN, **Amos Schonrock**, MAN, RN, CNOR, **Cormac O’Sullivan**, PhD, CRNA, APRN, **Donna Dolezal**, MSN, RN, CPAN, CAPA, **Gail O’Donnell**, BSN, RN, CPAN, **Sarah Tweedy**, DNP, RN, SRNA, **Jerrold Keith**, MD, **Lori Stebral**, BSN, RN, CNOR, **Laura Phearman**, BSN, RN, CPNP, **Patricia Pezzella**, BSN, RN, CWON, **Julia Langin**, BSN, RN, CWON, CMSRN, and **Linda Abbott**, DNP, RN, CWON, AOCN)

GREAT CATCH AWARD WINNER 2017

**Stephanie Specht**, BSN, RN, staff nurse, Pediatric Medical Surgical Unit

Left to right: Stephanie Specht, BSN, RN and Ken Kates.

THE PHIL (PULMONARY HEALTH AND ILLNESSES OF THE LUNG) AWARD – 2018

RECIPIENT

**Micki Crispin**, RRT, staff respiratory therapist

NOMINEES

**Dean Brobston**, RRT, staff respiratory therapist

**Wendy Happel**, RRT-COPD Educator, staff respiratory therapist

**Larissa Kopp**, RRT, staff respiratory therapist

**Tom Recker**, RRT-CHT, supervisor, Respiratory Care – Diagnostic Division

**Dawn Richmond**, RRT, staff respiratory therapist

**Hannah Sondag**, RRT, staff respiratory therapist



Micki Crispin



PROFESSIONAL RECOGNITION PROGRAM RECIPIENTS

COHORT 9 – FEBRUARY 2018  
LEVEL 1 RECIPIENTS

**Jessica Becker**, BSN, RN, CCRN, Surgical & Neurosciences Intensive Care Unit

**Amanda Brauweiler**, BSN, RN, CPN, General Pediatrics, Pediatric Cardiology, and Medical Surgical Unit

**Maja Campbell**, BSN, RN, Pediatric Medical Surgical Unit

**Daniel Dietzel**, BSN, RN, CCRN, Extracorporeal Membrane Oxygenation and Cardiovascular Intensive Care Unit

**Veronica Dziubinski**, BSN, RN, CPN, Pediatric Medical Surgical Unit

**Andrea Haynes**, BSN, RN, CCRN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Holly Heims**, BSN, RN, Adult Acute Care

**Sarah Hellem**, BSN, RN, Pediatric Medical Surgical Unit

**Teresa Julich**, MSN, RN, CCRN, Extracorporeal Membrane Oxygenation

**Audrey Kromminga**, BSN, RN, CPN, Pediatric Medical Surgical Unit

**Kelsey Lorenzen**, BSN, RN, CCRN, Surgical & Neurosciences Intensive Care Unit

**Taryn Mahaffey**, BSN, RN, General Pediatrics, Pediatric Cardiology, and Medical Surgical Unit

**Zachary Matthews**, BSN, RN, CMSRN, RN-BC, Medical Surgical Cardiology Unit

**Haley McNulty**, BSN, RN, IBCLC, Labor & Delivery

**Teresa Munro**, BSN, RN, Pediatric Medical Surgical Unit

**Julie Phanthavong**, MSN, RN, CCRN, Cardiovascular Intensive Care Unit

**Jenna Pisarik**, BSN, RN, Orthopaedics, Ophthalmology, Urology Unit

**Kelly Poch**, BSN, RN, MBA, CCRN, Surgical & Neurosciences Intensive Care Unit

**Anna Rhodes**, MSN, RN, CCRN-CSC, HNB-BC, Cardiovascular Intensive Care Unit

**Stephanie Specht**, BSN, RN, Pediatric Medical Surgical Unit

**Deb Strike**, BSN, RN, CORLN, Otolaryngology Clinic

**Emily Sutton**, BSN, RN, CCRN, Cardiovascular Intensive Care Unit

**Carrie Swenka**, BSN, RN, Neonatal Intensive Care Unit Bay 1

**Ashley Switzer**, MSN, RN, CMSRN, Adult Acute Medicine Unit

**Ruth Teesdale**, BSN, RN, Neonatal Intensive Care Unit Bay 1

**Paula Woods**, BSN, RN, CNOR, Ambulatory Surgery Center

COHORT 9 – FEBRUARY 2018  
LEVEL 2 RECIPIENT

**Lisa Kongable**, MA, ARNP, PMH-CNS-BC, CNE, Adult Psychiatry

COHORT 10 – JULY 2018  
LEVEL 1 RECIPIENTS

**Katelyn Ahmann**, BSN, RN, CMSRN, Adult Surgery Specialty Unit

**Sara Arafat**, BSN, BA, RN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Tyler Arensdorf**, MSN, RN, PCCN, Medical Surgical Cardiology Unit

