

2021 ANNUAL

# NURSING REPORT



UAMS  
Health

**2021  
ANNUAL  
NURSING  
REPORT**

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*From the  
CNO*

**Greetings!**

Wow. What a year. Halfway through it looked like there was an end in sight as we all breathed a collective sigh of relief and rolled up our sleeves for COVID vaccines. Then winter brought a surge of patients unlike we had seen before. As spring came, COVID cases declined and we thought we were in the home stretch. As our fiscal year came to an end, we were once again facing a surge in cases and struggled to manage capacity and the emotions that came with additional COVID cases. As we look toward the end of 2021, it looks like we’ll be living with COVID for a while longer, but we also have so much to look forward to.

When you think back on all the COVID-related activities of the past year, you might think that’s all we had time for. As you’ll see when you read this year’s annual report, UAMS Nursing remained focused on our goals and continued to conduct research and implement changes that are improving patient outcomes at UAMS sites across Arkansas. For example, our telehealth program has grown dramatically, bringing specialized medical expertise to rural communities, and our Regional Programs clinics now use the same EPIC software as our Central Arkansas sites, helping coordinate patient care across UAMS Health.

We honored and celebrated our nurses throughout the year, and, as you’ll see in the following pages, UAMS nurses were also recognized by several outside organizations for their commitment and innovation. You can also read about our wellness retreats and efforts to support nurses through this difficult year.

Through it all, UAMS nurses, from ambulatory to Regional Programs, inpatient, APRNs and digital health, continued to lead the way and deliver compassionate care to our patients. We continued to be there for families who needed us – and for each other. I often ask on leadership rounds “What is something that makes you proud to work at UAMS?” Every time the response is “I love my team and the teamwork we have at UAMS.”

One of the highlights of the past year was the day we received our first COVID vaccines. I will never forget the tears of joy and celebration from staff so excited about this opportunity to help end the pandemic they had been battling for so long. My hope is that the coming year will be filled with more tears of joy and celebrations as we continue to strive for excellence in all we do.

I’m honored to work with such an outstanding team of nurses. Thank you for all you do.

**Trenda Ray, PhD, RN, NEA-BC**  
*Chief Nursing Officer, Associate Vice Chancellor for Patient Care Services, Clinical Assistant Professor, UAMS College of Nursing*

*Clockwise from top right: Katherine Metz, RN, talks to patients about what to expect after surgery. UAMS nurses hold a candlelight Love Lives remembrance ceremony for infants in October 2020. Allie Harvey, BSN, RN, attends a new graduate residency course in March 2021. Krystal Hartsfield, a surgical scrub tech in Labor and Delivery, is also pictured. Elizabeth Sullivan, MBA, BSN, RN, CCRN demonstrates proper use of PPE on a COVID unit.*

## Our Mission

Nursing at UAMS is committed to patient-and-family-centered care. We provide evidence-based care with compassion, respect and unconditional acceptance.

## Our Values

We believe empowered, professional staff are essential to achieve our mission. We value a practice environment which promotes the following things:

- Shared Decision Making
- Continuous Learning
- Collaboration/Cooperation
- Commitment to Excellence
- Customer Service
- Open Communication
- Accountability
- Respect
- Diversity
- Integrity
- Honesty

## Our Vision

Together we set the pace to create a culture of nursing excellence.



## Our Philosophy

**P**rofessionalism  
We are committed to professional practice and collaboration with the interdisciplinary team to provide innovative and exceptional patient-and family-centered care to impact the overall health of our community.

**A**ccountability  
(Through ADVOCACY and AUTONOMY)  
We believe the professional nurse is the foundation of nursing practice. We are committed to being strong patient advocates. We accept responsibility for professional practice and willingly commit to strive to create optimal outcomes for the patient and family. We believe appropriate outcomes are reached by the development and application of evidence-based practice standards which utilize state-of-the-art knowledge to provide high-quality care in the most efficient manner.

**C**ommunication  
We believe communication is the power to share ideas and concepts as the basis for effective team work. We believe effective communication promotes positive outcomes when executed with enthusiasm and optimism. We believe trust and cooperation are the keys to maintain communications between patient, family, nurse and all members of the health care team. We support any initiative which serves to improve overall communication.

