Welcome to our Nursing Annual Report.

Our nursing division has stayed true to A Vision to Lead over the last year and our annual report emphasizes the many ways our nurses serve as leaders of nursing excellence. Our achievements have occurred due to creating a health care environment that allows innovation and thinking of our work in a different manner.

Innovation is described as “an idea that satisfies a specific need through a deliberate application of information, imagination and initiative.” This is the foundation of nursing at UofL Hospital and UofL James Graham Brown Cancer Center. We have continued to challenge and improve our patient outcomes through creating an efficient standard nursing practice, conducting scholarly projects, and knowing that the highest achievement will impact the patients and families who walk through our front doors.

Our nurses are leaders. Their continued exploration and commitment to our patients have resulted in raising standards in quality and safety at UofL Hospital. Over the past year, we have reached many significant goals in providing the best nursing care. We have invested in our nursing staff to create an environment that has led to us being viewed as a premier nursing organization. We executed this through our shared governance structure, One Voice Nursing Congress. In addition, our hospital continues to foster local and national nurse leaders in specialty areas who are presenting on the national stage. Our strategic alliances with local Schools of Nursing continue to evolve as we work to bring in the top talent in the region.

We have over 1,100 nurses effecting daily change through their patient-centered and evidenced-based approach to the whole patient and their environmental network of needs. Our Daisy and Nurse Excellence Award Winners featured in this report epitomize the expert and compassionate care that our nurses deliver. In 2016 through 2017, our hard work was also recognized by our Stroke Program receiving top honors in the country by the Joint Commission and our Center for Women and Infants receiving the Baby-Friendly distinction from the World Health Organization.

The dedication and respect to our profession shown by nurses at UofL Hospital and UofL James Graham Brown Cancer Center deserve my gratitude. Through our nurses’ dedication to our patients and our organization’s commitment to world-class and compassionate care, our nurses will be able to take their learnings from the bedside and continue to push for greater patient outcomes every day.

Let’s celebrate the bright future of our organization as we move forward on our continued journey in excellent nursing care.
Nursing Mission Statement

Our Nursing Mission at UofL Hospital and UofL James Graham Brown Cancer Center is to provide patients exceptional care by integrating evidence-based knowledge, integrity and compassion.

Evidence-based Knowledge
- We utilize professional standards to guide our practice and clinical competency.
- We believe research is an essential component for the advancement of nursing practice and expansion of knowledge.
- We seek to foster new knowledge and innovation by collaboratively working as an inter-professional team.
- We use evidence-based practice to develop and strengthen our care delivery system to maintain the best possible outcomes.
- We are an essential part of a health care team working continuously to improve patient outcomes.
- We are providers of education for our patients, families, nursing students, other health care colleagues and community.

Integrity
- We partner with our patient and families to provide safe, high-quality and cost-effective care.
- We are recognized as transformational leaders with a specific focus that promotes the best interest and welfare of our patients.
- We give open, honest communication to patients and families regarding care and treatments.
- We provide resources based on the individualized need of our patients.
- We recognize communication as a fundamental component in providing effective care fostering positive relationships and promoting healthy work environment.

 Compassion
- We embody a professional model of patient and family-centered care as an essential element in the holistic caring experience.
- We are guided by a philosophy that the presence of family and those who care for the patient are a primary source of strength and support.
- We involve our patients and families in their care, including the development of goals to promote optimal outcomes and quality decisions.
- We ensure patients and families have all the information they need to make the best decisions for their care.
- We view and respect every person as a unique individual and value their culture, ethnicity, generational diversity, traditions and overall well-being.

Positively touching lives... absolutely making a difference.
Commitment to Excellence

Our Vision
Nursing: Leaders in Patient Care, Education and Research

Our Philosophy
As members of an inter-professional healthcare team, we embrace the challenge of providing exceptional nursing care to patients in a dynamic, complex and culturally-diverse environment.

We will do this by putting Our Values into practice:

- **Excellence** – adhering to the highest standards of nursing practice by committing to attain excellence every day in every way.

- **Professionalism** – Nurturing and supporting personnel to acquire new knowledge and skills, communicate, collaborate and develop professionally to provide the highest quality of care.

- **Evidence-based Knowledge** – utilizing evidence-based knowledge to achieve and maintain the best possible outcomes.

- **Integrity** – assuring open, honest and timely communication to promote trust, commitment and empowered action.

- **Compassion** – respecting each person as a unique individual by valuing their culture, ethnicity, generational diversity, traditions and overall well-being.
Professional Practice Model

The professional practice model is the framework for nurses, nursing care and interprofessional patient care. The model is based upon Kristen Swanson and her Theory of Caring.