**Julie Barrett**, BSN, RN-BC, Supervisory Nursing Unit

**Jenna Blessing**, BSN, RN, Pediatric Medical Surgical Unit

**Jason Bussler**, BSN, RN, CCRN, Medical Intensive Care Unit

**Deniece Carlson**, BSN, RN, OCN, Medical Surgical/Hematology Oncology Unit

**Marissa Casey**, BSN, RN, Cardiovascular Intensive Care Unit

**Erica Davisson**, MSN, RN, BC-CV, Medical Surgical Cardiology Unit

**Jenae Dearing**, BSN, RN, CPN, CPHON, Pediatric Cancer Center

**Elaine Dettner**, MSN, RN, CMSRN, Medical Observation Unit

**Emily Dimmer**, BSN, RN, Orthopaedics, Ophthalmology, Urology Unit

**Justin Dolezal**, BSN, RN, Ambulatory Surgery Center

**Chelsea Dvorak**, BSN, RN, CCRN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Lindsay Fayram**, BSN, RN, CCRN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Emily Gage**, MSN-CNL, RN, CNOR, Main Operating Room Team 3

**Lisa Hill**, BSN, RN, Ambulatory Surgery Center

**Samantha Horton**, BSN, RN, CCRN, Surgical & Neurosciences Intensive Care Unit

**Lori Jenkins**, BSN, RN, CNOR, Children’s Hospital Operating Room

**Karreen Kephart**, BSN, RN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Angela Kipp**, BSN, RN, Cardiovascular Intensive Care Unit

**Sue Kloos**, BSN, RN, ONC, Orthopedic Clinic

**Stephenie Lacquement**, MSN, RN, PCCN, Respiratory Specialty and Comprehensive Care Unit

**Megan Lampel**, BSN, RN, CAPA, Children’s Hospital Operating Room

**Gracie Laughton**, MSN, RN, CPHON, Pediatric Cancer Center

**Lauren Marks**, BAN, RN, CCRN-CMC, CNRN, Surgical & Neurosciences Intensive Care Unit

**Emily Martin**, BSN, RN, OCN, Holden Comprehensive Cancer Center Infusion Suite

**Jodi Matthes**, BSN, RN, Neonatal Intensive Care Unit

**Holly Meacham**, MSN, RN, University Employee Health Clinic

**Connie Moffit**, MSN, RN, CCRN, Surgical & Neurosciences Intensive Care Unit

**Alexandria Niemann**, BSN, RN, Pediatric Medical Surgical Unit

**Carrie Phillips**, BSN, RN, Digestive Health Center

**Kelli Pool**, BSN, RN, CCRN, Surgical & Neurosciences Intensive Care Unit

**Abigail Schares Schneider**, BSN, RN, Pediatric Medical Surgical Unit

**Katherine Schroeder**, BSN, RN-BC, Medical Surgical Cardiology Unit

**Lindsay Snipes**, BSN, RN, Neuroscience Intermediate Unit

**Katie Steele**, BSN, RN-BC, CRU Team 3

**Alexandra Stuessy**, MSN, RN, CAPA, Children’s Hospital Operating Room

**Lisa Swenson**, BSN, RN, CMSRN, Orthopaedics, Ophthalmology, Urology Unit

**Jennifer Szymanowski**, BSN, RN, CCRN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

**Haylee Wasson**, BSN, RN, Pediatric Medical Surgical Unit

**Erin Weber**, BSN, RN, Neonatal Intensive Care Unit

**Ryan Winder**, BSN, RN, Pediatric Cancer Center

# Oral Presentations

**Abbott, L.** (2018, February/October). *Getting started: Project management*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Bombei, C.** (2018, February). *Nursing leadership role in facilitating EBP*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Bowen, M.** (2018, April). *Asymptomatic lymphatic insufficiency – A newly discovered pathologic entity*. Annual Scientific Meeting, Midwest Association of Plastic Surgeons, Chicago, IL.