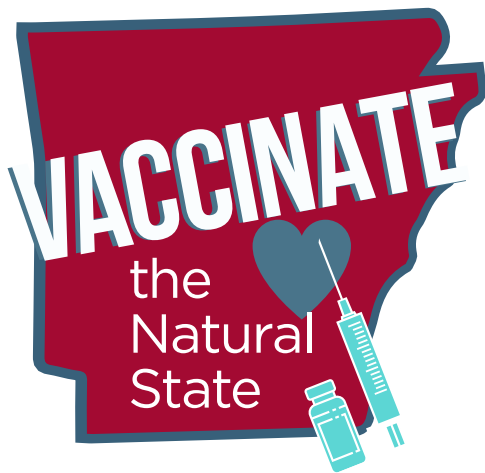
**E**xcellence  
We support a professional practice model as the basis for delivery of nursing care. We value an environment in which the scope of practice promotes innovative and compassionate patient care delivery and encourages continuous improvement. We ensure excellence through aggressive recruitment and retention of RN staff whose professional expertise qualifies them to serve as role models for the hospital and the community.

# 2020 STRATEGIC PLAN

**UAMS Nursing set the following goals as part of its 2020 Strategic Plan.**

The goals support nursing’s role in the UAMS Vision 2029, which states that by 2029 UAMS will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership. Achieving these goals will require collaborative work within UAMS Nursing and with our UAMS colleagues across the institution.

| Perspective             | Strategic Objectives/Strategy Map (Vision 2029 1.0/2.0 Alignment)  | Measures/Data Sources  | 2025 Targets   |
|-------------------------|--|--|--|
| External Stakeholder    | <ul style="list-style-type: none"> <li>Improve patient/partner satisfaction C2; C4; C5/ES1</li> <li>Improve community impact in all mission areas S2; C1/ES4</li> <li>Improve research and development reputation R2 3/ES3</li> <li>Improve Student satisfaction Success E4/ES2</li> </ul> | ANCC Magnet  | Achieve ANCC Magnet Designation  |
|                         |  | Patient Experience   | 51% of units and clinics outperform vendor benchmark in 5 of 8 quarters for 4 Patient Experience Survey Domains  |
| Financial               | <ul style="list-style-type: none"> <li>Grow margin to invest in mission F1; F3-5/FN2</li> <li>Improve performance in evolving healthcare finance models F2/FN1</li> </ul>  | Short Term Labor Contract  | Reduce expense related to short term contracts, alternate staffing resources   |
|                         |  | Staffing and Productivity Levels   | PCS SL will maintain staffing and productivity levels at the 35th percentile.  |
| Internal Processes      | <ul style="list-style-type: none"> <li>Expand digital health: D1/IP1</li> <li>Improve all aspects of clinical care C5/IP2</li> <li>Increase student recruitment/retention success to meet AR needs E4/IP3</li> <li>Expand Research R2-3/IP4</li> </ul>                                     | <ul style="list-style-type: none"> <li>Nurse Sensitive Quality Indicators (Inpatient)</li> <li>Nurse Sensitive Quality</li> <li>RN Certification</li> <li>RN BSN Rate</li> <li>Research</li> </ul> | <ul style="list-style-type: none"> <li>51% of inpatient units outperform vendor benchmark in 5 of 8 quarters for Falls with Injury, Hospital Acquired Pressure Injuries and 2 other Nurse Sensitive Quality Indicator</li> <li>51% of ambulatory clinics outperform vendor benchmark in 5 of 8 quarters for 2 Nurse Sensitive Quality Indicators</li> <li>Increase nationally certified nurses 1% per year</li> <li>Increase baccalaureate degreed nurses 1% per year</li> <li>Maintain 2 ongoing IRB approved studies per year</li> </ul> |
| Organizational Capacity | <ul style="list-style-type: none"> <li>Increase recruitment/retention of diverse, skilled, engaged workforce T1/OC1</li> <li>Expand infrastructure to align with needs of the mission T2/OC2</li> <li>Expand training and capacity for entrepreneurship and innovation R4/OC3</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly Staff Turnover Rate</li> <li>Staff Engagement Survey</li> <li>Transition to Practice</li> </ul>   | <ul style="list-style-type: none"> <li>To be at or below National Turnover</li> <li>51% of units/clinics/ departments outperform the vendor benchmark for 3 of 4 Staff Engagement Survey Domains</li> <li>Achieve national accreditation of Transition to Practice Program</li> </ul>  |



**During a call with leaders and stakeholders** from across UAMS Health on Jan. 13, 2021, someone posed the question, “How quickly do you think we could have a community-based vaccine clinic up and running?” The answer was truly impressive. Team members from countless departments across the institution came together to create a turn-key operation in less than seven days. This impressive feat underscores the UAMS commitment to population health needs.

The community vaccine clinic opened on Jan. 19, and that day UAMS staff vaccinated 174 high-risk patients who were anxiously awaiting “their turn.” Tears of relief were shed, and many patients expressed feelings of gratitude for the UAMS team who administered the vaccines.

