

NURSING RIGHT NOW

WINTER 2020

FIRST EDITION
Formerly InStep



DECREASING HOSPITAL-ACQUIRED INFECTIONS WITH WILDCARDS

COMING TOGETHER TO
APPROACH MENTAL,
MEDICAL CARE
HOLISTICALLY

COLLABORATIVE EFFORTS
PROVIDING OPTIMAL
CARE AND EDUCATION
OPPORTUNITIES

ADDRESSING THE
NURSING SHORTAGE
WITH A RECRUITER'S
MINDSET

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From pre-degree to postgraduate education, UK nurses have continuous support and encouragement to ensure they feel prepared and confident every step of the way.

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NURSING RIGHT NOW



From left: Janie Heath,
Gwen Moreland and
Colleen Swartz.

Dear Colleagues,

This year marks a special milestone for UK HealthCare® and the UK College of Nursing – a year during which we will honor our legacy of excellence while continuing to push the needle forward and make transitions reflective of the ever-evolving nursing profession. For our publication's 10th anniversary, we are pleased to unveil "Nursing Right Now" – formerly known as "InStep" – with a refreshed look that highlights our collective momentum toward a more contemporary, progressive practice in the community and beyond.

In my new role as vice president of hospital operations, I look forward to proudly serving the community and bringing my nursing experience to the table in a different capacity. Gwen Moreland, DNP, MSN, RN, has taken over as chief nurse executive. I am thrilled to see Dr. Moreland – also a CON alumna – take this next step from previously serving as assistant chief nurse executive for Kentucky Children's Hospital. Our nurses and their patients could not be in better hands.

As our patient populations and their clinical needs grow in complexity, so too do our academic and clinical programs in order to ensure our nurses

provide evidence-based care and lead best-practice integration. Our longstanding academic-clinical partnership has garnered a strong reputation in the ways we work collaboratively to support value-based care and recruit students into dynamic programs, such as the LPN-BSN and accelerated BSN options.

Within these pages, we will share our ongoing work to meet needs regarding communication, recruitment, retention and higher education to support the workforce. We will further highlight our commitment to "no patient harm," and emphasize the evolving needs to meet behavioral health standards across the care continuum.

While change is on the horizon, UK HealthCare and the CON are working diligently to fuel innovation and uphold our highest standard of care for "every patient, every time." It has been an honor to serve as the chief nurse executive and chief administrative officer, and I look forward to witnessing our partnership grow and thrive for years to come. Please enjoy reading about our journey and all the amazing work we do to bring the best nursing practice to life.

Sincerely,

Colleen Swartz, DNP, MBA, RN, NEA-BC
Vice President of Hospital Operations, UK HealthCare

Gwen Moreland, DNP, RN, NE-BC
Chief Nurse Executive, UK HealthCare

Janie Heath, PhD, APRN-BC, FAAN, FNAP, FAANP
Dean and Warwick Professor of Nursing, UK College of Nursing

2018 PROMOTIONS AND TRANSITIONS



Anna Adams
BSN, RN
Patient Care
Manager Assistant



Rachel Bentley
MSN, RN
Staff Development
Specialist



Amber Cantrell
BSN, RN
Patient Care
Manager Assistant



Stephanie Carry
MSN, RN
Patient Care Manager



Keegan Chase
BSN, RN
Patient Care
Manager Assistant



Patricia Darnell
BSN, RN
Patient Care
Manager Assistant



Julie Derringer
MSN, RN
Staff Development
Specialist



Jennifer Forman
BSN, RN
Clinical Nurse Specialist



Lynn Gentry
BSN, RN
Patient Care
Manager Assistant



Marco Gomez
MSN, RN
Staff Development
Specialist



Benjamin Hughes
MSN, RN
Nursing Operations
Administrator



Eydie Johnson
BSN, RN
Patient Care
Manager Assistant



Sherry Kopser
BSN, RN
Patient Care Manager



Amanda Lykins
MSN, RN
Clinical Nurse Specialist



Nancy Maggard
MSN, RN
Patient Family
Services Manager



Marc Manley
MSN, RN
Patient Care Manager



Amanda Martin
DNP, RN
Patient Care Manager



Tonja Maynard
BSN, RN
Preop/Postoperative
Manager



Matthew Proud
DNP, RN, CEN
Nursing Operations
Administrator



Sherry Rosenacker
MSN, RN
Perioperative
Services Director



Joan Scales
LCSW, OSW-C
Psych-Oncology
Program Director



Ronald Simpson
BSN, RN
Patient Care Manager

**Elinor Smith**

MSN, RN
Staff Development
Specialist

**Kristen Stacy**

MSN, RN
Clinical Nurse Specialist

**Farrah Taylor**

MSN, RN
Patient & Family
Education Specialist

**Lisa Thornsberry**

MSN, RN
Academic Service Line
Nursing Director

**Julia Walton**

BSN, RN
Patient Care
Manager Assistant

**Jennifer Watkins**

MSN, RN
Academic Service
Line Nursing Manager

**Marc Woods**

BSN, RN
Assistant Chief Nurse
Executive for Behavioral
Health and Eastern
State Hospital

**Nathaniel Wright**

BSN, RN
Patient Care
Manager Assistant

NOT PICTURED:**Brandi Adams**

MSN, RN
Enterprise Dialysis
Operation Manager

Barbara Latham

BSN, RN
Process Improvement Specialist

IN MEMORIAM



Jennifer "Jen" Chapman passed away in July 2018 after a sudden cancer diagnosis. A nurse manager in obstetrics/gynecology at Good Samaritan Hospital, she touched many lives in and out of work with her positivity, compassion and carefree spirit. An active member of her community, Jennifer loved being with her children, family and friends. She inspired so many with her joy and grace, the legacy of which lives on through all who knew her.



Abena Anane (Hilda Aduboahene Anane) passed away unexpectedly in March 2019. She was a strong, God-fearing nurse who always had something to smile and laugh about. She was a delight to work with, and she always used her faith to guide her in her patient care. At the time of her passing, Abena had been a registered nurse at Good Samaritan Hospital for five years and was working to obtain her doctorate of nursing practice at the University of Louisville, which awarded her the degree posthumously.



Clay C. Pagan died unexpectedly at his home in May 2018, survived by his wife and two children. A nurse in the cardiovascular intensive care unit and emergency department, Clay was a founding member of the American Men in Nursing Organization and had recently completed his masters in psychiatric nursing, preparing to work in Veterans Affairs. He previously served in the U.S. Navy, completing two tours of duty in the Persian Gulf, during which time he developed a passion for surfing, triathlons and half-marathons.

2018 PUBLICATIONS, POSTERS AND PRESENTATIONS

PUBLICATIONS

Charles T. Harris, MD; **Brittney M. Dudley**, MD; **Daniel Davenport**, PhD; **Jacob Higgins**, BSN, RN, CCRN-K; **Lisa Fryman**, DNP, RN, NEA-BC; and **Andrew Bernard**, MD, "Use of Plasma-Based Trauma Transfusion Protocols at Level IV Trauma Centers," *Journal of Trauma Nursing*, 25(4):213-217.

Jennifer J. McGrath, PhD, MPHA; **Simon Racicot**, PhD; **Chizimuzo T.C. Okoli**, PhD, MPH, MSN, RN; **S. Katharine Hammond**, PhD, CIH; and **Jennifer O'Loughlin**, PhD, "Airborne Nicotine, Secondhand Smoke, and Precursors to Adolescent Smoking," *Pediatrics*, Vol. 141.

Jing Li, MD; **Preetham Talari**, MD, FACP, FHM; **Andrew Kelly**, BSN, RN; **Barbara Latham**; **Sherri Dotson**, MSN, RN; **Kim Manning**, PharmD, BCPS; **Lisa Thornsberry**, MSN, RN, CNML; **Colleen Swartz**, DNP, MBA, RN; and **Mark Williams**, MD, "Interprofessional Teamwork Innovation Model (ITIM) to Promote Communication and Patient-centered Coordinated Care," *BMJ Quality & Safety*, 0:1-10.

Shana Cunningham, MLDE, MSN, RN, BC-ADM, CDE; and **Laura Hieronymus**, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE, "Summer day trips with diabetes," *Diabetes Self-Management*, 35(4):17-19.

Maria L. Gomez, DrPH, MPH; **Laura Hieronymus**, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; **Kristen B. Ashford**, PhD, APRN, WHNP-BC, FAAN; **Janine M. Barnett**, BSN, MSN; and **Theresa A. Renn**, "Linking postpartum and parenting women with a National Diabetes Prevention Program: Recruitment efforts, challenges, and recommendations," *Diabetes Spectrum*, 31(4):324-329.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE, "November is National Diabetes Awareness Month [Editorial]," *Practical Diabetology*, 37(4):1.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; **Pamela Allweiss**, MD, MPH; and **Jessica McMaine**, BSN, RN, MLDE, CDE, "Diabetes and the graveyard shift," *Diabetes Self-Management*, 35(2):20-22.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; and **John Fowlkes**, MD, "Group issues controversial type 2 diabetes guidelines: What you need to know [Commentary]," *Diabetes Self-Management Online*.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; and **Chlodys Johnstone**, PA-C, "Patient-provider communication: The bottom line [Research]," *Practical Diabetology Online*.

Sheri Setser-Legg, MS, RD, LD, MLDE, CDE; and **Laura Hieronymus**, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE, "Type 1 diabetes and the very-low-carbohydrate diet (VLCD): What you need to know [News & Tools]," *Practical Diabetology Online*.