**Bowen, M.** (2018, June). *Lymphedema – What do we know about it today?* Iowa City Breast Cancer Support Group, Iowa City, IA.

**Bowen, M.** (2018, October). *Lymphedema – What do we know about it today?* Hall-Perrine Breast Cancer Support Group, Cedar Rapids, IA.

**Bowman, A.** (2018, February). *Developing an educational program for staff nurses*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Bowman, A.** (2018, February). *Staff nurse exemplars*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, April). *Problem with the pyramid*. 25th National EBP Conference, Coralville, IA.\*

**Cullen, L.** (2018, April). *Re-solving implementation*. 25th National EBP Conference, Coralville, IA.\*

**Cullen, L.** (2018, February). *Implementation strategies*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February). *Synthesis and use of the evidence*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Be creative – Can this be taught?* Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Designing your EBP program*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Evaluation for EBP ROI*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Introduction and overview of program*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Piloting the practice change*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, February/October). *Sustaining the practice change*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, March). *EBP and ROI workshop*. IV Latin America Professional Service Summit, 3M, St. Paul, MN.

**Cullen, L.** (2018, October). *Developing an educational program for staff nurses*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L.** (2018, October). *Staff nurse exemplars*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Cullen, L., & Hanrahan, K.** (2018, February). *Evidence-based practice training program*. Florida Gulf Coast University, Fort Myers, FL.

**Cullen, L., & Hanrahan, K.** (2018, February). *Use of the Iowa Model for EBP and DNP projects*. Loma Linda University, Loma Linda, CA.

**Davis, M.** (2018, April). *Recognition and management of infiltration and extravasation of peripheral IV lines*. Society of Pediatric Nurses 28th Annual Conference, Society of Pediatric Nurses, Denver, CO.

**Davis, M.** (2018, September). *PediSIG PAVES the way for pediatric assessment of venipuncture education and support*. AVA Scientific Meeting, Association for Vascular Access, Columbus, OH.

**Dawson, C.** (2018, February/October). *Welcome*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Dawson, C.** (2018, October). *Disinfection and cleaning of scopes/instruments*. 42nd Annual Congress and Nursing Symposium, Society of Otorhinolaryngology and Head-Neck Nurses, Inc., Atlanta, GA.

**Dawson, C.** (2018, October). *State of the Department of Nursing at UIHC*. 120th Anniversary of Nursing at Iowa, University of Iowa College of Nursing, Iowa City, IA.

**Dawson, C., & Farrington, M.** (2018, October). *Research forum: Issues in authorship*. 42nd Annual Congress and Nursing Symposium, Society of Otorhinolaryngology and Head-Neck Nurses, Inc., Atlanta, GA.

**Dolezal, D.** (2018, April). *EBP – Start in your backyard*. 25th National Evidence-Based Practice Conference, Coralville, IA.\*

**Dolezal, D., & Wagner, M.** (2018, October). *Nursing leadership role in facilitating EBP*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Farrington, M.** (2018, April). *EBP change champion pilot program*. 25th National Evidence-Based Practice Conference, Coralville, IA.\*

**Farrington, M.** (2018, October). *Getting to know you in Atlanta (first timers' orientation)*. 42nd Annual Congress and Nursing Symposium, Society of Otorhinolaryngology and Head-Neck Nurses, Inc., Atlanta, GA.

**Farrington, M.** (2018, September). *Pain-related patient satisfaction in ambulatory settings*. 28th National Conference, American Society for Pain Management Nursing, Bonita Springs, FL.

**Femino, L.** (2018, February). *Applying the principles: Clinical practice guideline appraisal*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Hanrahan, K.** (2018, February/October). *Diffusion of innovations – An overview*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Hanrahan, K.** (2018, February/October). *EBP change champion program*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Hanrahan, K.** (2018, February/October). *Evaluation methods for EBP*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*



**Hanrahan, K.** (2018, February/October). *Sacred cow solutions*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Hanrahan, K.** (2018, January). *Sacred cow solutions*. FK Simplist Meeting, Wilson, NC.

**Hanrahan, K.** (2018, October). *Distraction in Action Tool©: App for painful procedures in children*. National Magnet Conference, American Nurses Credentialing Center, Denver, CO.

