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, MSN, RN, CORLN
Chief Nurse Executive and Associate Director
University of Iowa Hospitals & Clinics
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 patients. "It’s life-changing for all of the patients here." -17-year-old patient

Kinnick fans wave to patients at the UI Stead Family Children’s Hospital—a new tradition at Iowa Hawkeyes home football games.
Retention workshop communicates best practices

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 organizational growth and intense demand for nursing services generated by improved access to care and a palpable increase in patient acuity.

Retention workshop was established to carry out 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.

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.

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

SNICU quilting provides comfort

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

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

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

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

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

Easing the transition from hospital back to school

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.

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

Soliday and other care providers use Skype TO TAKE VIRTUAL VISITS TO THE CHILDREN’S LOCAL CLASSROOMS.
Hyperbaric 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 provide 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 communication device or the desktop application.

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 moderate disability.
- Patients with a GCS between 6 and 8 are considered favorable if their six-month GOS-E is upper severe 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.

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.

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.

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.
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.

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 used 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 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, dieticians, pharmacists, and financial coordinators to ensure safe, high-quality patient-centered care for people receiving this innovative new treatment.

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.

**How 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.

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

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 used 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.

**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.

**How 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.

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

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 used 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 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.

An interprofessional team, led by Lynette Kerne, 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 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.

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

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.

![Dawn Brue, RN, staff nurse, demonstrating the smoke plume pen which is now used in operating rooms.](image)

## 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

---

**Patient exposure during surgery can lead to** port site metastasis and carbon monoxide exposure.
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.
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.”

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TOTAL TOP BOX CY17 SCORE</th>
<th>TOTAL TOP BOX CY18 SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of getting through to the clinic on the phone</td>
<td>54.6</td>
<td>56.1</td>
</tr>
<tr>
<td>Our promptness in returning your phone calls</td>
<td>65.2</td>
<td>66.5</td>
</tr>
<tr>
<td>Ability of getting an appointment for when you wanted</td>
<td>58.8</td>
<td>59.8</td>
</tr>
</tbody>
</table>

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.

Indica 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 Indica 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.
Inpatient Access Optimization project improves efficiency

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.

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.
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.

Members of UI Health Care travel to Amish communities to care for patients with genetic blood disorders.
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 spent in an ambulatory setting. The goal was to introduce 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 and the nursing student class.”

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.

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 nursing 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 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 messaging 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.

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.

UI College of Nursing students at the White Coat Ceremony.
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 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 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.

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.

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

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.

Based on 2018 data. For more information, visit 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
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.

Mike Anderson, DNP, RN, CPNA, 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, BSN, RN, staff nurse, Medical Surgical Cardiology Unit
Christine McNaier, 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, staff nurse, Surgical & Neurosciences Intensive Care Unit
Patricia Troyer, RN, staff nurse, Post-Anesthesia Care Unit
Marta Zahs, BSN, RN, CNOR, nurse clinician, Main OR, Genitourinary/Gynecology/Transplant

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 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.

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

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, CPCHON, and Michele Farrington, BSN, RN, CPCHON)

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

100 Great Iowa Nurses 2018 Award Winners: Stephanie Rozek, BSN, RN, assistant nurse manager, Imaging and Procedure Center, Pediatric Catheterization Lab
Mary Schlaphol, 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
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
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, CONLN, 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 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

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

DAISY NURSE LEADER AWARD™ 2017

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

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

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.

DAISY NURSE LEADER AWARD™ 2018

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

Left to right: Cindy Dawson, MSN, RN, CORLN, Laura Corbett, MNHP, RN, CCRN, Cindy Dawson, MSN, RN, CORLN, Jackie Nelson, DNP, RN, MBA, NEA-BC, and Arlo Suhler, DNP, RN, NEA-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
Jamie 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 Plaza
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)
NURSING RECOGNITION DAY 2018 POSTER WINNERS

Conduct of Research - Factors Influencing Olf 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 - APRN 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 (FCP) (Gracie Laughon, MSN, RN, CPON, Ryan Winden, BSN, RN, Arunkumar Modi, MD, Julie Landsteiner, BSN, MOL, RN, CPN, and Libby Stutzman, BSN, RN, CPON)

Quality/Safety - Improving the Process of Care for Employee Blood and Body Fluid Exposure (Lynnette Kenna, MSN, RN, Ashley Himann, MSN, RN, Stephanie Holley, MBA, RN, CIC, Sarah Healy, BSN, RN, Tammy Seboit, MSN, MBA, RN, CNML, Michael Edmond, MD, MPH, VPA, 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, BA, MPH)