Swanson’s caring theory postulates that nurses’ ability to demonstrate they care about patients is as important to patient well-being as caring for them through clinical activities. She describes caring as a 5-step process that includes:

- **Maintaining Belief**
  Sustaining faith in the capacity of others to transition and have meaningful lives.

- **Knowing**
  Striving to understand events as they have meaning in the life of the other.

- **Being With**
  Being emotionally present to the other.

- **Doing For**
  Doing for the other what they would do for themselves if possible

- **Enabling**
  Facilitating the capacity of others to care for themselves and family members

The professional practice model summarizes the foundational principles that drive nursing practice every day. The model encompasses the Theory of Caring, professional standards and the core values of caring, communication, respect, integrity and interprofessional teamwork in care delivery.
We are proud to serve the citizens of our region with the highest level of integrated stroke care. We will continue to set the bar in Kentucky and Southern Indiana when it comes to stroke prevention and treatment,” said Kerri Remmel, M.D., Ph.D., chair of the Department of Neurology at the UofL School of Medicine and director of the UofL Hospital - Comprehensive Stroke Center.

Comprehensive Stroke Certification
UofL Stroke Program Again Receives Top Designation

Kentucky is in the stroke belt, among the states with the highest incidence of stroke. Luckily, residents of the Louisville and Southern Indiana region who suffer a stroke can receive the highest level of stroke care possible at the UofL Hospital Stroke Program. The program provides inpatient services at UofL Hospital, part of KentuckyOne Health, first certified as a Comprehensive Stroke Center (CSC) in 2012. It was the first designated CSC in Kentucky and remains one of only four in the state.

Recertification as a CSC, the highest designation of care for stroke patients awarded by The Joint Commission, the primary independent accrediting body for health-care systems in the United States, assures patients that the physicians, nurses and other providers at UofL Hospital are fully prepared to quickly assess and treat patients suffering from all types of strokes using the most advanced treatments available. The Joint Commission recertified the UofL program for two years, the maximum time period allowed for certification.

Patients are treated by the highly trained and specialized physician faculty members of the UofL School of Medicine, including neurologists, neurosurgeons, cardiologists, emergency medicine providers, neuroradiologists, vascular surgeons, hospitalists and neuro critical care providers. The multidisciplinary team also includes advance practice nurses, social workers, rehabilitation specialists, case managers and dieticians.

Comprehensive stroke centers such as UofL have the ability to care for patients suffering a stroke, 24-hours a day, 7 days a week, and perform procedures that may not be available elsewhere. When a patient arrives in the emergency department at UofL Hospital, examination, laboratory studies, cardiac tests and state-of-the-art imaging studies can be performed within minutes of a patient’s arrival.

Highlights of the UofL Stroke Program include:
- **Rapid delivery of clot-busting drug** - The UofL Stroke Program achieved the highest award status from the American Heart Association/American Stroke Association, Target: Stroke Elite Plus Honor Roll, in 2016 for prompt IV administration of the clot-busting drug tissue plasminogen activator (t-PA). UofL met the standard of administering the drug to more than 75 percent of patients who qualify within 60 minutes of arrival to the hospital, and to more than 50 percent of eligible patients within 45 minutes of arrival.
- **Clot-removal techniques** – UofL neurointerventional specialists can rapidly open blocked blood vessels by removing blood clots and quickly restoring neurological function to patients.
- **Aneurysm treatment** – UofL neurosurgeons and interventional specialists are experts with the latest treatments for brain aneurysms, whether with surgery or minimally invasive endovascular coiling techniques.
- **Tele-stroke consultations** – UofL neurologists provide their expertise to hospitals in outlying communities in Kentucky and Southern Indiana in real time via tele-stroke services. Using a 5-foot, 6-inch tall robot, physician specialists in Louisville
can interact and converse with a patient, the patient’s family, and on-site physicians and nurses through a live, two-way audio and video feed. The remote connection allows neurologists at UofL to more quickly determine the best treatment protocol for patients in their home hospitals and allow them to be treated with IV t-PA or other treatments quickly when appropriate.

- **Post-stroke support** – In addition to inpatient care, the UofL Stroke Program provides stroke survivor and caregiver support to improve patients’ wellbeing as they resume their daily lives.
- **Community education** – UofL Stroke Program team members reach out to educate community members about reducing the risk of stroke by monitoring their blood pressure and maintaining healthy habits.