**Hanrahan, K., & Kleiber, C.** (2018, April). *DAT: A research-based web tool for predicting child response to a painful procedure and training parents to be a distraction coach*. Society of Pediatric Nurses 28th Annual Conference, Society of Pediatric Nurses, Denver, CO.

**Hanrahan, K., & McCarthy, A. M.** (2018, April). *Research deans' special session: Academic incubators and crowdfunding sources that foster nursing research*. 42nd Annual Research Conference, Midwest Nursing Research Society, Cleveland, OH.

**Hoogerwerf, P.** (2018, January). *UI Stead Family Children's Hospital cool riders are safe riders – bike safety program*. Iowa Safe Routes to School Conference, Iowa Bicycle Coalition, Des Moines, IA.

**Hoogerwerf, P.** (2018, November). *Social workers' determination of when children's access or potential access to firearms constitutes child neglect*. 23rd Annual Injury Free Coalition for Kids® Conference, Injury Free Coalition for Kids®, Ft. Lauderdale, FL.

**Jennissen, J., & Hoogerwerf, P.** (2018, April). *Engaging the next generation in off-road vehicle (ORV) safety and injury prevention*. 90th Iowa Future Farmers of America Leadership Conference, Iowa Future Farmers of America, Ames, IA.

**Jennissen, J., & Hoogerwerf, P.** (2018, October). *Engaging your community in off-road vehicle (ORV) safety and injury prevention*. 91st National Convention & Expo, Future Farmers of America, Indianapolis, IN.

**Jennissen, J., & Hoogerwerf, P.** (2018, October). *It takes more than bubble wrap to prevent pediatric injuries*. Pediatric Update, Coralville, IA.\*

**Kealey, C., & McNulty, T.** (2018, August). *Improving efficiency and outcomes through training*. EPIC Users' Group Meeting – UGM 2018, Epic, Verona, WI.

**Kleiber, C.** (2018, February). *Applying the principles: Research article critique*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Knipper, J.** (2018, April). *Cardiac and pulmonary rehabilitation update 2018*. 29th Annual Conference 2018, Michigan Society of Cardiovascular and Pulmonary Rehabilitation, Grand Rapids, MI.

**Knipper, J.** (2018, March). *Cardiac and pulmonary rehabilitation update 2018*. 2018 Network Conference, Iowa Association of Cardiopulmonary Rehabilitation, Des Moines, IA.

**Knipper, J.** (2018, September). *Unlocking the mystery of Medicare rules for pulmonary rehabilitation*. 33rd Annual Meeting, American Association of Cardiovascular and Pulmonary Rehabilitation, Louisville, KY.

**Laffoon, T., Farrington, M., & Steinbaker, D.** (2018, April). *Counter-pressure maneuvers, vasovagal syncope, and falls – The good, the bad, the ugly*. 25th National Evidence-Based Practice Conference, Coralville, IA.\*

**Lawrence, M.** (2018, September). *Beyond exercises: Functional dexterity assessments and purposeful activity*. Annual Meeting, American Society of Hand Therapists, Dallas, TX.

**Leonard, P., Lindower, J., Miller, D., Bair, H., Thenuwara, K., Hall, N., Mathias, M., & Hosking, J.** (2018, January). *Rapid cycle debriefing practice*. International Meeting on Simulation in Healthcare, Center for Medical Simulation, Los Angeles, CA.

**Nelson, K., Adamek, M., & Kleiber, C.** (2018, September). *Helping children's surgical pain with music therapy*. Science on Tap, Hancher and University of Iowa Research Development Office, Iowa City, IA.

**Niensteadt, R., Mozena, E., Willis, M., & Soliday, M.** (2018, November). *Virtual school reentry and perspectives on transitions between hospital and school*. 23rd Annual Midwest Child Life Conference, Association of Child Life Professionals and St. Louis Children's Hospital, St. Louis, MO.

**Pangburn, C., & Shelton, J.** (2018, October). *Pieces of the puzzle: Case studies in clinical care*. Children's and Women's Services Fall Nursing Conference, Coralville, IA.\*

**Roth, L., & Hoogerwerf, P.** (2018, September). *Injury prevention research center/hospital partnership: A recipe for success*. Safe States 2018 Annual Meeting, Safe States Alliance, Charleston, SC.