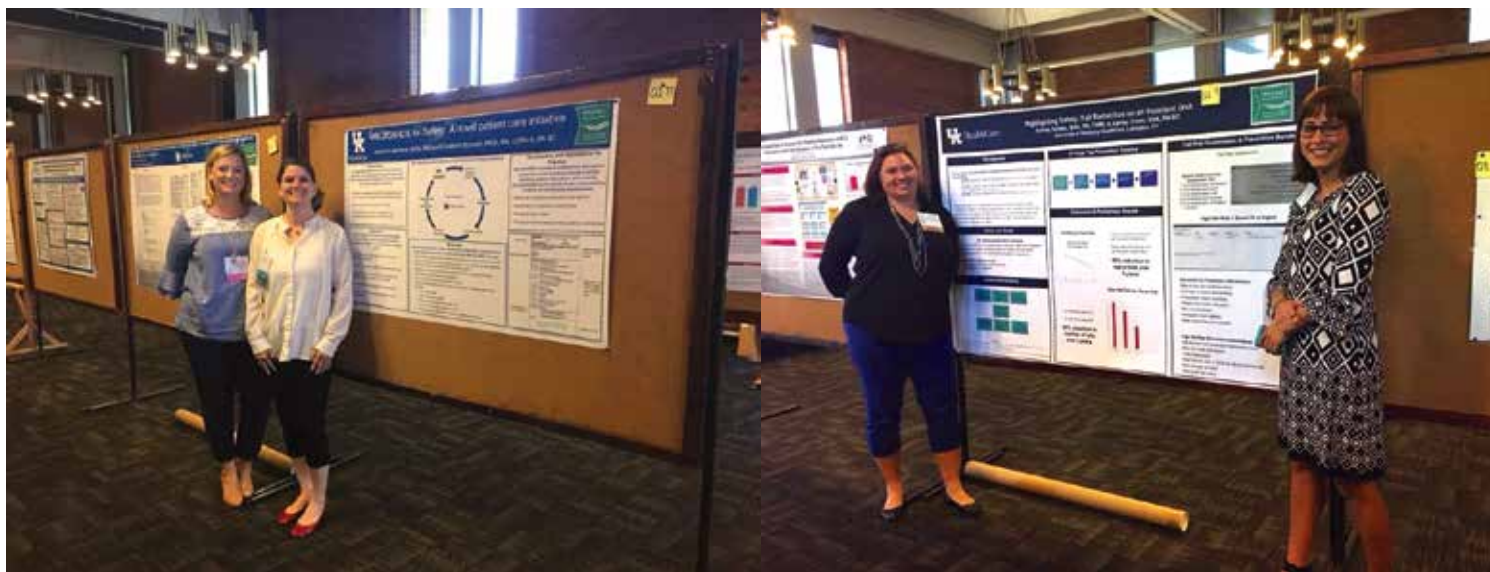
Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; and **Alba Morales**, MD, "Recognizing type 2 diabetes in children and adolescents [About Diabetes]," *Diabetes Self-Management Online*.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; **Leslie Scott**, PhD, APRN, MLDE, CDE; and **Andrea E. Francis**, MS, LD, RDN, "Off to college with type 1 diabetes," *Diabetes Self-Management*, 35(5):26-29.

Laura Hieronymus, DNP, MLDE, MSED, RN, BC-ADM, FAADE, CDE; **Kristen Stakelin**, MD, MLDE, CDE; and **Scott Kincaid**, PharmD, BCPS, "Insulin 101: Insulin concentration," *Diabetes Self-Management*, 35(4):20-22.

Lisa McGee, DNP, RN, CCNS, CKC; and **Courtney Weekley**, MSN, APRN, ACNS-BC, RNC-OB, "Umbilical Cord Blood Cultures," *American Journal of Medical Quality*, (47)3:S33-S34.

Alba Morales, MD; and **Laura Hieronymus**, DNP, MLDE,



MSEd, RN, BC-ADM, FAADE, CDE, "Screening, diagnosis and management of type 2 diabetes in youth," *Practical Diabetology Online*.

Sarah Lester, DNP, APRN, FNP-C, CCRN-K, CENP, contributing author, *High Acuity Nursing*, 7th ed., Chapter 16: Determinants and Assessment of Cerebral Function, and Chapter 19: Traumatic Brain Injury.

Laura Hieronymus, DNP, MLDE, MSEd, RN, BC-ADM, FAADE, CDE, "Four elements of innovative inpatient-centered diabetes care [News & Tools]," *Practical Diabetology Online*.

Dee Sawyer, MS, APRN, MLDE, AGCNS, BC-ADM, CDE; and **Laura Hieronymus**, DNP, MLDE, MSEd, RN, BC-ADM, FAADE, CDE, "What to expect in the hospital," *Diabetes Self-Management Online*.

Sheri Setser-Legg, MS, RD, LD, MLDE, CDE; and **Laura Hieronymus**, DNP, MLDE, MSEd,

RN, BC-ADM, FAADE, CDE, "A program designed to prevent or delay type 2 diabetes," *Diabetes Self-Management*, 35(6):42-43.

Sheri Setser-Legg, MS, RD, LD, MLDE, CDE; and **Laura Hieronymus**, DNP, MLDE, MSEd, RN, BC-ADM, FAADE, CDE, "Fitness in the palm of your hand," *Weight Self-Management*, 35(1):58-61.

Allen Wolf, MSN, CNS, APRN, CFRN, CCRN, CTRN, CMTE; and **Benjamin Hughes**, MSN, MS, RN, *AACN: Essentials of Critical Care Nursing*, Chapter 17: Trauma, 4th Edition.

Preetham Talari, MD, SFHM, FACP; **Jamie Cross**, BSN, RN, CNML; **Lisa Thornsberry**, MSN, RN, CNML; **Charles Jones**, MD; **Romil Chadha**, MD, SFHM, FACP; and **Brandy Mathews**, DNP, MHA, RN, NE-BC, "Optimizing Complex Patient Transitions Through Collaborative Care," *Journal of Hospital Medicine*.

Left: **Jessica Lawrence**, MSN, RN (left), and **Elizabeth Bonnet**, MSN, RN, CCRN-K, RN-BC, with their poster, "Wildcards for Patient Safety," at the Kentucky Organization of Nurse Leaders Leadership Development Conference.

Right: **Ashley Cross**, BSN, RN-BC, APCM (left), and **Ashley Gomez**, MSN, RN, CNML, with their poster "Highlighting Safety: Fall Reduction on an Inpatient Unit," at the Kentucky Organization of Nurse Leaders Leadership Development Conference.



UK HealthCare staff posters on display at UK Albert B. Chandler Hospital.

PUBLICATIONS, POSTERS AND PRESENTATIONS

POSTERS AND PRESENTATIONS

Laura Broughton, BSN, RN, CCRN, "Promoting Self-Care in PICU Professionals Using a Trauma-Informed Medical Care Framework," Society of Critical Care Medicine Congress.

Jamie Cross, BSN, RN, CNML; **Preetham Talari**, MD, FACP, FHM; **Lisa Thornsberry**, MSN, RN, CNML; **Elizabeth Bonnet**, MSN, RN, CCRN-K, RN-BC; and

Jessica Lawrence, MSN, RN, "Wildcards for Patient Safety," Kentucky Organization of Nurse Leaders Leadership Development Conference.

Jamie Cross, BSN, RN, CNML, "Optimizing Complex Patient Transitions through Collaborative Care," American Organization of Nurse Leaders.

Louise Simpson, MHA, and **Elizabeth McNamara**, MN, RN, "Coordinating Post-acute Care for the Complex Patient," Vizient PSO Safety Web Conference.

Preetham Talari, MD, SFHM, FACP; **Jamie Cross**, BSN, RN, CNML; **Lisa Thornsberry**, MSN, RN, CNML; **Charles Jones**, MD; **Romil Chadha**, MD, SFHM, FACP; and **Brandy Mathews**, DNP, MHA, RN, NE-BC, "Optimizing Complex Patient Transitions Through Collaborative Care," Society of Hospital Medicine Annual Conference.

Maria L. Gomez; **Laura Hieronymus**, DNP, MEd, RN, MLDE, BC-ADM, CDE, FAADE; **Kristen B. Ashford**, PhD, APRN, WHNP-BC, FAAN; **Janine M. Barnett**, BSN, MSN; and **Theresa A. Renn**, "Linking Hispanic and Non-Hispanic Postpartum and Parenting Women with a Diabetes Prevention Program: Recruitment Efforts and Recommendations," American Public Health Association Annual Meeting and Expo.

Laura Hieronymus, DNP, MEd, RN, MLDE, BC-ADM, CDE, FAADE, "Gestational Diabetes Mellitus: Screening and Diagnosis," Kentucky Department of Public Health Perinatal Nurses.

Laura Hieronymus, DNP, MEd, RN, MLDE, BC-ADM, CDE, FAADE, "Barnstable Brown Diabetes Center: National Diabetes Prevention Program," Kentucky State Engagement/National Diabetes Prevention Program Meeting.

Laura Hieronymus, DNP, MEd, RN, MLDE, BC-ADM, CDE, FAADE, "Diabetes Care Coordination: When the Hospital and Home Regimen are at Odds," American Diabetes Association 78th Scientific Sessions.

Laura Hieronymus, DNP, MEd, RN, MLDE, BC-ADM, CDE, FAADE, "2017 National Standards for DSMES with a Focus on Interpretative Guidance," American Association of Diabetes Educators National Meeting.

Jessica Lawrence, MSN, RN, "Burnout Among Nurses in the Pediatric Intensive Care Unit in the United States," Society of Critical Care Medicine Congress.

Jessica Lawrence, MSN, RN; and **Anna Marcinko**, "Food and Feelings: A Healthy Work Environment Initiative," American Nurses Association.

Ashley McAlpin, MSN, RN, "Emergency Response Readiness in a Magnet-Designated Pediatric Ambulatory Care Setting" American Academy of Ambulatory Care Nursing.

Ashleigh Mefford, RN, CCTC; **Jennifer Watkins**, RN, CCTC; **Michael Daily**, MD; **Tiffany Cavatassi**, RN, CCTC; **Angela Milliner**, RN, CCTC; **Allyson Hinton**, RN, CCTC; **Stephanie Rachels**, RN, CCTC; and **Todd Maynard**, RN, CCTC, "Leveraging Video Technology to Improve Efficiency During New Patient Kidney Transplant Appointments," Magnet Conference.

Julie Bargo and **Lacey Buckler**, DNP, RN, ACNP-BC, NE-BC, "Developing an Institutional Student Placement Process: How to Organize the Chaos to Meet and Manage Demand," Vizient Annual Clinical Connections Summit.

Elizabeth Warren, RN, "No Harm for Babies: Implementing CLABSI Prevention Strategies," National Advanced Practice Neonatal Nurse Conference.

Ashley McAlpin, MSN, RN; **Rachél Ballard**, MSN, APRN; **Melissa Lefebvre**, DO; **James Van Buren**, MD; **Aric Schadler**, MS; and **Michael Wittkamp**, MD, "Emergency Response in a Magnet-Designated Pediatric Ambulatory Care Setting," American Academy of Ambulatory Care Nursing Annual Conference and Kentucky Organization of Nurse Leaders Conference.

Dirk Church, BSN, RN; **Paula Halcomb**, DNP, APRN; **Jake Higgins**, PhD, RN; **Lisa Fryman**, DNP, RN; **Sara Parli**, PharmD; **Andrew Bernard**, MD; and **Doug Oyler**, PharmD, "Safety and Efficacy of the CIWA-Ar protocol in the Trauma Population," Society of Trauma Nurses TraumaCon.