Even prior to its designation as Kentucky’s first certified Comprehensive Stroke Center in 2012, the UofL Stroke Program achieved the highest recognition with the American Heart Association/American Stroke Association, receiving the Get with the Guidelines® Stroke Gold Plus Award for the last 11 years. The recognition is awarded for meeting performance guidelines for the treatment and management of stroke patients from hospital admission to discharge.

**BE FAST to spot signs of stroke**

UofL Stroke Program medical experts advocate the use of the acronym **BE FAST** to recognize the signs and symptoms of a stroke.

**Balance** – Sudden loss of balance or coordination

**Eyes** - Sudden trouble seeing or blurred vision

**Face** – Sudden face drooping

**Arm** – Sudden weakness or numbness of the arm or leg, especially on one side of the body

**Speech** – Sudden confusion, trouble speaking or understanding speech

**Time** – to call 911 for help. Time saved is brain saved!
The UofL Center for Women and Infants
Designated as a Baby-Friendly Hospital

The Center for Women and Infants (CWI) was designated in March 2017 as a Baby-Friendly Hospital by Baby-Friendly, USA, Inc. This designation recognizes CWI as a birthing center that offers breastfeeding mothers the information, confidence and skill needed to successfully initiate and continue breastfeeding their babies. The CWI, as a Baby-Friendly Organization, promotes the best care and produce the best outcomes for mothers and babies.
Using Evidence-Based Practices to Improve Trauma Care Outcomes

As a Level 1 academic medical center, the trauma service is always looking to improve outcomes based on evidence-based practices. Being in direct patient care allows for easy identification of areas of research or performance improvement. The trauma nurse practitioner’s goal is to provide the best and most current patient care based on trends within our practice and current research practice models.

We know that patients that have a spleen removed for trauma are at life-long risk for developing episodes of rapidly progressive septicemia known as Overwhelming Post-Splenectomy Sepsis (OPSS). To reduce these risks, these patients are recommended to receive the pneumococcal, meningococcal and influenza vaccinations among others. Patients should also be placed on an appropriate revaccination schedule and should be educated on the importance of fever or infectious symptoms given that they no longer have a spleen.

Patients at UofL Hospital are routinely administered vaccines prior to discharge and provided with appropriate education regarding the risks of post-splenectomy infection. However, as most patients do not follow up with their trauma providers beyond their initial period of injury convalescence, little is known about compliance regarding post-splenectomy risk reduction over time.

Through our research, we found that despite uniform education prior to discharge, most patients undergoing splenectomy for trauma at UofL Hospital were unaware of the risks of OPSS and did not follow recommended guidelines for risk reduction. Of the 236 patients that had undergone a splenectomy over a 5-year period, a total of 90 of those patients were successfully contacted for a phone interview and asked a standard set of questions. None of these patients described having OPSS. Only 44.4% were aware of the risks of asplenia and the need for revaccination. Only 14.9% recalled being educated prior to leaving the hospital and most patients (64.3%) had not been appropriately revaccinated.

With these findings, a nurse practitioner led post-splenectomy initiative was devised. Collaborating with pharmacy, current vaccinations were reviewed and revised to ensure compliance with current guidelines, eliminate variation in immunizations and help to decrease the number of vaccinations required after discharge. Educational materials featuring vaccination schedules and available post-discharge vaccination sites were created. These materials are now distributed to patients during one-on-one educational sessions with a pharmacist prior to discharge from the hospital. In one year, this study will be repeated to check efficacy of the new process on patient compliance with the post-splenectomy vaccine regimen.

TEAM MEMBERS INCLUDED:
Jodi Wojcik, ANP-BC
Kim Broughton-Miller, FNP-BC
Michelle Frisbie, ANP-BC
Karina Pentecost, ACP-BC
Vascular Access Nurse Specialist Team (VAST)

Tip Tracking Technology – First infusion team in the USA

Introduced in May of 2017, the Vascular Access Nurse Specialist Team (VAST) was the first infusion team in the United States to utilize the Arrow® VPS Rhythm™ Device with TipTracker™ Technology from Teleflex for the insertion of peripherally inserted central catheters (PICCs). The tip tracking system provides real-time catheter navigation by tracing the tip location as it follows the vessel pathway, as well as providing ECG feedback, eliminating the need for chest x-ray or fluoroscopy for tip confirmation. The catheter helps to reduce tip malposition and improves patient throughput by reducing and/or eliminating the wait time for chest x-ray confirmation.

In the beginning, the VAST was apprehensive in regards to trialing a new product that completely changed the insertion processes. These adjustments affected the number of steps involved while allowing feedback in “real time” during catheter insertion, bringing the team out of its comfort zones. However, clinical support from the manufacturer assisted with the transition in the progression and laid the foundation for an x-ray-free outcome.