**Stenger, K., Wieland, C., Downey, D., & Wagner, M.** (2018, June). *Augmentative/alternative communication with patients*. Culturally Responsive Health Care in Iowa, Iowa City, IA.\*

**Stewart, S.** (2018, February). *Implementation strategies*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Stewart, S.** (2018, October). *Applying the principles: Research article critique*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Stewart, S.** (2018, October). *Synthesis and use of the evidence*. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.\*

**Storm, H.** (2018, March). *Retained surgical items part 2: Evaluating solutions*. Global Surgical Conference & Expo, Association of periOperative Registered Nurses, New Orleans, LA.

**Strike, D.** (2018, October). *Pediatric cleft lip and palate parameters of care*. 42nd Annual Congress and Nursing Symposium, Society of Otorhinolaryngology and Head-Neck Nurses, Inc., Atlanta, GA.

**Wagner, M., & Stenger, K.** (2018, May). *Helping neuroscience patients: Strategies to overcome communication barriers and reduce risk*. 50th Annual Educational Meeting, American Association of Neuroscience Nurses, San Diego, CA.

**Ward, E.** (2018, November). *Finding joy in your workplace*. Fall 2018 Educational Conference, Iowa Chapter of HIMSS, Des Moines, IA.

\*Program sponsored by University of Iowa Health Care.

# Poster Presentations

**Albarran, J., & Godard Shepherd, T.** (2018, August). *Nursing practice and culture changes to improve patient outcomes the UIHC way.* 43rd Annual Meeting, North American Transplant Coordinators, Indianapolis, IN.

**Bruene, D., & Davis, M. B.** (2018, September). *Comprehensive strategies to improve the pediatric venipuncture experience.* AVA Scientific Meeting, Association of Vascular Access, Columbus, OH.

**Bruene, D., Olson-Comer, S., Hebrink, D., Steffen, E., Strabala, K., & Sorenson, M.** (2018, November). *Implementation of a needleless jet injector to decrease venipuncture pain.* 6th Annual Quality and Safety Symposium, Iowa City, IA.\*

**Davis, M., & Bruene, D.** (2018, September). *Vascular access solutions in the absence of a team.* AVA Scientific Meeting, Association of Vascular Access, Columbus, OH.

**Dolezal, D., Uhrich, P., & Lampel, M.** (2018, May). *Aromatherapy in the perianesthesia areas.* 37th National Conference, American Society of PeriAnesthesia Nurses, Anaheim, CA.

**English, J., & Stegall, H.** (2018, October). *Inspire therapy: Implementing a new treatment modality for sleep apnea in the ambulatory setting.* 42nd Annual Congress and Nursing Symposium, Society of Otorhinolaryngology and Head-Neck Nurses, Inc., Atlanta, GA.

**Farrington, M.** (2018, October). *Staff nurse role as an evidence-based practice mentor.* National Magnet Conference, American Nurses Credentialing Center, Denver, CO.

**Farrington, M., Miner, B., Dimmer, E., Rod, E., & Suchan, T.** (2018, November). *Nursing change champions program impacts core metrics.* 6th Annual Quality and Safety Symposium, Iowa City, IA.\*

**Farrington, M., Miner, B., Dimmer, E., Rod, E., & Suchan, T.** (2018, October). *Nursing change champions program impacts core metrics.* National Magnet Conference, American Nurses Credentialing Center, Denver, CO.

**Laffoon, T., & Montgomery, L.** (2018, May). *Toward cultural competency: One organization's transformational journey.* 43rd Annual Conference, American Academy of Ambulatory Care Nursing, Lake Buena Vista, FL.

**Laughton, G., Winder, R., Modi, A., Landsteiner, J., & Stutzman, L.** (2018, May). *Increasing nursing involvement in patient and family-centered rounds.* Spring Conference, Iowa Organization of Nurse Leaders, Des Moines, IA.

**Laughton, G., Winder, R., Modi, A., Landsteiner, J., & Stutzman, L.** (2018, September). *Increasing nursing involvement in patient and family-centered rounds.* 42nd Annual Conference and Exhibit, Association of Pediatric Hematology/Oncology Nurses, Savannah, GA.

**Parman, S., & Dolezal, D.** (2018, May). *Improving preoperative education for patients undergoing peripheral nerve blocks.* 37th National Conference, American Society of PeriAnesthesia Nurses, Anaheim, CA.