PRACTICE INNOVATION MERIT AWARD – WOUND OSTOMY CONTINUING 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, APN, Donna Dolezal, MSN, RN, CPAN, CAPA, Gail O'Donnell, BSN, RN, CPAN, Sarah Tewedy, DNP, RN, SRNA, Jerrod Keith, MD, Lori Stebral, BSN, RN, CNOR, Laura/Phreman, BSN, RN, CPNP, Patricia Pezzella, BSN, RN, CWCN, Julia Langel, BSN, RN, CWCN, CMSRN, and Linda Abbott, DNP, RN, CWCN, AOCN)

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-CPTD Educator, staff respiratory therapist

Larissa Kopp, RRT, staff respiratory therapist

Tom Recker, RRT-CTH, supervisor, Respiratory Care – Diagnostic Division

Dawn Richmond, RRT, staff respiratory therapist

Hannah Soudan, RRT, staff respiratory therapist

PROFESSIONAL RECOGNITION PROGRAM RECIPIENTS

COHORT 9 – FEBRUARY 2018 LEVEL 1 RECIPIENTS

Jessica Becker, BSN, RN, CCIN, Surgical & Neurosciences Intensive Care Unit

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

Maja Campbell, BSN, RN, Pediatric Medical Surgical Unit

Daniel Dizdziel, BSN, RN, CCIN, Extracorporeal Membrane Oxygenation and Cardiovascular Intensive Care Unit

Andrea Haynes, BSN, RN, CCIN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

Holly Heims, BSN, RN, Adult Acute Care

Sarah Helfen, BSN, RN, Pediatric Medical Surgical Unit

Teresa Judlin, MSN, RN, CCIN, Extracorporeal Membrane Oxygenation

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

Kelsey Loreenaz, BSN, RN, CCIN, 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 Unit

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

Teresa Munro, BSN, RN, Pediatric Medical Surgical Unit

Julie Phanthavong, MSN, RN, CCIN, Cardiovascular Intensive Care Unit

Jenna Pisalk, BSN, RN, Orthopaedics, Ophthalmology Unit

Kelly Poch, BSN, RN, MCA, Surgical & Neurosciences Intensive Care Unit

Anna Rhodes, MSN, RN, CNOR-CSN, HNB-BC, Cardiovascular Intensive Care Unit

Stephanie Specht, BSN, RN, Pediatric Medical Surgical Unit

Deb Strick, BSN, RN, CCIN, Obstetrics and Gynecology Clinic

Emily Sutton, BSN, RN, CCIN, Cardiovascular Intensive Care Unit

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

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

Ruth Teedale, 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, PAH-CNS-BC, CNE, Adult Psychiatry

COHORT 10 – JULY 2018 LEVEL 1 RECIPIENTS

Katslyn Ahlman, BSN, RN, CMSRN, Adult Surgery Specialty Unit

Sara Ararat, BSN, BA, RN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

Tyler Arensberg, MSN, RN, PCCN, Medical Surgical Cardiology Unit

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

Jenny Blessing, BSN, RN, Pediatric Medical Surgical Unit

Jason Bussler, BSN, RN, CCIN, Pediatric Intensive Care Unit

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

Marissa Casey, BSN, RN, Cardiovascular Intensive Care Unit

Erika Davidson, MSN, RN, BC-CC, Medical Surgical Cardiology Unit

Jenae Dearing, BSN, RN, CPN, CPHON, Pediatric Cardiac Intensive Care Unit

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, CCIN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

Lindsay Fayram, BSN, RN, CCIN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

Emily Gage, MSN-ONL, RN, CNOR, Man Operating Room Team 3

Lisa HR, BSN, RN, Ambulatory Surgery Center

Samantha Horton, BSN, RN, CCIN, Surgical & Neurosciences Intensive Care Unit

Lori Jenkins, BSN, RN, CNOR, Children's Hospital Operating Room

Carreen Kophart, BSN, RN, Pediatric Cardiac Intensive Care Unit and Pediatric Intensive Care Unit

Angela Kipp, BSN, RN, Cardiovascular Intensive Care Unit

Sus Kloo, BSN, RN, CNIC, Orthopedic Clinic

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
Oral Presentations

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

Bombesi, C. (2018, February). Nursing leadership role in facilitating EBP. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, 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, February). Synthesis and use of the evidence. Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice, Iowa City, IA.*

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


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.*


Davis, M. (2018, September). PedSIG 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.*


Davis, C. (2018, October). Staff nurse exemplars. 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.*


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.*


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.


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


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


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.*


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.*


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.*


*Program sponsored by University of Iowa Health Care.
**Poster Presentations**


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


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.


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.


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

*Program sponsored by University of Iowa Health Care.