This technology is not without its limitations. In considering patients with atrial fibrillation, the ECG feedback cannot be integrated into the process, but the real-time Tip Tracking Technology is still a beneficial tool during insertion.

VASCULAR ACCESS TEAM NURSES ARE:
Alice Atcher, BSN, RN, CRNI, VA-BC
Leigh Ann Bowe-Geddes, BSN, RN, CRNI, VA-BC
Angela Kopple, BSN, RN, VA-BC
Michael Marks, ADN, RN, CRNI
Joel Payne, BSN, RN, PCCN, CRNI
Catherine Rainwater, BSN, RN, CRNI, VA-BC

A New Nursing Role

The nursing clinical information technology (IT) liaison is the first point of contact for nurses at all levels with questions, issues, concerns and process improvement ideas related to use of the Electronic Health Record (EHR). The primary functions of the clinical IT liaison nurse are to support information system efficiency and to work directly with nurses to assure compliance of documentation standards. Katrina M. Bates, BSN, RN serves as a liaison between nurses and others supporting the EHR to answer workflow questions, assist with process improvement projects and communicate workflow barriers to leadership. Utilizing her nursing knowledge, skills and expertise, Mates assists in determining clinical functions suitable for EHR applications.

Bates has been an RN at UofL Hospital for nearly eight years, most of that time serving as a Charge Nurse in the Medical Intensive Care Unit. She took an active role in the implementation of Cerner, including training, testing and go-live support. Her continued involvement in the sustainment process led to the development of the nursing clinical IT liaison pilot project. While this role continues to evolve, the need for this resource remains abundantly clear.
The Emergency Department Differentiator LEAN Project
Making a Difference from the Start

In July of 2016, the Emergency Department (ED) improved the way that care is delivered to ambulatory low-acuity patients. Ambulatory patients entering the ED were now greeted and registered into the facility in the waiting room by a Registered Nurse who could quickly "pivot" them to the most appropriate area to receive care.

With the assistance of a specialized quality improvement team made up of emergency nurses, technicians, physicians, FastER nurse practitioners, registrars, and management, the department site coach, Rachel Sparks, BSN, BA, RN, was introduced to the Lean methodology to drive this work. LEAN is a manufacturing concept used to streamline workflow by eliminating waste within processes. Through a multi-day review of current and projected states, the team was able to identify the barriers and waste within the previous process and improve upon it.

Upon starting this process, 43 percent of our patients were seen within 30 minutes with the average being 34 minutes across the entire ED. With the implementation of standard work and daily process improvement trackers, the department is well on its way to meeting the 85 percent goal for patients arriving to being seen within 30 minutes. Currently, 69 percent of patients are meeting this goal, with the average time to be seen by a provider being 18 minutes. There has also been a significant reduction in the patients leaving before being seen. Prior to the event, 6.1 percent of patients entering the department were not seen by a provider prior to leaving. To date, only 1.3 percent of patients are leaving prior to being seen. Continued efforts are underway to continue to provide care to all patients entering the facility for treatment.

The ED Differentiator Lean project has improved the timeliness to care for patients entering the ED. With a new outlook on providing care through daily data review, the patients receiving care at UofL Hospital are reaping the benefits. Decreased lengths of stay for all patients, access to providers and nursing staff sooner, and providing care to more who enter the doors of the hospital are just a few of the successes that the ED has seen. Continued work is being done to provide the best care to those who choose UofL Hospital ED for their care.
New Inpatient Psychiatry Unit Opened

In early January of 2017, the Inpatient Psychiatric Services Unit completed a $5 million renovation to offer patients more privacy, more space and enhanced care. The unit moved to the third floor of the University of Louisville Ambulatory Care Building, located across the street from the main hospital. To celebrate the new unit, a ribbon-cutting ceremony was held.

The unit offers a wide range of services aimed at treating people who have psychiatric disorders such as bipolar disorder, psychosis, depression and schizophrenia. The Inpatient Psychiatric Services Unit helps provide a safe environment for patients, and prepares them for optimal functioning after discharge.

The new Inpatient Psychiatric Services Unit includes an additional 4,459 square feet and provides patients with a family visitation room, 24/7 security, a larger area where patients can interact during the day, and an atrium that can be used for a variety of therapies. In addition, the 13,238-square-foot new space includes 20 private rooms, offering patients increased privacy and the benefit of daylight. Ten of the rooms in the new unit will include additional equipment to support medical needs for patients.