Jennifer Forman, MSN, RN-BC, CNML; **Rebecca Charles**, BSN, RN, CNML; **Paula Halcomb**, DNP, APRN, ACNS-BC, TCRN; **Chase Buck**, BSN, RN; **Karen Little**, BSN, RN; **Rachel Johnson**, BSN, RN; **Kayla Smith**, BSN, RN, TCRN; **Rachel Bentley**, MSN, RN, RHIA; **Lisa Fryman**, DNP, RN, NEA-BC; and **Cynthia Talley**, MD, FACS, "Save our Skin: A Multidisciplinary Approach to Pressure Injury Reduction," Kentucky Organization of Nurse Leaders.

Jennifer Forman, MSN, RN-BC, CNML; **Sydney Sims**, MSN, PCCN; **Amy Richardson**, MSN,

POSTERS AND PRESENTATIONS

RN; and **Michael Curran**, BSN, RN, EMT-P, NHDP-BC, "Are you Ready? NPD Practitioner Role in Serious Communicable Disease Preparedness," Association of Nursing Professional Development.

Jessica Lawrence, MSN, RN; **Kathleen Yoder**, BSN, RN, CCRN-K; **Aric Schadler**, MS; and **Asha Shenoi**, MD, Dch, FAAP, "Burnout among nurses in the pediatric intensive care unit in the United States," American Association of Critical-Care Nurses Horizons Conference.

Joy Coles, MBA, BSN, RN; **Sarah Price**, BSN, RN; and **Patty Hughes**, DNP, RN, NE-BC, "Non-pharmacological Acute Pain Control Utilizing Nurse-led Aromatherapy in Coronary Bypass Graft Patients; A pilot Study," American Society for Pain Management Nursing 28th National Conference.

Lisa McGee, DNP, RN, CCNS, CKC, and **Courtney Weekley**, MSN, APRN, ACNS-BC, RNC-OB, "Umbilical Cord Blood Cultures," Vizient Clinical Connections Summit.

Brandy Mathews, DNP, MHA, RN, NE-BC; **Chizimuzo Okoli**, PhD, MPH, MSN, RN; and **Marc Woods**, MSN, RN, "Examining Clinicians' Attitudes and Self-Efficacy towards Engaging Patients with Behavioral Health Problems in a Hospital Setting," America's Essential Hospitals, VITAL2018 and American Psychiatric Nurses Association Annual Conference

Chizimuzo Okoli, PhD, MPH, MSN, RN; **S. Seng**; **Jake Higgins**,

PhD, RN, CCRN-K; **J. Lawrence**; **Amanda Lykins**, DNP, RN-BC; and **Elizabeth Bryant**, MSN, RN, GEN, NE-BC, "Secondary traumatic stress, burnout, and compassion fatigue among health care workers at an academic medical center," American Psychiatric Nurses Association Conference.

Patty Hughes, DNP, RN, NE-BC, "Across the Street: Borrowing strategies from our inpatient partners to enhance patient experience in an ambulatory clinic," American Academy of Ambulatory Care Nursing Annual Conference.

Paula Halcomb, DNP, RN, "Implementing and Sustaining a Nurse Driven Early Mobility Program," Kentucky Organization of Nurse Leaders.

Paula Halcomb, DNP, RN, "Implementing Delirium Screening measures Outside the ICU," Kentucky Organization of Nurse Leaders.

Rachél Ballard, MSN, APRN, FNP-C, and **Heather Courtney**, MSN, RN, CCRN-K, "Implementing evidence-based strategies to empower nurses towards nursing professional certification in a Magnet®-designated healthcare facility," American Academy of Ambulatory Care Nursing Annual Conference.

Donna Ricketts, DNP, RN, SCRNP; **Alissa Saas**, MSN, RN, CCRN, SCRNP; and **Margie Campbell**, BSN, RN, "Ready or Not, Here They Come: Are We Ready for CSC?" American Academy of Ambulatory Care Nursing Annual Conference.

Sarah Lester, DNP, APRN, FNP-C, CCRN-K, CENP; **Nina Barnes**, MSN, RN, CNML; and **Kimberly Blanton**, MSN, MHA, RN, NE-BC, "No Harm 2.0: Where Do We Go From Here?" Institute for Healthcare Improvement Patient Safety Congress.

Sze Ngong Henry Lo, MS, PharmD; **Sarah Lester**, DNP, APRN, FNP-C, CCRN-K, CENP; and **Catherine Pearce**, PharmD, FCCM, "Evaluation of a Nursing-Driven Electrolyte Replacement Protocol in Adult ICU/PCU," Vizient Clinical Connections Education Summit.

Alissa Saas, MSN, RN, CCRN, SCRNP, and **Jessica Lawrence**, MSN, RN, "Honor Walks," National Association of Organ Procurement Organizations Webinar.

Elizabeth Bonnet, MSN, RN, CCRN-K, RN-BC, "On the flip side: Prone positioning and improved pressure injury prevention," National Association of Clinical Nurse Specialists National Conference.

Patty Hughes, DNP, RN, NE-BC, "Emerging Leader Specialty Showcase," National Student Nurses' Association Mid-Year Career Planning Conference.

Ashley Gomez, MSN, RN, CNML, and **Ashley Cross**, BSN, RN-BC, APCM, "Highlighting Safety: Fall Reduction on an Inpatient Unit," Kentucky Organization of Nurse Leaders Leadership Development Conference.



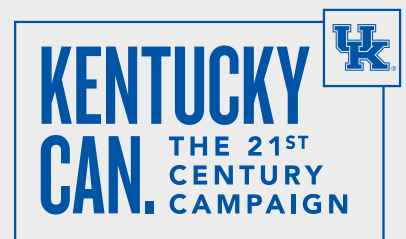
NURSING IS MORE THAN A JOB

- IT'S AN INSTINCT—
A CALLING TO SERVE OTHERS**
- TO PERSEVERE WITH DETERMINATION
AND COMPASSION**
- TO LEAD WITH INTEGRITY
AND INNOVATION**
- TO ENGAGE INDIVIDUALS AND
COMMUNITIES IN REAL CHANGE**

At UK, our nurses are achieving the extraordinary through unrivaled resilience and humanity. With your support, we can continue our legacy of nursing excellence and harness our collective power to heal lives. Together, we can transform our communities, one nurse at a time.

READY TO GIVE?

To be a part of our partnership efforts or for more information, including options on how to give, please contact Alumni and Philanthropy Director Kerrie Moore at kerrie.moore@uky.edu or (859) 323-1966.



28TH ANNUAL NURSING RESEARCH PAPERS DAY

OCTOBER 12, 2018

POSTERS

Alicia Carpenter, MSN, RN-BC, and **Lisa Boggs**, MSN, RN, FNP, WOCN, "NG Securement: Two Birds with One Stone."

Rebecca Fogg, NCT, "Importance of Kangaroo Care in Kentucky Birthing Center."

Jennifer Forman, MSN, RN-BC, CNML, "Save Our Skin: A Multidisciplinary Approach to Reduce Pressure Injuries."

Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, CENP, "Development of Psychological Empowerment over Time and with Experience."

Kathryn Hughes, BSN, RN, "Postpartum weight retention associated with infant feeding."

Lori Nolan, DNP, RN, "Evaluating the Relationship Between PHQ9 and Global Pain Scale (GPS) Scores in Opioid Dependent Adults: A Retrospective Correlational Study."

Margaret Plymale, DNP, RN-BC, "Tertiary Care Ventral Hernia Repair Resource Utilization: Beyond the Index Facility."

Robin Ray, MSN, RN, "Assessment of breastfeeding policies in Central Kentucky childcare centers."

Galisa Watts, BSN, RN, OCN, and **Jessica Basham**, BSN, RN, "Are We Communicating? Improving Continuity of Care from Inpatient to Outpatient Settings."

PODIUM PRESENTATIONS

Chase Buck, BSN, RN, CCRN, "Mobilizing Trauma Surgical Services."

Angela Clark, DNP, MSN, RNC-OB, "Evaluation of a Neonatal Abstinence Syndrome Training Program on Correct Use of the Finnegan Scoring Tool and Nurse Confidence."

Jessica Harman Thompson, PhD, BSN, RN, CCRN-K, "Options for End-of-Life Documentation in Kentucky."

Jessica Lawrence, MSN, RN, and **Elizabeth Bonnett**, MSN, RN, CCRN-K, RN-BC, "WILDCARDS for Patient Safety."

Joseph Lohr, BSN, RN, "Educate Yourself: Utilization of podcasts for staff education in the Emergency Department."

Martha Monroe, BSN, RN, "Interrupting Initiation of Exclusive Breastfeeding."

Sarret Seng, BA, "Nursing leadership in addressing mental health inequalities: managing tobacco addiction in psychiatric inpatients."

STUDENT POSTER PRESENTATIONS

Yazan Al-Mrayat, MSN, RN, "Effect of Substance Use History on Nicotine Withdrawal Severity During Psychiatric Smoke-Free Hospitalization."

Gabrielle Boehman, BSN, RN, "Psychosocial Wellness in Perinatal Women with Co-occurring Tobacco Use and Substance Use Disorder."

Kent Brouwer, BSN, RN, "Interprofessional Approach to Promote Resiliency Through Mindfulness and Self-Care Practices in the Acute Care Setting."

Rachele Cafazo, "Impact of JUUL Use Among College Students on Respiratory Health."

Hana Henderson, BSN, RN, "Risk Factor Screening in Hypertensive Patients."

NURSING HALL OF FAME

Out of more than 7,000 alumni from the University of Kentucky College of Nursing, Colleen Swartz, DNP, recently joined a select group of 15 as members of the college's Hall of Fame.

Established in 2006, the College of Nursing Hall of Fame identifies esteemed graduates and their extraordinary contributions to the nursing profession.

Swartz became chief nurse executive for UK HealthCare in December 2008 and was appointed chief administrative officer in February 2017. More recently, she was appointed vice president of clinical operations for UK HealthCare in January 2019. Her prior experience includes serving as chief nursing officer at a regional community hospital, director of emergency and trauma services, director of flight nursing services, and director of the Capacity Command Center for UK HealthCare. She was instrumental in regaining Magnet® recognition – the gold standard of nursing care – from the American Nurses Credentialing Center in February 2016.

Swartz completed the Johnson & Johnson Wharton Fellows Program in Management for Nurse Executives and is a Robert Wood Johnson Foundation Executive Nurse Fellow alumna, 2011 cohort.

Her primary interest and investigation is the integration of production systems strategies to optimize the care delivery model. Her other research interests include study around clinical deterioration and early warning systems deployment in adult and pediatric populations. She has presented locally, nationally and internationally and has authored several publications.

Swartz is currently a member of the American Organization of Nurse Executives; Sigma Theta Tau, Delta Psi Chapter; Honor Society of Phi Kappa Phi; and the National Academies of Practice.



Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, FNAP, Vice President of Clinical Operations, UK HealthCare BSN 1987, DNP 2011

BLACK NURSES ASSOCIATION DEDICATED TO SERVE



Lovoria Williams, PhD, FNP-BC, FAANP, Associate Professor, UK College of Nursing, (front) with members of the Lexington Chapter of the National Black Nurses Association

The Lexington Chapter of the National Black Nurses Association is committed to maintaining a unified force of nurses (LPN/RN) and student nurses who are passionate about improving the health of communities. The main focus of the NBNA is improving the health of people of color who often suffer a disproportionate burden of health problems, higher risk behaviors and subsequent poor health outcomes. The organization offers several benefits to students such as scholarships and mentorship.

Upon assuming leadership of the Lexington chapter in fall 2018,

Lovoria Williams, PhD, FNP-BC, FAANP, associate professor at the University of Kentucky College of Nursing, has focused on developing a strategic plan that refines the chapter's structure, improves operations, increases its visibility and addresses the health needs of the community.

The Lexington chapter has conducted two membership and retention drives: one in the UK College of Nursing and the other at St. Joseph's Hospital. During the drives, current members introduced themselves to interested nurses and informed them of the strategies

used by the local chapter to fulfill the mission of the national chapter to advance health equity among communities of color.

The Lexington chapter seeks to develop partnerships with the Louisville NBNA chapter, Kentucky State University and Berea College. Through these partnerships, the chapter plans to conduct statewide health events to address community health needs across Kentucky. Three Lexington chapter members attended and served as delegates at the NBNA's 47th Annual Institute and Conference, July 23-28, 2019, in New Orleans, Louisiana.

The cornerstone of the NBNA is implementing culturally sensitive health programs and the Lexington chapter continued this great tradition by implementing a "Call to Action" event in the fall of 2019. This event aimed to galvanize the community to work collaboratively with the NBNA and the UK College of Nursing to improve the health of people of color through conducting health screenings, developing health ministries within the local churches and equipping them to deliver evidence-based health behavior interventions.

For more information about membership or for service opportunities, follow the Lexington Chapter of the NBNA on Facebook at www.facebook.com/LCNBNA, and email your contact information to lcnbna2011@gmail.com or Lovoria.Williams@uky.edu.



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Rebecca Heichelbech, RN, Markey Cancer Center, has become like family to middle school choral teacher Damon Greene.

"Middle school boys hugged me and said, 'Thank you for taking care of Mr. Greene.' That makes my job completely worth it."

**REBECCA HEICHELBECH, RN
MARKEY CANCER CENTER**



SPOTLIGHT

MARGARET PLYMALE MINIMALLY INVASIVE SURGERY COORDINATOR

Margaret Plymale, DNP, RN-BC, has worked at UK HealthCare for 37 years. Currently, she serves as the coordinator for the minimally invasive surgery service within the division of general surgery. The primary patient population includes complex and recurrent hiatal and ventral hernias. Over the course of her tenure at UK HealthCare, she has advanced her career from an associate degree to a doctorate of nursing practice, and she has many times experienced first-hand the benefits of working for and learning at an academic medical center.

NRN: What drew you to a career in nursing?

MP: My mother was a nurse, and I always thought it was a good career. It seemed like something that would allow me to have some flexibility. You're able to change plans mid-career if you want to, and you don't have to go back to school to do it.

NRN: Is the nursing profession what you expected it to be?

MP: I think it's been better for me than what I could have imagined as an 18-year-old. It has been a great decision because I was able to raise children and still work. I could work part time and focus on the family while not completely losing the career.



NRN: What changes have you witnessed within the nursing profession?

MP: There are opportunities in nursing today that were not available when I was starting out. For example, when I was a young nurse, the nurse practitioner role had not yet been conceived. Also, the Magnet status that UK HealthCare has obtained has allowed concepts such as the shared governance model of nursing practice; we didn't have anything remotely like that when I was younger.

NRN: What advice do you have for current nurses?

MP: The hospital is full of young, new graduate nurses, and I think it's important for them to spend an adequate amount of time in a hospital setting to really understand the full scope

of the nursing practice. I think it's a disservice to themselves and their career to not get a full understanding of hospital nursing. It's not easy to be a nurse, but the great opportunity is that you get into this world of your patients and their families, and you get to help them along the way. But that's the hard part too, because everything doesn't work out perfectly for people when they're sick. Keep your options open; if you find something has become too stressful or just doesn't feel right, don't be afraid to change. There are other directions you can go in, and that's one of the best things about the career for the long term, because everybody doesn't fit into every position.

NRN: What is most challenging, in your opinion, about being a nurse?

MP: We're taking care of a lot of people with very complex problems and trying to make sure we're doing

the best we can for every patient every day. You have to be diligent and on your game every minute, or you can miss something very important.

NRN: What is most rewarding about the nursing role for you?

MP: We create intense relationships with people, and I find it very rewarding to help a patient get from A to B – from having a problem to recovering from a beneficial operation.

NRN: What are the benefits of pursuing a career and an education at an academic medical center like UK HealthCare?

MP: As a young nurse at UK, when I started working with medical residents and students, I saw the opportunities academic medicine presents for everybody. It's a synergistic relationship; we learn from them and they learn from us. I later got involved in research and worked for a few years with a surgical researcher on cancer education. It gave me an opportunity to gain and disseminate new knowledge through current medical literature. The main reason I got my master's and my doctorate was to continue with those opportunities. I'm fortunate to work with medical students and

surgery residents and help them to reach their research goals; it provides a different challenge.

Also, my employer was flexible with me when I had to go to classes or clinicals in the middle of the day while advancing my degree. I was fortunate to be able to work that out by taking vacation or working later in the day. I always felt supported.

The quality of nurses at UK HealthCare is outstanding. Learning from them and with them is an outstanding opportunity. There are people with a variety of backgrounds that UK is very fortunate to have on their staff. **NRN**



In her 37 years at UK HealthCare, Margaret Plymale, DNP, has always appreciated the synergy of and opportunities in research, education and clinical practice of an academic medical center.

SPOTLIGHT

JOSHUA SALEEBY

CLINICAL NURSE EXPERT IN NEUROSCIENCE SERVICES

Joshua Saleeby, MSEP, BSN, RN, CCRN, SCRNP, has been a nurse at UK HealthCare since he started his career in 2011. As clinical nurse expert for neuroscience services, he provides guidance and education in this field for nursing staff at Chandler Hospital, Pavilion A. His goal is to improve recognition of and response to specific patient care issues, and further develop critical thinking skills and a global perspective in the novice nurse.

NRN: Why did you become a nurse?

JS: I originally became a nurse to financially support myself through a PhD program. The flexibility, available opportunities and future job growth were attractive selling points for me.

NRN: Is the nursing career what you expected it to be?

JS: I honestly went into nursing maintaining an open and flexible mind. My expectations were met in regards to being in a field that offers endless opportunities, is challenging and rewarding, and would allow me to connect with people. What I didn't expect was to change my career path for this field or to get as much out of it as I have. Nursing has given me a life I didn't expect: a wife, kids, family, and a home.

NRN: What is your advice to anyone interested in pursuing a nursing career?

JS: Do it. You can get out of it whatever you put in. Don't be discouraged if you are in a situation that isn't your favorite. There are endless possibilities that will lead to a rewarding career.

NRN: What advice do you have for current nurses?

JS: Always keep your focus on the patient. Don't ever lose empathy, respect or the ability to compartmentalize. Nursing is so fast-paced and emotionally taxing that without the ability to compartmentalize situations or patients, the job will be overwhelming and start to erode your personal life away from work. The best example of this is when

you have a patient pass away and are expected to admit a brand-new patient immediately after.

NRN: What is most challenging in your career?

JS: Work-life balance always proves to be challenging, but sometimes the job can be thankless, with no recognition, and you have to keep your focus on why your work matters.

NRN: What is most rewarding in your career?

JS: Helping people, whether that is other co-workers, patients, etc. Knowing that your job is important and that your actions can positively affect the outcomes of patients. I also appreciate the constant opportunity to learn: We have patients with high acuity, but





Joshua Saleeby, RN, has learned the importance of always focusing on the patient, maintaining empathy and knowing how to compartmentalize in a fast-paced, emotionally taxing environment.

everything is pretty cutting-edge and we have a facility that can handle the future.

NRN: What is the best part of nursing at UK HealthCare?

JS: The best part of nursing at UK HealthCare is that you feel valued. Between the shared governance, strive for Magnet status, relationship between the residents/doctors and nursing at the bedside, and the transparency and honesty of ideas and directions from administration, you get the idea that your job matters.

NRN: What makes UK HealthCare and UK a great place to work and learn?

JS: Everything is evolving; it's all about the most current evidence-based practice models. The environment is about learning on every level, so it's great if that's the kind of person you are or if you want competent health care.

NRN: How is the work culture at UK HealthCare supportive of career and education advancement?

JS: They encourage you to do it and actually require it in some cases: They made the BSN degree a requirement. It's actually easy to work and continue your education because everyone is doing it. In the time I've been here, my managers have gone back and earned multiple degrees at the same time we're

earning multiple degrees. If you say you need your schedule switched because of class, they understand 100 percent because they're doing the same thing.

NRN: How does your continuing education coalesce with the work you do?

JS: Almost everything at UK is evidence-based and current, and there are basically committees for everything to ensure that. There have been multiple practice alerts and procedural changes, and those all come from those committees. In turn, when you're learning about these things in school, you're able to apply them almost immediately at work because they're on the same plane. [NRN](#)



MEETING BEHAVIORAL HEALTH NEEDS WITH MEDICAL TRAINING

PRACTICES AND RESOURCES TO HELP OVERCOME THE CHALLENGE

With suicide rates and substance use disorder on the rise, hospitals across the country are seeing a steady increase in the number of patients who need both medical and mental health care, but the traditional model of treating these matters on separate units is no longer efficient. For UK HealthCare, the solution lies in integration and collaboration.

The escalation of suicide mortality rates recently spurred UK HealthCare to adopt the Columbia Suicide Severity Rating Scale in the emergency department, on inpatient units and in several ambulatory clinics.

"Unlike mortality from diseases like heart attack, stroke and cancer, which have trended down with the advances that we've made in health care, we've seen suicide rates continue to slowly trend up, and of the persons who eventually complete suicide, a large

proportion of them visited a health care provider within a month of their death," said Sarah Lester, DNP, APRN, FNP-C, GCRN-K, CENP, director of nursing professional practice and excellence and director of inpatient wound care services. "So we were missing out on the opportunity to ask patients these tough questions and check on their well-being."

Approximately 3,400 nurses to date have been trained on the new screening process and have received web-based education in

"Unlike mortality from diseases like heart attack, stroke and cancer, which have trended down with the advances that we've made in health care, we've seen suicide rates continue to slowly trend up..."