The first vaccine clinic was supported entirely by volunteer staff, and many UAMS nursing leaders stepped up to serve in a clinical role for hours at a time to meet patient care needs. Integrated Medicine Service Line Senior Nursing Director Sandra Meredith-Neve said, “This is the most rewarding experience I’ve had in some time. These patients are so very grateful.”

Outreach efforts to minority and underserved Arkansans began immediately through the UAMS Mobile Outreach Program. The first mobile vaccine clinic was held on Jan. 26, and this team continued to provide services to all corners of the state for several months. Program manager Shannon Langhorn, MPH, LPN, took requests, prioritized those requests based on urgency and need, and kept the mobile schedule organized.

These clinical efforts required staff hours, and the nursing team and UAMS Volunteer Services Department were integral to the team’s success. Licensed retired individuals were on-boarded via an expedited process, allowing them to provide vaccinations to the community. This was a novel approach, as volunteers typically function in supportive, non-clinical roles. Using volunteers allowed UAMS to sustain a seven-day-per-week vaccine clinic as well as mobile programs with limited clinical resources. In addition, medical students and pharmacy students have been integral to the vaccine program’s success. These groups volunteered for mass vaccine clinics, filling a crucial workforce need.

The Integrated Medicine Service Line came together in a significant way to ensure the success of our community vaccine programs. Barbara McDonald, APRN, Deb Hutts, MSN, RN, NE-BC and Brittany Raburn, RN, review mobile events and clinic needs in advance, ensuring nursing staff are assigned where needs are greatest, often assigning themselves to support staffing needs. All nursing staff continue to flex their schedules, working weekends when needed, and traveling from early morning to late in the afternoon to provide care across Arkansas.

The UAMS pharmacy team also provides vital support to vaccine efforts. This team has worked shoulder to shoulder with our nursing staff, ensuring supplies needed for vaccine administration are present, vaccine cards are accurate, and that any potential reaction can be managed appropriately. Additionally, the pharmacy team traveled



*Sabrina Mallett, LPN, and Shannon Langhorn, MPH, LPN, are ready to vaccinate at Philander Smith College.*

*From Left, Neha Sharma, PharmD, works with pharmacy student Gabrielle Nepomuceno to prepare doses in the vaccine clinic.*



to many of the UAMS mobile clinics, ensuring accurate vaccine preparation.

The coordination and interdepartmental collaboration has been nothing short of heroic. Dr. Bob Hopkins, Dr. Michelle Krause, and other professionals in the Integrated Medicine Service Line provided education, answered questions and advocated for vaccines in the community. Campus Operations ensured new vaccine sites were ready for clinical operations. Informatics and IT onsite support arranged for hardware, built new departments in Epic and created vaccine documentation workflow, ensuring effective and reliable records. The Division for Diversity, Equity & Inclusion and Dr. Gloria Richard-Davis worked to provide education, resources and vaccine clinics targeted toward minority populations and underserved communities. Marketing developed patient education materials, while clinical staff adjusted schedules and duties to maximize patient impact. This ability to quickly flex in order to meet patient care needs has been impressive to witness. Kudos to Team UAMS!



# Caring for THE NURSE

In 2019, UAMS Chief Nursing Officer **Trenda Ray** applied for a Chancellor's Circle grant to create a wellness-oriented workshop to address stress, burnout and the overall well-being of our nurses. A \$20,000 grant was awarded to fund the project for three years. Little did she know this retreat would be designed and implemented during a pandemic.

The inaugural class of 12 nurses attended the first retreat in November 2020, and more than 100 nurses have participated in other retreats. The program is held off campus to help participants

disconnect and focus on the retreat and themselves. The classes are small with a maximum of 12 participants per retreat. During the workshops, participants are kept six feet apart and stay masked at all times.

The day starts with a Yoga for Healthcare Professionals session where participants learn poses that can help with pain and soreness. These can be performed in a chair or on a mat on the floor.

The second session is with **Puru Thapa, M.D.**, Director of the UAMS Student, Resident and Faculty Wellness Program. Dr. Thapa speaks with the group about mindfulness and

takes them through several activities. These activities, combined with his lively storytelling, create an hour of relaxation for participants.

The next session focuses on nutrition with either **Margaret Pauly, RDN**, or **Gina Drobena, M.D.**, from the UAMS Culinary Medicine program. In this session, the group talks about adding healthy alternatives to their diet, rather than taking away from their current diet. Participants get to sample healthy recipes and discuss time-saving techniques such as cooking once and eating twice. The session wraps up with a question-and-answer segment.

After a catered lunch, the retreat wraps up with journal activities with **Natalie Cannady, M.Ed.**, UAMS Director of Wellness and Chief Wellness Officer. With supplied journals and materials, the group goes through several prompts and a shared conversation about what brings them happiness. It's a time for reflection and for each participant to think about what is important in their life.