The Inpatient Psychiatry Services Unit treats adult and geriatric patients. Services include acute crisis stabilization, electroconvulsive therapy (ECT), group/individual therapy, acute substance abuse detoxification, behavior management, medical management, and treatment of acute psychiatric symptoms. Staff members are trained to treat suicidal patients and help those with substance abuse problems.
Implementation of a hand hygiene compliance technology

Creating a safe and high-quality care environment is a top priority for UofL Hospital. Numerous studies have demonstrated the link between contaminated healthcare workers hands and transmission of healthcare associated infections. As a strategy to improve hand hygiene (HH) compliance among healthcare workers, UofL Hospital implemented an innovative HH compliance system called Biovigil. The Biovigil system includes a badge worn by the healthcare worker (HCW). It matches HCW entry and exit of patient rooms with HH events (use of alcohol-based hand sanitizer or hand washing with soap and water). This data then provides an overall hand hygiene compliance score. The badge reminds the HCW to perform HH by vibration and a low beep. The badge also includes an illuminated hand that lights up green for compliance, yellow for hand hygiene needed and red for non-compliance. This feature is a great way to visibly demonstrate a commitment to patient safety.

In February 2017, Biovigil was implemented on 7 East (mixed acuity), 6 West (Medical ICU) and 9 Core (Stroke ICU). In the first month, Biovigil captured over 72,000 hand hygiene events with an overall HH compliance of 96%. All three units experienced a reduction in CAUTI and CLABSI rates, sustaining three months of zero. Since February, a total of nine units have implemented the Biovigil system. The system has captured approximately 680,000 hand hygiene opportunities, creating an overall HH compliance of 96%. When compared to the hospital's traditional method for obtaining HH compliance data, unobtrusive direct observation, during the same period of time only 946 HH opportunities where captured with an overall compliance rate of 77%.

The use of this innovative technology has provided a more efficient method of monitoring HH, is an effective tool to promote compliance and supports the organization’s mission to create a safe and high-quality care environment.
NURSE EXCELLENCE
Award Winners
2016 Nurse Excellence Awards

(No -1st Quarter Award Recipient)

2nd Quarter 2016

LaShawn Scott, MSN, RN, CCRN, from the Interventional Nephrology Department, was nominated by multiple peers and medical staff for her outstanding teamwork and participation in KentuckyOne initiatives. She currently serves on the One Voice Nursing Congress, participates in community health fairs, and maintains certification as a CCRN. LaShawn is an ACLS instructor and is a member of the American Society of Diagnostic and Intervention Nephrology (ASDIN) council. LaShawn consistently provides education to staff and participated in quality improvement project and presented at the national ASDIN Conference.

3rd Quarter 2016

Kelly Vazquez BSN, RN, CCRN, Charge Nurse from the Stroke Unit. Kelly has worked at UofL Hospital for the past seven years. She was nominated for being a motivated employee who serves as a role model to her peers. Kelly participates in several unit initiatives and “is the glue that holds the night shift together.”

4th Quarter 2016

Felicia Hogan, BSN, RN, CCRN, from the CardioVascular Intensive Care Unit has worked at UofL Hospital for the past two years. She currently serves on the One Voice Nursing Congress and is a CLABSI, Research Council champion. As a clinical nurse Felicia has participated in several research studies and in has submitted the following research manuscripts for publication: “Description of nurse scientists in a large health care system, Nursing Administration Quarterly, 41 (3) 266-274 and (in press) “Parent education is changing: a review of smartphone apps.” MCN The American Journal of Maternal Child Nursing.

2016 Nurse Excellence of the Year

Kelly Vazquez
1ST QUARTER 2017

Crystal Heishman MSN, RN, ONC, CIC FAPIC, an infection control nurse, was recognized for her dedication and passion for the essential role she has in improving quality and providing a safe environment for our patients and employees. Crystal approaches each new challenge with the same enthusiasm and passion for excellence. She was one of the first in the country to obtain the credential – Fellow of the Association for Professionals in Infection Control and Epidemiology (FAPIC). Crystal is president of the local Association for Professionals in Infection Control and Epidemiology chapter (APIC) and frequently shares her knowledge and expertise at local and national conferences. Her commitment to excellence makes her a key asset to the hospital and community.

2ND QUARTER 2017

Mariana Dubinchik, BSN, RN, PCCN, from Mixed Acuity Unit 7 South has work at UofL Hospital for the past three years. She is co-chair of the One Voice Nursing Congress and serves as a Safety Coach and preceptor with students and new employees. Marina has received many DAISY nominations from patients, families and the last group of Bellarmine nursing students recommended Marina for her work mentoring and supporting their clinical learning experience.