SARAH LESTER

UK HealthCare is establishing strategies to integrate mental and medical health services for improved quality of care. From left: Heather Courtney, MSN, RN, CCRN-K, patient care manager; Philip Penn, RN; and Jeremy Brown, RN, APRN, behavioral health specialist.

MEETING BEHAVIORAL HEALTH NEEDS WITH MEDICAL TRAINING

recognizing suicidal thoughts and tendencies. All patients 12 years of age and older are screened for suicide risk upon arrival. If warranted, the psychiatric intake team of specially trained nurses and social workers completes a more in-depth assessment to determine if the department of psychiatry needs to get involved. Additionally, patients between the ages of 5 and 12 are screened if they arrive at the hospital with a behavioral health concern, such as depression or anxiety.

“If a patient was determined to be at low risk and the psychiatric intake team determined that they were safe to go home – they didn’t have any active thoughts of killing themselves – the team would put together a patient safety plan,” Lester said. “This provides some strategies and coping techniques if they were to have suicidal thoughts at home. We also try to get them connected to mental health services in the community.”

Integrating medical and mental health services

When someone presenting with both medical and mental health issues requires hospital admission, do you place that patient on a medical or behavioral health unit? Regardless of the answer, there will be barriers to providing the highest-quality care for all of the patient’s needs.

“When patients are admitted to the hospital primarily for a medical issue, they are placed on a medical unit, where the expertise to meet their behavioral health needs [is limited],” said Brandy Mathews,

“A lot of us were trained in the medical care of patients, and behavioral health was just a section we had as part of our education. Now we’re finding that we need behavioral health as one of our foundational pieces of learning how to care for patients in the environment we’re in today.”

KATHY ISAACS

DNP, MHA, RN, NE-BC, assistant chief nurse executive.

When the ED receives such a patient, the attending provider collaborates with nursing as well as medicine and psychiatric services to determine which unit can best meet the patient’s greatest needs, while also making provisions for holistic care.

“If the patient really needs to be on the behavioral health unit but has a medical condition, we will, from a nursing standpoint, collaborate to see what we need to do to meet the patient’s needs,” Mathews said. “For example, we might need to arrange for additional nursing or patient safety resources.”

On a medical unit, it is more difficult to coordinate mental health services that are readily available on a behavioral health unit, such as case management,

and music, recreational and group therapy. Moreover, many patients come to the hospital with previously untreated mental health illnesses due to insurance limitations, transportation restrictions and financial constraints that have prevented them from seeking or complying with care.

The solution lies in integrative care provided through multidisciplinary collaborations, such as the telehealth services that UK HealthCare’s psychiatry team offers.

“The department of psychiatry is providing integrated telehealth mediated behavioral health services to primary care clinics in Eastern Kentucky, where there is a dearth of psychiatric providers,” said Seth Himelhoch, MD, MPH, chair of psychiatry. “By providing telehealth services in an integrated fashion, the department of psychiatry is both helping to increase the service delivery of needed evidence-based psychiatric services and ensuring that these services remain integrated with ongoing primary care.”

UK HealthCare’s new inpatient addiction-consult and education service is another example of an integrated model of care. Patients suffering from substance use disorder, particularly opioids, are connected to evidence-based treatment and recovery services while hospitalized and upon discharge from the hospital.

“A physician, nurse practitioner, licensed clinical social worker and nurse navigator are consulted on patients admitted



to the hospital with a substance use disorder,” Mathews said. “The nurse navigator is doing patient and family education on Narcan use and harm-reduction strategies, and it’s helping facilitate patients’ participation in rehabilitation and recovery postdischarge. The social worker is doing some individual patient counseling and is planning to initiate group therapy in the near future.”

Supporting nurses through education, resources

As behavioral and medical health care become more intertwined, it is evident that nursing education curriculums will need to follow suit.

“A lot of us were trained in the medical care of patients, and behavioral health was just

a section we had as part of our education,” said Kathy Isaacs, PhD, RN, interim assistant chief nurse executive and enterprise director, nursing professional practice and development. “Now we’re finding that we need behavioral health as one of our foundational pieces of learning how to care for patients in the environment we’re in today.”

UK HealthCare is working to address this gap for nurses in the field by offering ongoing education in crisis prevention and suicide competency. During their shifts, they can request assistance from the unit charge nurse or clinical nurse expert. A more recent initiative has been the addition of physician and nursing leaders in each unit who are responsible for rounding on staff to discuss situations that need more attention.

Counterclockwise from left: Daniel Weaver, MD; Diana Ball, LCSW; Jessica Marshal, APRN; and Kate Dunn, RN, are members of the new inpatient addiction-consult and education service, which helps connect patients with evidence-based treatment and recovery services for substance use disorder while in the hospital and after discharge.



As part of the new inpatient addiction consult and education service, Ellen Livengood, LCSW, offers individual patient counseling to those struggling with substance use disorder.

MEETING BEHAVIORAL HEALTH NEEDS WITH MEDICAL TRAINING

“We do two-day crisis prevention and intervention training for those in leadership roles in nursing so that when they’re in the building, nursing staff can call, text or page them and they will partner with nurses to help them work through those more challenging situations,” Isaacs said.

Additionally, Good Samaritan Hospital added two behavioral health specialists, registered nurses with more than 20 years of mental health care experience. Their role is to help nurses working outside the behavioral health

unit to manage patients who have mental health needs.

“The behavioral health specialists round on the floors and ask the nurses about the patients they are caring for – if they have any questions or challenges managing the patient’s illness, medications or behavior – and they help to care for the patient arm in arm with the nurses,” Mathews said.

The behavioral health specialists are also able to request a psychiatric consult when warranted, further closing the gap between medical and psychiatric services on nonbehavioral health units.

Another supportive role is behavioral health clinical nurse specialist Amanda Lykins, DNP, RN-BC. “I am here to be a resource for the nurses – to answer questions or give on-the-spot education,” Lykins said. “There’s a huge emphasis on workplace violence and de-escalation of patients right now, so we’ve developed a team to look at those areas.”

Patient safety technicians are also facilitating behavioral health care by replacing security guards in observing patients who are under a 72-hour hold for a mental health crisis.

“We’ve had anywhere from 12 to 20 of those persons at any one time,” said Marc Woods MSN, RN, assistant chief nurse executive for behavioral health and Eastern State Hospital. “I thought it might be better for us to have what would traditionally be called a ‘sitter’ – someone trained with behavioral health skills and experiences. If that person was sitting with a patient, we might have better outcomes, less aggression and better patient satisfaction.”

Managing stress, emotions in providers by fostering resilience

Education and on-the-job assistance are balanced by emotional support for nurses and other health care staff. Integrative therapies such as yoga and mindful meditation aid in stress relief, while the SOAR (Supporting One Another to Rise) program offers peer-to-peer support following a traumatic event.

“SOAR tries to match people in the same discipline, and it’s

usually with someone who has more experience and may have had a similar occurrence,” Isaacs said. “It’s a safe environment for them to share what they’re working through.

“We are also trying to do more debriefs after traumatic situations, where we have people who were present when the event happened, as well as leadership and chaplains,” Isaacs continued. “It’s a safe place for everyone to talk about the event and the impact it had on them. It’s a time for health care providers to bond and realize that we’re all experiencing the same things.”

Success is a journey, not a destination

The collaboration between UK HealthCare, Good Samaritan Hospital and Eastern State Hospital has improved awareness of behavioral health care, availability of standardized services for patients and resources for staff. Everyone, however, agrees that there is more to do.

“We’re just getting started,” Woods said. “Addiction services and suicide have a hot focus, so we’re in the beginning phases of restructuring how we provide behavioral health nursing services. The focus for nursing is truly going to be integration of behavioral health care outside the walls of the traditional psychiatric unit.”

To learn more about resources and training regarding the care of patients with mental health illnesses, contact Marc Woods at marc.woods@uky.edu or Amanda Lykins at amanda.lykins@uky.edu. [NRN](#)

THE EVOLUTION OF NURSING EDUCATION

As medical and mental health care are more integrated, nursing education will need to reflect this transition.

“We are working collaboratively with the UK College of Nursing to talk about the educational needs of students so that they are as prepared as possible to take care of patients once they become nurses,” said Brandy Mathews, DNP, MHA, RN, NE-BC, assistant chief nurse executive at Good Samaritan Hospital.

The UK Nursing Residency Program offers a seminar for new graduate nurses that includes guest lectures on mental health issues, such as difficult inpatient scenarios, caring for patients and family members during crises, high-risk issues like noncompliance, and conflict and communication.

However, nurses in the field also have options for expanding their understanding of and ability to interact with patients suffering from mental health illnesses, such as crisis prevention and intervention, and suicide competence training.

“We’re also working to establish a curriculum for the next fiscal year of continuing education needs for our nurses,” Mathews said. “We will consider the gaps and the best ways to deliver some of that education, relying on our internal experts and partnering with the College of Nursing.”





Nancy Jennings, BSN, RN, (right) provides counseling services for parenting women suffering from substance use disorder through the Beyond Birth program.

WORKING TOGETHER

UK COLLEGE OF NURSING AND UK HEALTHCARE PARTNERSHIPS POWER CARE AND TRAINING PROGRAMS

Health care is a team endeavor that draws on the vast knowledge and experience of practitioners across multiple disciplines. The UK College of Nursing collaborates with colleagues at UK HealthCare to create and sustain innovative care and training partnerships that improve the health of residents in the Commonwealth of Kentucky, such as the Beyond Birth Comprehensive Recovery Center; the Diagnosis, Wellness and Prevention Clinic; collaborative efforts with Eastern State Hospital; and continuing education opportunities.

Beyond Birth Comprehensive Recovery Center

Launched in January 2017 by the CON and UK HealthCare, the Beyond Birth Comprehensive Recovery Center is an outpatient substance use disorder treatment program for postpartum and parenting women of children ages 6 weeks to 5 years old. It follows the highly successful PATHways (Perinatal Assistance and Treatment Home) Program, which treats pregnant women with substance use disorder through six weeks postpartum.

“Our inspiration was doing the next right thing for these women to

help them stay in recovery and help them and their babies live their most healthy lives,” said Kristin Ashford, PhD, APRN, WHNP-BC, FAAN, professor and associate dean of undergraduate faculty and interprofessional education affairs, and director of perinatal research and wellness at the CON. “The longer we stay with them, the more ways we identify to support them.”

More than 300 women have participated in Beyond Birth to date.