**Reiten, A., & Gimre, J.** (2018, September). *Virtual school re-entry for the pediatric oncology patient.* 42nd Annual Conference and Exhibit, Association of Pediatric Hematology/Oncology Nurses, Savannah, GA.

**Seo, M., & Winnike, D.** (2018, May). *The implementation of remote video monitoring for patient safety in inpatient care.* Spring Conference, Iowa Organization of Nurse Leaders, Des Moines, IA.

**Smith, A., Bruene, D., & Farrington, M.** (2018, September). *What a pain! Meeting The Joint Commission standards for as needed medication indications.* 28th National Conference, American Society for Pain Management Nursing, Bonita Springs, FL.

**Smith, A., & Dasovich, S.** (2018, November). *Nursing blood product administration in Epic.* 6th Annual Quality and Safety Symposium, Iowa City, IA.\*

**Smith, A., Farrington, M., Bruene, D., Alcorn, N., & Rhodes, A.** (2018, November). *SCENTsible aromatherapy.* 6th Annual Quality and Safety Symposium, Iowa City, IA.\*

**Smith, A., Farrington, M., Bruene, D., Alcorn, N., & Rhodes, A.** (2018, September). *SCENTsible aromatherapy.* 28th National Conference, American Society for Pain Management Nursing, Bonita Springs, FL.

**Weinberg, E., LaFond, C., McCarthy, A. M., Bohr, N., & Hanrahan, K.** (2018, April). *Pain assessment practices in the pediatric intensive care unit.* 42nd Annual Research Conference, Midwest Nursing Research Society, Cleveland, OH.

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# Publications

**Colvin, M. K., Poysky, J., Kinnett, K., Damiani, M., Gibbons, M., Hoskin, J., Moreland, S., Trout, C. J., & Weidner, N.** (2018). Psychosocial management of the patient with Duchenne muscular dystrophy. *Pediatrics*, 142(Suppl 2), S99-S109.

**Cullen, L.** (2018). Translating EBP into the reality of daily practice: Leadership solutions for creating a path forward. *Journal of PeriAnesthesia Nursing*, 33(5), 752-756.

**Cullen, L., Baumler, S., Farrington, M., Dawson, C., Folkmann, P., & Brenner, L.** (2018). Oral care for head and neck cancer symptom management. *American Journal of Nursing*, 118(1), 24-34.

**Cullen, L., & Hanrahan, K.** (2018, April). Journey to evidence-based healthcare. *Reflections on Nursing Leadership*. Retrieved from reflectionsonnursingleadership.org/features/more-features/journey-to-evidence-based-healthcare

**Cullen, L., & Hanrahan, K.** (2018, January). Evidence-based practice and the bottom line: An issue of cost. *Physician Business Adviser Blog*. Retrieved from hfma.org/Content.aspx?id=58754

**Cullen, L., Hanrahan, K., Farrington, M., Deberg, J., Tucker, S., & Kleiber, C.** (2018). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the University of Iowa Hospitals and Clinics* [2018 AJN Book of the Year]. Indianapolis, IN: Sigma Theta Tau International.

**Cullen, L., Hanrahan, K., Farrington, M., Deberg, J., Tucker, S., & Kleiber, C.** (2018). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the University of Iowa Hospitals and Clinics workbook*. Indianapolis, IN: Sigma Theta Tau International.

**Cullen, L., Hanrahan, K., Neis, N., Farrington, M., Laffoon, T., & Dawson, C.** (2018). Evidence-based practice: Strategies for nursing leaders. In D. Huber (Ed.), *Leadership and nursing care management* (6th ed., pp. 268-285). St. Louis, MO: Elsevier, Inc.

**Cullen, L., Hanrahan, K., Tucker, S., Rempel, G., & Jordan, K.** (2018). 看護実践の質を改善するためのEBPガイドブック ト [Evidence-Based Practice Building Blocks: Comprehensive Strategies, Tools and Tips]. IS trans. Kyoto, Japan: Minerva Shobo Co., Ltd.

**Dawson, C.** (2018). CBJ 5Q [Interview]. *Corridor Business Journal*, 22.

**Dorr, G., & Litwiller, D.** (2018). Using NOC in clinical practice. In S. Moorhead, E. Swanson, M. Johnson, & M. Maas (Eds.), *Nursing outcomes classification (NOC): Measurement of health outcomes* (6th ed., p. 24). St. Louis, MO: Elsevier, Inc.