ANNUAL LEADERSHIP EXCELLENCE AWARDS

Nicole Chapman, BSN, RN, Nurse Manager of Psychiatric Services for winning the Frontline Award and the Second Annual KentuckyOne Health Leadership Excellence Awards. This award is given to outstanding leaders who exemplify the core values and leadership commitment, as well as demonstrate excellent performance outcomes in the following areas: Employee engagement, employee retention and service excellence.

What distinguishes us from any other medical center in the city, state, region, country and the world is our affiliation with the University of Louisville, the University of Louisville Health Science Center and UofL Physicians. We are recognized globally for the transitional research and clinical trials, and the teaching and training of world class physicians and nurses. This is truly powerful and is the POWER OF U! But “The Power of U” means more than the U in University—it is the YOU of our uniquely talented and passionate employees and the more than 300,000 patients and families that we serve in our hospital, cancer center and physician practices every year. Embrace the phrase “The Power of U” in all you are and do!
What is Nursing Congress?

- Nursing Congress is the shared governance model for nursing practice at UofL Hospital
- Congressional model of shared decision-making, empowering clinical nurses to drive practice changes
- 25 elected clinical RNs, nurse educators, and nurse leaders
- Meets once a month to review practice issues, to provide the clinical nurse a voice in practice changes
- Staff submit practice issues via an issue submission form
- Congress forms workgroups to resolve approved issues, the solution is presented and voted on, and then the practice change is implemented with help from the Nursing Education Department
Shared Governance Speaking / Education Points

Vision: Empowered Nurses Driving Change

Shared Governance (SG) is a system in which all nurses work together within the nursing department to drive nursing practice and improve care throughout the organization:

- The team has chosen the Congressional model, which mimics the structure of the US Congress
- All nurses working within the facility are members of the Congress, and are encouraged to attend meetings (typically the last Monday of every month, 8:00 a.m. – 10:00 a.m.)
- Each area will vote for a representative to hold an elected seat

Roles of the elected seats:

a. Serve a two-year term
b. Responsible to communicate with those they represent and carry information back and forth between hospital leadership and staff
c. Drive practice changes within the facility
d. Have the authority to make decisions and implement change to current processes through the Congressional voting process

Practice issues and concerns can be submitted through the Nursing Congress, which has the power to initiate task forces to address problems and enact change.

The elected seats have been broken down as follows:

Medical-Surgical and Progressive Care – Five Seats
Psychiatric Services – Seat 1
7 South / 9 South – Seat 2
8 South / 5 South – Seat 3
8 East / 7 East / 9 East – Seats 4 & 5

Critical Care – Five Seats
9 West / 8 West / Burn – Seats 6 & 7
Stroke / 7 West / 5 West – Seats 8 & 9
MICU – Seat 10

Oncology – Two Seats
UofL James Graham Brown Cancer Center – Seat 11
6 East / 6 South – Seat 12

Peri-Operative – Seats 13 & 14
(includes UofL Physicians Outpatient Center)
Center for Women and Infants – Seats 15 & 16

Emergency Department – Seats 17 & 18

Floating Nurse and Resource Pool – Seat 19

IV Therapy / Procedural Areas – Seat 20

Case Management – Seat 21

Administrative Supervisors and Nurse Managers – Seat 22

Nurse Directors – Seat 23

Advanced Practice Registered Nurses – Seat 24

Chair / Co-chair – Seat 25
Michelle Penix-Hartman, RN, BA, BSN received heartfelt thanks from a patient, who also happened to be one of our nursing staff, for her positive words and support during a difficult time. JF, the patient and nursing staff member, never thought she would be a patient in her own facility until she was involved in a motorcycle accident and found herself in our Trauma room. She never realized how frightening and overwhelming this experience was until she was in the situation herself. Michelle, who was the administrative supervisor on for the evening, heard that JF was in room 9 (our trauma room) and immediately went to her side and never left. JF was so appreciative of Michelle being there for her that she wanted to make sure she was recognized with this award.

Jason Wallis, BSN, RN, Emergency Department (ED) was recognized as the February DAISY award honoree. Jason was nominated by a patient for the excellent care he provided while she was in the ED. The patient commended Jason for “being well organized, attentive and if he told me he was going to do something he did it. He checked on me regularly, anticipated my needs and provided me timely updates. The manner in which he handled things was calming and reassuring…..” Thank you, Jason for your excellence in nursing care. You make us proud!
Heather Hibbard, like all nurses at the UofL James Graham Brown Cancer Center, Medical Oncology Clinic, see their patients for a long time and develop a special bond to the patient and their family. One particular patient, a young father of three children was being seen by both the medical oncology and bone marrow transplant team. Two of the children were of school age. Due to extensive cancer treatments and household expenses, the family financially struggled. Heather took it upon herself to raise money and shop for school supplies and clothes for the kids.