For her efforts on Beyond Birth and PATHways, Ashford received a \$600,000 Rita & Alex Hillman Foundation Innovation Award. The

WORKING TOGETHER

funding enabled Beyond Birth to move into its own dedicated facility on the campus of Eastern State Hospital in November 2018. There, mothers receive guidance on infant and toddler care, individual and group counseling, peer support, and medical treatment of substance use and mental health disorders. Additionally, students from the UK School of Law have started offering consults on legal matters.

Beyond Birth staff have also created video training modules that share the lessons they have learned with care providers in high-need communities across the commonwealth.

“These moms are very stigmatized,” said Gwen Moreland, DNP, RN, NE-BC, chief nurse executive for UK HealthCare. “We’re trying to re-educate not just providers, but also the public about addiction and what we can do to support these moms in prevention, recovery and treatment.”

Diagnosis, Wellness and Prevention Clinic

The Diagnosis, Wellness and Prevention Clinic provides its underserved patients a convenient two-in-one service: both a dental and medical evaluation in one appointment. Opened in March 2018, this partnership between the CON and the UK College of Dentistry is staffed by a nurse practitioner, dentist and dental students who see patients two days a week.

The clinic focuses on individuals who have not seen a health care provider in the past year, as well as those with high blood pressure, cardiovascular disease, diabetes,

“UK HealthCare and the College of Nursing work together to provide education to develop the skill set required to care for patients with substance use disorder.”

BRANDY G. MATHEWS

obesity, and tobacco and/or substance misuse. Patients in these categories receive care guides that define their diagnosis, what their risks are and how to manage them. It also offers a tobacco-cessation program based on guidelines established by the Centers for Disease Control and Prevention.

“We know that oral and systemic health are linked, especially with tobacco use,” said Angie Grubbs, DNP, APRN, assistant professor at the CON and the nurse practitioner on staff, who helped to launch the program. “If we help patients see that link, it might help them take ownership of not only their dental, but also their medical health.”

The CON and COD hope to expand the clinic’s scope in the future by bringing in nutritionists, pharmacists and other specialists from UK HealthCare.

“We have worked together to ensure that we can provide our patients with the best holistic care experience,” Grubbs said. “It has been a great partnership, and our patients have benefited from that.”

Eastern State Hospital

“A growth mindset” sums up how the partnership between the

CON and Eastern State Hospital has transformed the workforce at this state-owned facility, managed by UK HealthCare.

It used to be rare for ESH staff to attend professional conferences. That has changed thanks to the creation of a multidisciplinary evidence-based research council by Chizimuzo (Zim) Okoli, PhD, MPH, MSN, RN, CTTS, associate professor at the CON, with a dual appointment at ESH. Now, staff members are sharing posters and presentations at the American Psychiatric Nursing Association national conference, and holding leadership roles and hosting conferences at the state level.

Okoli has also introduced evidence-based best practices into tobacco-cessation programs for ESH patients, 62 percent of whom use tobacco. A Medicaid grant enables staff to engage patients in tobacco treatment after discharge, and the CON is training ESH staff members in SBIRT (Screening, Brief Interventions and Referral to Treatment). “It’s a cutting-edge technique,” said Marc Woods, MSN, RN, assistant chief nurse executive at ESH. “Thanks to the training, it will be part of our standard orientation going forward.”

When several ESH nurses expressed interest in acquiring their RN-BSN degree, the CON worked with ESH to establish an 18-month online Work Learning Program. Graduates agree to work at ESH for one year after completing the program.

“We now have nurses academically prepared at a higher level,” Okoli said. “That brings



The UK HealthCare Diagnosis, Wellness and Prevention Clinic is increasing access to care for low-income patients by combining dental and medical care in one appointment. Pictured are Angie Grubbs, DNP, APRN, (right) with College of Dentistry students Shelby Oberst (left) and Hugo Sanchez Juan (back).

with it a professionalism and different perspective in caring for our patients."

Continuing Education

Beyond the Work Learning Program, the CON provides other continuing education opportunities for UK HealthCare staff. For example, the college developed a post masters acute care certificate that enables family nurse practitioners to gain their certification in a shorter period of time.

"That partnership enables our nurse practitioners to get up and running with the correct certification," said Lacey Buckler, DNP, RN, ACNP-BC, NE-BC,

assistant chief nurse executive for advanced practice, strategic outreach and cardiovascular nursing at UK HealthCare.

The CON also offers a variety of learning opportunities to aid practitioners in dealing with the opioid crisis, such as its annual day-long symposium and fall conference, both focused on caring for the complex needs of acute-care patients with substance use disorders.

"Understanding substance use disorder is an ongoing opportunity for nurses and nursing students," said Brandy G. Mathews, DNP, MHA, RN, NE-BC, assistant chief nurse executive for Good Samaritan Hospital at UK HealthCare.

"UK HealthCare and the College of Nursing work together to provide education to develop the skill set required to care for patients with substance use disorder and the challenging behaviors that sometimes accompany this disease."

As new needs arise – for example, the increased need for de-escalation training in mitigating difficult patient behavior before a crisis occurs – the CON and UK HealthCare will continue to collaborate on solutions. Their close partnership makes them uniquely qualified to bring the highest level of care to patients across the Commonwealth of Kentucky, and beyond. [NRN](#)





WILDCARDS PROVIDE A SAFETY NET AGAINST PATIENT HARM

Hospitals across the country fight daily to prevent hospital-acquired injuries and illnesses, which is why UK HealthCare is vigilant about continuously evaluating and implementing evidence-based practices for patient safety.

Wildcards for safety are one of these tools. Based on a work-audit process called Kamishibai cards, developed in Japan to ensure consistency and excellence in manufacturing, Wildcards feature safety questions and a checklist. They are part of UK HealthCare's No Harm initiative to improve patient care by preventing four categories of hospital-acquired conditions: falls, hospital-acquired pressure injuries, central line-associated bloodstream infections, and catheter-associated urinary tract infections.

Wildcards are patient safety checklists that have led to significant decreases in four major hospital-acquired conditions: falls, pressure injuries, central line-associated bloodstream infections and catheter-associated urinary tract infections.



This page: The use of Wildcards has led to better resources for pressure injuries, such as frequent repositioning, decreasing these injuries by 18 percent so far.

Opposite page: Wildcards now include a measure of assurance that patient beds are equipped with iBed, a technology that alerts staff if a patient gets out of bed or if the bed is positioned incorrectly.

WILDCARDS PROVIDE A SAFETY NET AGAINST PATIENT HARM

These conditions often cause serious injury and discomfort to patients, result in complications that lengthen hospital stays, and require more complex and expensive care. Furthermore, approximately 75,000 patients in the U.S. die each year from a variety of highly preventable hospital-acquired infections, according to the Centers for Disease Control and Prevention.

“When we rolled out No Harm in 2017, we knew our nurses could have a huge impact,” said Kathy Isaacs, PhD, RN, interim assistant chief nurse executive and enterprise director, nursing professional practice and development. “Focusing on the basics of bedside nursing, ongoing education and rounding with the staff, using evidence-based benchmarks to establish clinical measures, partnering



The Wildcard initiative has empowered nurses to work together in the fight against hospital-acquired injuries and illnesses. This teamwork and innovation fuel the passion to provide leading-edge patient care while advancing professional nursing practices.

with our physicians and interdisciplinary members of the team, and giving nurses a voice to express any concerns have all contributed to our success.”

Initiative drives positive results

UK HealthCare has reason to celebrate the initiative. Since its inception, falls are down 36 percent, hospital-acquired pressure injuries dropped 18 percent, central line-associated bloodstream infections decreased 33 percent and catheter-associated urinary tract infections fell by 36 percent.

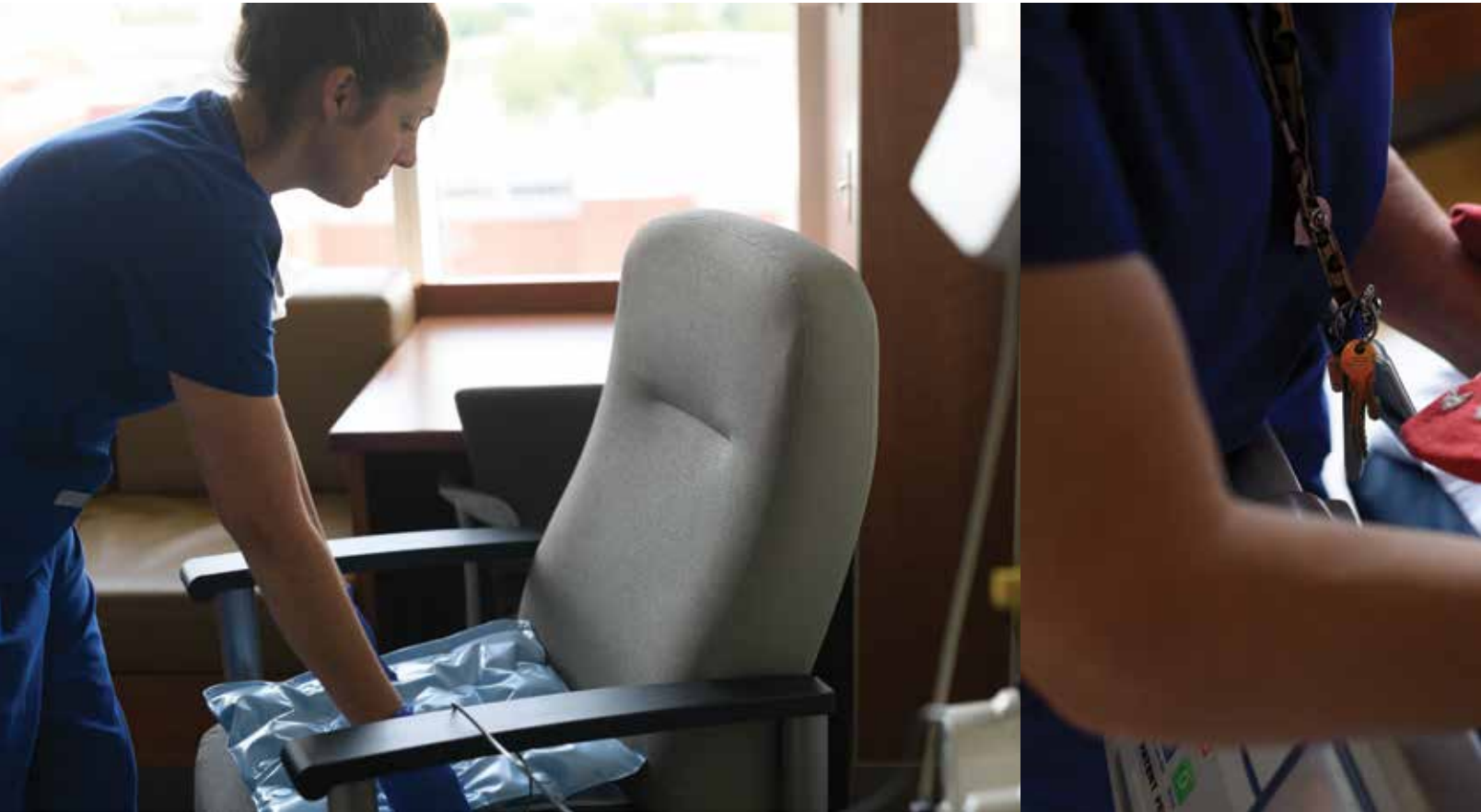
“We’re proud of the work that’s being done,” said Nina Barnes, RN, MSN, CNML, co-leader of the initiative’s steering committee and nursing director for oncology services/acute pain services. “But it’s not status quo. We are constantly evaluating.”