**Eichinger, K., Burns, J., Cornett, K., Bacon, C., Shepherd, M. L., Mountain, J., Sowden, J., Shy, R., Shy, M. E., & Herrmann, D. N.** (2018). The Charcot-Marie-Tooth Functional Outcome Measure (CMT-FOM). *Neurology*, 91(15), e1381-e1384.

**Farrington, M.** (2018). The American nurse: Photographs and interviews [Guest Editorial]. *ORL - Head and Neck Nursing*, 36(3), 4.

**Farrington, M.** (2018). Comprehensive ORL and head-neck nursing course - New online modules [Media Review]. *ORL - Head and Neck Nursing*, 36(2), 22.

**Farrington, M.** (2018). Hearing loss evaluation and management online module: Comprehensive ORL and head-neck nursing course [Media Review]. *ORL - Head and Neck Nursing*, 36(4), 16.

**Farrington, M.** (2018). Mindfulness - A practical guide [Book Review]. *ORL - Head and Neck Nursing*, 36(1), 21.

**Farrington, M.** (2018). Sharing knowledge through poster presentations [Editorial]. *ORL - Head and Neck Nursing*, 36(1), 4-6.

**Farrington, M., & Dawson, C.** (2018, March). Outcomes drive the evidence-based practice journey [Web Blog Post]. *Healthcare Intelligence Network*. Retrieved from hin.com/blog/2018/03/29/guest-post-outcomes-drive-the-evidence-based-practice-journey/

**Fiala, C. A., Abbott, L. I., Carter, C. D., Hillis, S. L., Wolf, J. S., Schuster, M., Dulski, R., Grice, E. A., Rakel, B. A., & Gardner, S. E.** (2018). Severe pain during wound care procedures: A cross-sectional study protocol. *Journal of Advanced Nursing*, 74(8), 1964-1974.

**Hanrahan, K., Kleiber, C., & McCarthy, A. M.** (2018). Distraction in Action®: Helping children during medical procedure in community and public health settings. *Journal of Community and Public Health Nursing*, 4, 2.

**Hawkins, K., & Cumella, E. J.** (2018). A short-term, cost-effective, institution-based resiliency program to reduce compassion fatigue: A pilot study. *EC Psychology and Psychiatry*, 7(11), 853-861.

**Little, A., Bowen, M., & Chen, W. F.** (2018). Indocyanine green demonstrating positive anatomical changes 1 year after initiation of conservative therapy for lymphedema: A case report. *Rehabilitation Oncology*, 36(1), 64-69.

**McNichol, L. L., Ayello, E. A., Phearman, L. A., Pezzella, P. A., & Culver, E. A.** (2018). Incontinence-associated dermatitis: State of the science and knowledge translation. *Advances in Skin & Wound Care*, 31(11), 502-513.

**Porter, R. B., Cullen, L., Farrington, M., Matthews, G., & Tucker, S.** (2018). Exploring clinicians' perceptions about sustaining an evidence-based fall prevention program. *American Journal of Nursing*, 118(5), 24-33.

**Shalla, A.** (2018, May). Balancing job satisfaction and care quality: Implementing scheduling guidelines to mitigate fatigue. *Voice of Nursing Leadership*, 14-16.

**Strike, D.** (2018). American Academy of Otolaryngology-Head and Neck Surgery Foundation clinical practice guideline: Improving nasal form and function after rhinoplasty. *ORL - Head and Neck Nursing*, 36(3), 5-11.

**Strike, D.** (2018). Specialty feeding bottles [Products of Interest]. *ORL - Head and Neck Nursing*, 36(3), 15.

**Trout, C. J., Case, L. E., Clemens, P. R., McArthur, A., Noritz, G., Ritzo, M., Wagner, K. R., Vroom, E., & Kennedy, A.** (2018). A transition toolkit for Duchenne muscular dystrophy. *Pediatrics*, 142(Suppl 2), S110-S117.

**Vernon-Levett, P.** (2018). Neurologic system. In M. Slota (Ed.), *AACN core curriculum for pediatric high acuity, progressive and critical care nursing* (3rd ed., pp. 349-443). New York, NY: Springer Publishing Company.