The day after Thanksgiving, the young father was admitted to the UofL Hospital, Bone Marrow Transplant Unit. Heather continued to visit him and his family often. After he became unresponsive, Heather continued to visit, holding his hand during her visit. As the month passed and his condition continued to deteriorate, Heather made sure that the family was able to pay their rent and ensure that they had Christmas presents to share with each other. Through all of this, Heather never stopped. Because of her efforts and the support she garnered from others on her team, the young widowed mother and her children were able to remain in their home. We celebrate your inspiration, compassion, and the impact that you have on the lives of the people you care for. Thank you, Heather for being an extraordinary nurse.

Gretta Walters, a nurse in the Center for Women and Infants in the Neonatal Intensive Care Unit, was nominated by a patient after she was there for the births of four of her children, including a son born at 26 weeks via an emergency C-Section and triplet daughters born eight weeks early.

The first few days after her son’s birth were agonizing, but Gretta helped the mother bond with her son by simply having her touch him. Then one day, Gretta helped the mother put her hands inside her son’s incubator and hold the two-pound body in her hands.

When her son became ill, Gretta stood by the mother’s side holding her while she cried and she sat with the mother at the baby boy’s bedside. Once he got over his illness and things were improving, Gretta initiated the mother-son first kangaroo session.

Three years later, Gretta was again right by her patient’s side when her triplet daughters came into this world. “Gretta showed my son, daughters and all the infants she cared for so much love and affection. She provided a tremendous amount of support to the patients, parents and families. Gretta truly is the mom when mom can’t be there.” Thank you, Gretta for being an extraordinary nurse.
Our 2016-17 Nursing Accomplishments

2016-17 was a year of incredible success and progress for the Department of Nursing at the UofL Hospital and the UofL James Graham Brown Cancer Center.

Publications

In many cases, Department of Nursing staff partnered with other authors, listed here as et al. Their contributions are greatly appreciated.


Mark Spivak, MSN, BSN, BCEN, LaShawn Scott, MSN, BSN, CCRN, Anna Smith, MSN, BSN - (2016). Taking health promotion to the Louisville Community. Kentucky Nurse, 64 (2), 13-5.


Presentations

International, National, State, Regional & Local


Poster Presentations


Crystal Heishman MSN, RN, ONC, CIC, and Sarah Bishop- Association for Professionals in Infection Control and Epidemiology. “Strategies for the infection preventionist in prompt identification of patients with suspected prion disease,” Portland, OR, June 2017.


Editors and Reviewers

Alice Atcher, BSN, RN, CRNI, VA-BC
 Roxanne Perucca, MSN, BSN, RN, CRNI
 Editorial Review Board, Journal of Infusion Nursing

Nurse Residents Evidence Based and Quality Improvement Projects

SEPTEMBER 2016 – COHORT OCTOBER 2015

Center for Women and Infants
Setting up a Safer Sleep Environment
Joseln Owmyb, BSN, RN
Deanna Stringer, BSN, RN

5 West Neuro ICU
Catheter Associated Urinary Tract Infection in the NeuroICU
Angela Curran, BSN, RN

5 South and 7 South Mixed Acuity Unit
Reducing Use of Indwelling Urinary Catheter and Associated Urinary Tract Infection Rates
Ernesto Carrialero, BSN, RN
Caroline Hatton, BSN, RN
6 East Bone Marrow Transplant Unit
Protein Education for Cancer Patients
Chanise Shephard, BSN, RN

6 West Medical Intensive Care Unit
Healing Hands? The Effects of Increased Education on Improving Hand Hygiene Compliance
Maddie Petit, BSN, RN
Rachel Huster, BSN, RN

7 West Cardiovascular Intensive Care Unit and 8 West Surgical Intensive Care Unit
Nurse Driven Early Mobilization of Ventilated Trauma ICU Patients
Lauren Day, BSN, RN
Andrea Walker, BSN, RN

JANUARY 2017 – COHORT FEBRUARY 2016

6 South Oncology Unit
Does “Ask Me 3” Help or Confuse Patients?
Caitlin Miller, BSN, RN

8 West Surgical Intensive Care Unit
Implementing the “Ask Me 3” Program in the Intensive Care Unit
Megan Russman BSN, RN
Sara Hancock BSN, RN