In the area of fall prevention, for example, nurses identified that the cord connecting a patient’s bed

to the nurse call system – vital to a patient’s ability to ask for help with walking or getting to the bathroom – is problematic. “It’s a 37-pin cord and the pins are easily bent,” said Becky Dotson, RN, clinical nurse specialist who co-chairs the Fall Prevention Group. “We are now working with the bed manufacturer to go to a wireless system.”

Other essentials on the Wildcard include ensuring that beds equipped with iBed awareness are activated, alerting the staff if a patient gets out of bed or if a bed is positioned incorrectly. Similar alarms are being added to patient chairs.

Additionally, nurses remind high-risk patients to call for assistance with ambulation and transfers, and to wear their nonskid socks. “During hourly rounding, the staff asks the patient if they need to use the restroom,” Dotson said. “By asking



WILDCARDS PROVIDE A SAFETY NET AGAINST PATIENT HARM

“Focusing on the basics of bedside nursing, ongoing education and rounding with the staff, using evidence-based benchmarks to establish clinical measures, partnering with our physicians and interdisciplinary members of the team and giving nurses a voice to express any concerns have all have contributed to our success.”

KATHY ISAACS

patients when we are already in the room, we may prevent them from getting up on their own.”

Patient, family education critical

To lower hospital-acquired pressure injuries, the Wildcard bundle calls for chair cushions and bed overlays that redistribute a patient’s weight and protect sensitive bony prominences, assessment of these areas bearing any medical devices, and regular repositioning, among others.

“We struggle, as do hospitals across the nation, with our sickest patients who are in the intensive care unit or trauma ICU,” said Julie Elder, RN, clinical nurse specialist and co-chair of the Hospital-Acquired Pressure Injury Group. “Our nurses

reposition patients frequently, but we continue education, demonstrating ways to offload areas of prominence.”

Throughout UK HealthCare, patient and family education is administered anytime a patient is identified as high-risk for a hospital-acquired pressure injury. “The staff talks with them about why repositioning is necessary and shows them proper methods,” Elder said. “We give them handouts and we have videos on the TV network they can watch about prevention.”

Catheter-associated urinary tract infections are often caused by prolonged use of a urinary catheter, so the Wildcard bundle includes a twice-daily needs assessment. “If it is no longer needed, a pre-existing order from



the physician is already in place so that the nurse may remove it,” said Beth Bonnet, RN, clinical nurse specialist and co-chair of the Catheter-Associated Urinary Tract Infection Work Group. Nurses may also review results of bladder scans and other tests to determine whether a catheter must be reinserted.

“Sometimes a patient asks to keep the catheter because they don’t want to get out of bed,” Bonnet said. “Every patient is treated individually, but we educate them about the benefits of removing it.”

Standards are updated as evidence mounts

Patients who have central lines are assessed in a similar way.

Wildcards include guidelines about dressing changes, tubing and end-cap changes, chlorhexidine gluconate treatment and more.

“Every six months we revise our bundles based on new standards of care,” said Kay Roberts, RN, infection preventionist and co-chair of the Central Line-Associated Bloodstream Infection Group. “Unlike urinary catheters, nurses do not remove central lines, but they talk with doctors frequently about the continued need for a line.”

As the project moves into its third year, the Wildcards are helping streamline care while maintaining transparency and accountability. Nursing leadership and unit staff meet regularly at the site of their Wildcat boards,

which are displayed for all to see. They discuss results and dig into any issue that comes up. Also new this year was Zero Heroes, a celebration of those units that had zero incidences of harm. As such, the project will be called Safe Care moving forward to better reflect the positive outcomes that have resulted from tackling all patient safety issues. [NRN](#)

Left: Chair alarms alert nursing staff if a patient tries to get out of the chair so that a nurse can provide assistance in order to prevent the patient from falling.

Middle and right: In order to prevent falls, the Wildcard bundle reminds staff to encourage patients to wear their nonskid socks and to ask during hourly rounds if they need assistance using the bathroom.

HELP WANTED

The UK College of Nursing and UK HealthCare collaborate on recruitment efforts amidst a nationwide nursing shortage.

It's a packed house for the career development course at the UK College of Nursing. The 100 or so seniors in the class have some very important visitors today: nurses and physicians representing nearly every department at UK HealthCare.

"The visitors talk about their area and why they think it's the best one to work in," said Jennifer Cowley, MSN, RN, the senior lecturer who teaches the class. "They've come to recruit, and they would hire every single one of our students if they could."

A national nursing shortage has put nurses in high demand. According to the Bureau of Labor Statistics, the registered nursing workforce is expected to grow from 2.9 million nationwide in 2016 to 3.4 million in 2026, an increase of 15 percent. The bureau also projects that an additional 203,700 new registered nurses will be needed each year through 2026 to replace retiring nurses and fill newly created positions.

That nursing shortage is being felt at UK HealthCare.

"Typically, we're hiring upwards of 500 nurses each year, the majority of them being new graduates," said Graigory Casada, RN, MSN, CNML, nurse recruitment manager at UK HealthCare. "But we

could probably hire another 100 or 200 each year because of growth and turnover."

To address that shortage, UK HealthCare has collaborated with the CON to champion several innovative initiatives, as well as return to recruiting basics to develop strong, long-term relationships with CON students.

A recruitment mindset from application to graduation

This ongoing collaboration keeps UK HealthCare front and center for nursing students throughout their studies – starting before they officially enter the program.

"First-year students at UK who are prenursing majors take a course called Nursing 101," said Darlene Welsh, PhD, MSN, RN, FNAP, professor and assistant dean of BSN program studies at the CON. "It gives them an opportunity to learn how nursing services work at UK HealthCare."

The CON is also utilizing a holistic online interviewing process designed to better identify applicants who would be a good fit for the college and the nursing profession. The CON is only the second nursing program in the country to adopt this format.



The 10-week Student Nurse Academic Practicum, or SNAP, gives junior nursing students hands-on clinical experience in the field.

"Typically, we're hiring upwards of 500 nurses each year, the majority of them being new graduates. But we could probably hire another 100 or 200 each year because of growth and turnover."

GRAIGORY CASADA



“We’re targeting the people who not only have an innate desire to be a nurse, but also the qualities to be able to successfully follow through with that,” Welsh said.

Unique learning opportunities at an academic medical center

Once accepted into the program, 30 to 40 students each year receive the Nursing Educational Award, which pays a significant portion of tuition, books and fees. For each semester they accept the scholarship, the recipients commit to six months of service to UK HealthCare upon graduation. “It is one of our strongest recruitment tools,” Casada said.

Throughout their nursing education, students frequently hear from guest lecturers who champion UK HealthCare’s nursing practice.

“We need great nurses in every area of patient care,” said Peter Morris, MD, FACP, FCCP, chief of pulmonary, critical care and sleep medicine.

Once they have completed their fundamentals – typically at the end of their sophomore year – nursing students are eligible to become on-call nursing care technicians at UK HealthCare.

“That’s when we see many of them start their journey at UK HealthCare,” Casada said. “They build long-term professional

relationships on the unit and in the hospital well before they graduate.”

Two junior-year electives – perioperative nursing and emergency nursing – provide a deeper dive into highly specialized roles at UK HealthCare.

“It’s an opportunity not usually available during their clinical rotations,” Casada said. “They learn from adjunct faculty from UK HealthCare who are nurses.”

For juniors accepted into the Student Nurse Academic Practicum, or SNAP, the 10-week intensive summer program before their senior year further solidifies their relationship with UK HealthCare. During more than 300 paid work



SNAP classmates participate in a group discussion.

HELP WANTED

“It was exciting to hear that I got the job of my dreams doing exactly what I wanted to do, and to be able to continue learning in the environment that made me love emergency nursing to begin with.”

CAROLINE HOLMES

hours, they gain invaluable hands-on clinical experience, as well as three college credit hours.

“It’s a great program that totally immerses the nursing students into the everyday world of nursing practice here at UK HealthCare,” said nursing recruiter Lois Lewis, RN, MSN.

SNAP serves as a vital channel for recruitment: Participants often return to the same department for their senior synthesis and, after graduation, as a new hire. Caroline Holmes, RN-BSN, originally thought she would return home to Northern Kentucky after completing her degree at the CON. But after serving her SNAP and synthesis in the adult emergency center at the UK Albert B. Chandler Hospital, she knew she wanted to launch her career in

Lexington. She reported for duty as a new hire in the emergency department in June 2019.

“It was exciting to hear that I got the job of my dreams doing exactly what I wanted to do, and to be able to continue learning in the environment that made me love emergency nursing to begin with,” Holmes said.

Turning new hires into lifelong, engaged team members

UK HealthCare’s Nurse Residency Program, another valuable recruitment tool, helps ensure that new hires such as Holmes make a smooth transition into the workforce.

“Hospitals that offer a residency are more likely to retain their employees, and employees



UK HealthCare's Nurse Residency Program helps assimilate new hires into the nursing career following college graduation. Hospitals offering programs like this are more likely to retain staff, and the new nurses, like Caroline Holmes, RN-BSN, (right) tend to have higher job satisfaction.

are more likely to have increased job satisfaction," said Kristin Ashford, PhD, APRN, WHNP-BC, FAAN, professor and associate dean of undergraduate faculty and interprofessional education affairs. "Participants also develop a camaraderie with the other new nurses in the residency, which further helps with satisfaction and retainment."

As an added benefit, nurses with an associate degree who complete the residency earn three hours of college credit from the CON toward an RN-BSN degree.

The most successful recruitment tools show potential hires their long-term prospects for career development. The CON's innovative online RN-BSN program serves that role for UK HealthCare.

Full-time employees can use their Employee Education Program tuition benefit to pay for 18 credit hours per calendar year as they work toward their RN-BSN.

Starting in January 2020, the college will offer the first online program in Kentucky for licensed practical nurses wanting to get their RN-BSN degree, enabling participants to streamline their progression through the profession.