6 West Medical Intensive Care Unit and 9 Core Stroke Intensive Care Unit
“Ask Me 3” Evidence Based Project
Kate Congleton BSN, RN
Christina Reynolds, BSN, RN
Meredith Doll, BSN, RN

9 East Mixed Acuity Unit
Improving Patient Communication Satisfaction Through the Use of “ASK ME 3”
Shannon Bell BSN, RN
Daphane McCord, BSN, RN

9 South Mixed Acuity Unit
“I’m Too Sick and I Don’t Understand”- Helping Patients Through Discharge
Sarah Rumbaugh BSN, RN

JUNE 2017 – COHORT JULY 2016

Center for Women and Infants
Breastfeeding Education and its Effectiveness
Hannah Dailey, BSN, RN
Danielle Eds, BSN, RN
Jessica Holbrook BSN, RN
Cierra Thompson, BSN, RN

Emergency Department
Transporting Critically Ill Patients from the ED to ICU
Liz Braun, BSN, RN
Crystal Marlowe BSN, RN
Melissa Moore, BSN, RN
Christy Nhan, BSN, RN
Jason Wallis, BSN, RN

5 West Neuro ICU
How to Help Your Loved One Heal: ICU Education for Families
Laura Swarts, BSN, RN
Chris Schlinger, BSN, RN
Jordan Major, BSN, RN
Emma Davies BSN, RN

6 East Bone Marrow Transplant Unit
Using Aromatherapy to Improve Nausea in Cancer Patients
Mckinley Clayton, BSN, RN

7 East Mixed Acuity Unit
Decreasing Rates of Catheter Associated Urinary Tract Infections Through Staff Education
Lindsay Huesing, BSN, RN
Miranda Noakes BSN, RN
Melissa Ott, BSN, RN

7 West Cardiovascular Intensive Care Unit
Safety Huddle to Improve Nursing Communication
Matthew Grzelak, BSN, RN
Peidan Lin BSN, RN

8 East Mixed Acuity Unit
Patient Acuity Tools: A Literature Review
Carleigh Adams, BSN, RN

8 West Surgical Intensive Care Unit and Emergency Department
Improving Patient Safety with a Standardized Patient Handoff Tool from ED to ICU
Beth Sum, BSN, RN
Chelsea Dresner BSN, RN

JULY 2017 – AUGUST 2016 COHORT

Center for Women and Infants
Interventions to Improve Hand Hygiene Compliance Among CWI Employees
Bineta Niang, BSN, RN
Savannah Smith, BSN, RN
Katlyn Wallace, BSN, RN

Emergency Department
Hand Hygiene: Patient Involvement and Staff Compliance of Visual Cues to Increase Hand Washing in the ED Setting
Kelsey Collins, BSN, RN
McKenzie Cook, BSN, RN
Kacie Faiio, BSN, RN
Cameron Hershely, BSN, RN
Jaime Peters, BSN, RN
Kayce Shoemaker BSN, RN
Jennifer Steigerwald ASN, RN

6 South Oncology Unit
Hand Hygiene: Do Hand Hygiene Door Signs Increase Hand Hygiene Compliance?
Hailey Deyhle BSN, RN
Kalynn Jolly, BSN, RN

8 West Medical Intensive Care Unit
Technology: New Uses in Hand Hygiene Compliance
Rachel Fain, BSN, RN
Abby Swartz, BSN, RN
Catherine Faughender, BSN, RN

8 West and 9 West Surgical Intensive Care Unit, 9 Core Stroke Intensive Care Unit
All-Star Hand Hygiene
Emily Bryant, BSN, RN
Meredith Cross, BSN, RN
Kevin Donoho, RN
Stephanie Hargrove, BSN, RN
Sarah Hurst, BSN, RN
Community Health and Outreach Service

The Department of Nursing staff provides many hours of community service. The following is a representative sampling of groups that have benefitted from the staff’s commitment of community service.

American Heart Association Kentucky Heart Walk
American Red Cross
Big Brothers Big Sisters of Kentuckiana
Be the Match
Bridgehaven
Center for Women and Families
Gilda House
Harambee Center
Healthy Start
Horses and Hope
Kentucky State Fair
Legacy of Life
Leukemia and Lymphoma Society
Make a Wish Foundation
March of Dimes
National Association Mentally Ill Walk
Relay for Life of Jefferson County
Shine a Light on Lung Cancer Vigil
Stroke Awareness

Memoriam
Gwendolyn Bond
Charlotte Jackson, RN