"It's really exciting," said Jessica Wilson, PhD, APRN, assistant professor, RN-BSN track coordinator and director of online innovation. "LPNs working at UK HealthCare will be able to complete their clinicals in the same system where they work."

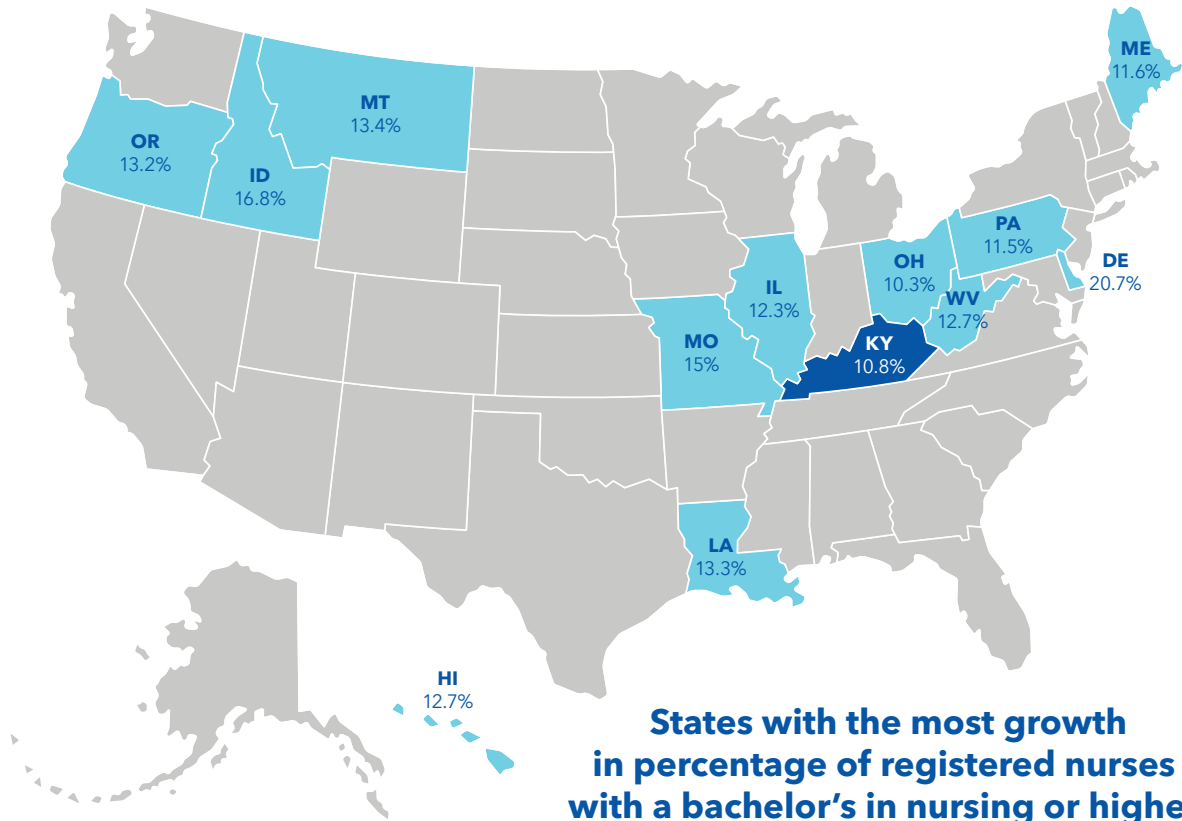
For nurses who already have a BSN, UK HealthCare offers a

loan repayment program that will pay up to \$6,000 annually for up to four years – another popular recruitment tool, said Kathy Isaacs, interim assistant chief nurse executive and enterprise director, nursing professional practice and development.

Such innovative solutions benefit not only the nurses who come to work at UK HealthCare, but also the patients they serve.

"As the UK College of Nursing and UK HealthCare work together to address gaps in the workforce, we are also looking at how to best meet the health needs of Kentucky," Ashford said. "As we address the nursing shortage and the need for high-level care, we are always looking for ways we can improve the nursing workforce in our region." [NRN](#)

RN-BSN: BY THE NUMBERS



**States with the most growth
in percentage of registered nurses
with a bachelor's in nursing or higher
from 2010 to 2017***

*According to the Center to Champion Nursing in America, an initiative of AARP Foundation, AARP and RWJF.

Number of LPNs who are potential candidates for UK's BSN program

 HealthCare

80+



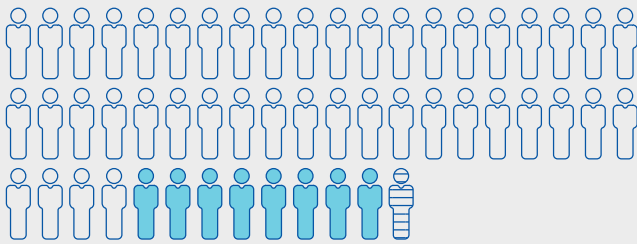
13,142



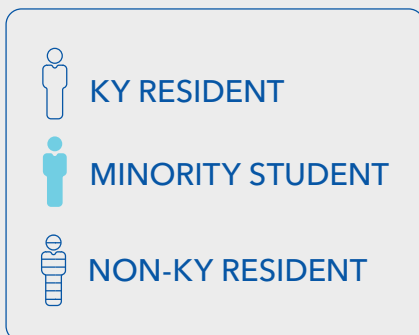
920,000

UK's RN-BSN enrollment demographics

FALL 2010: 53 students



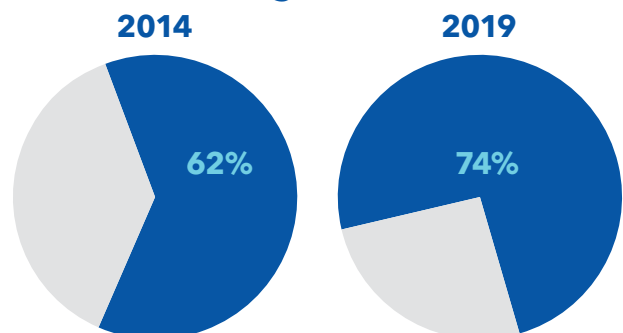
FALL 2019: 161 students



UK's RN-BSN program graduation rate



UK HealthCare's BSN-prepared nursing workforce



2019 NURSES WEEK AWARDS

Celebrating the work of our nurses in 2018.

THE KAREN STEFANIAK AI/ UK QUILT OF TEAMWORK AWARD FOR NURSING SUPPORT

Nominees

Stephanie Coyle and Vanessa Murphy
Sheila Giles and Karrin Lindblom
Patient clerical assistants in the emergency department

Winners

Cardiopulmonary technologists



THE KAREN SEXTON FIRESTARTER AWARD

Nominees

Cindy Isom, BSN, RN-GS5M
Ashley McAlpin, MSN, RN
Karina Molina, BSN, RN, CEN
Savanna Shepherd, RN



Winner

Jennifer Forman,
DNP, RN
Clinical Nurse
Specialist, Trauma and
Surgical Services

THE M.J. DICKSON QUALITY NURSING CARE AWARD

Nominees

Michelle Pulsfort, BSN, RN



Winner

Jacob Heil,
BSN, RN, CCRN, CEN
Clinical Nurse Expert,
Emergency and
Trauma Services

THE DIANA WEAVER LEADERSHIP/ MANAGEMENT AWARD

Nominees

Sarah Lester, DNP, APRN, FNP-C
Samantha Quaine, BSN, RN
Dee Sawyer, MS, APRN, MLDE,
AGCNS-BC, BC-ADM, CDE



Winner

Brandy Mathews,
DNP, MHA, RN, NE-BC
Assistant Chief Nurse
Executive, Good
Samaritan Hospital

NIGHTINGALE PRECEPTOR LAMP AWARD

Nominees

Connie Bruce, RN
Jason Stouse, RN
Jay Weitekamp, BSN, RN



Winner

Lisa Thompson,
MSN, RN
Emergency Department

THE KAREN E. HALL NURSING EDUCATION AWARD

Nominees

Rachel Bentley, MSN, RN, RHIA
Kymberly Little-Bailey, BSN, RN
Judy Malone, BSN, RN



Winner

Karolyn Roberts,
MSN, RN, CPN
Staff Development
Specialist, Ambulatory
Services

UK HEALTHCARE AND UK COLLEGE OF NURSING AWARD



Winner

Lynne Jensen, PhD, RN,
APRN

THE CHERYL SMITH NURSING PROFESSIONAL ADVANCEMENT AWARD

Nominees

Kaci Elder, BSN-RN
Shelby Floyd Greenwell, BSN, RN



Winner

Sherry Griggs,
RN, BSN, CCRN-CSC,
CMC, CCTN
ECMO Specialist

EASTERN STATE HOSPITAL FOUNDATION AWARD

Nominees

Lauren Blount, RN
Mary Boswell, RN
Mary Ann Florence, RN
Kelly Holland, RN
Akua Larbi, RN
Teresa Lockett, RN
Sydney Raulinaitis, RN



Winner

Nita Khatiwada, RN

**PAM BRANSON BSN
RESIDENT AWARD**



Winner

Joseph Lohr, BSN, RN
Emergency Services



DAISY AWARDS

July 2018 Winners

Chandler 6 south unit
Christina Short, RN
Laurianne Berles, RN
Sarah Jennings, RN

November 2018 Winners

Ines Aquino, RN
Diana Brosius, RN
Amy Day, RN
Patricia Jones, RN
Raychel Riggs, RN

February 2019 Winners

Nathan Brown, RN
Alice Carpenter, RN
Hannah Letourneau, RN
Shannon Mink, RN
Nikki Schroeder, RN



Moments from the 2019 Nurses
Week Awards ceremony and
reception held in May 2019.



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UK HEALTHCARE CAREER CENTER

The UK HealthCare Career Center is available to UK HealthCare nurses, nurse administrators, nursing care technicians, health professional staff members (including respiratory therapy, occupational and physical therapy, pharmacy, radiologic technology, and laboratory sciences), and UK College of Nursing students. Assistance is offered for all career phases, including:

- One-on-one career coaching and exploration
- Resumé and curriculum vitae critique and preparation

- Critique and preparation of cover letters
- Interview strategies and practice interviews
- Exploration of educational options, including graduate offerings, degree completion and more
- Personal statements and setting goals
- Customized job search, including out-of-state jobs
- UK nursing students can attend weekly resumé or interview group sessions

CONTACT INFORMATION AND LOCATIONS

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F: 859.257.5219

Good Samaritan Hospital

310 S. Limestone, C-013, Lexington, KY 40508

P: 859.323.3169

F: 859.257.5219

ukhealthcare.uky.edu/career-center



Right: Sue H. Strup, MEd, MSN, career consultant.