**To register for a retreat, go to [gethealthy.uams.edu/](https://gethealthy.uams.edu/) and click on "Caring for the Nurse."**

**"This was much needed, especially after the past year and the pandemic. I've become so focused on work and school that I lost focus on what matters. Thank you!"**



*Margaret Pauly, RDN, from the UAMS Culinary Medicine program, prepares a healthy snack during the nutrition session.*

*Julie Atkins, RN, relaxes by doodling.*

# ECMO Brings New Life-Saving Care to UAMS

**It is an amazing time for cardiology care at UAMS Health.** The Cardiovascular Service Line was established at the beginning of 2021 with the mission to be the preferred destination for the most complex cardiac services.

Cardiovascular medicine services include general cardiology, cardiovascular surgery, cardiovascular ICU and a high-dependency unit on F8, non-invasive cardiology (Echo, Nuclear 3D imaging), invasive cardiology, electrophysiology, heart failure, cardio-oncology, pregnancy cardiology and congenital heart disease.

“This is an opportunity to make a difference for all Arkansans and help secure complex cardiac services being offered within the state,” said Allison Lord, MNSc, RN, CCRN, the service line nursing and administrative director.

Arkansas has the third highest mortality rate from cardiovascular diseases in the nation. UAMS Health has the opportunity to change this with the Department of Cardiovascular Medicine and Surgery now supported by this new service line.

Two UAMS programs have been implemented in the last six months with positive outcomes. The structural heart program is led by Dr. Guarv Dhar in partnership with Rachel Ketcher, APRN, and Tiffany Parsons, BSN, RN, lead RN program coordinator. This program relies on the cardiology clinic, the radiology prep and recovery area, the cardiac cath lab, H4 and F8 inpatient nursing units to support these patients.

The other program is the Mechanical Circulatory Support program, which includes ECMO. ECMO was

a vision dreamed about by a small group of progressive thinkers who could see the tremendous impact that this kind of program could have for the community. Then COVID hit, slowing down implementation as everyone fought side-by-side against the deadly virus. Finally, on March 29, 2021, the program officially got off the ground and immediately started impacting lives.

Extracorporeal membrane oxygenation, or ECMO, is a treatment that uses a pump outside the body to circulate blood from the patient through an artificial lung where oxygen is added and carbon dioxide is removed. This can provide cardiac or respiratory support or both to critically ill patients. “Thanks in large part to the excellent critical care nursing UAMS delivers, our ECMO program is uniquely positioned to deliver superior care to the most critically ill patients in Arkansas,” said Ben Davis, MD, Medical Director of the ECMO program. “In less than three months, we have exceeded expectations as the program has treated four COVID patients, with two successful decannulations and discharges.”

“Watching as these two patients left the unit smiling after seeing where they started was a true miracle,” said ECMO Coordinator Carmen Eaken, RN. “ECMO was their last chance, and with the implementation of this program UAMS sent these patients back to their loved ones. We are truly saving lives.”

The ECMO specialists are comprised of a core group of nurses who have undergone extensive training to be able to manage the circuit. They are responsible for monitoring the patient and also analyzing blood gases and making changes based on the patient’s condition. These specialists have spent numerous hours outside their usual working hours listening to lectures, getting hands-on experience, or studying material on their own to better understand the complexities of this treatment.



From left, UAMS ECMO specialists Brandon McNew, RN, and Zu Reyes, BSN, RN, practice changing out an oxygenator.



Instructor Mike Procirca speaks to specialists during training day

# Answering the Call: Serving Arkansans Through Telehealth

The nursing team at the UAMS Institute for Digital Health & Innovation (IDHI) is continuously defining what it means to be a telehealth nurse. Written before the pandemic, UAMSHealth's 2019 Strategic Plan outlined goals for aggressive growth in telehealth services. The pandemic required this growth plan to be implemented within a very compressed timeline. With the explosion of telehealth brought on during the COVID19 pandemic, the role of the telehealth nurse has become valuable and distinct in meeting the needs of Arkansans.

UAMS nurses and APRNs function in a variety of roles and interactions with patients and other providers to extend the quality of care found at UAMS to rural areas of the state.

Telehealth nursing builds on all of the expert

qualities of a bedside nurse with the additional skill set of having excellent communication and listening skills. These finely honed communication skills are needed in order to notice the nuances and subtleties within each patient interaction, either over the phone or via virtual visit. For many Arkansans, telehealth enables access to specialists and culturally competent care providers they would not normally have access to. This helps keep patients within the healthcare system but out of the emergency room and/or hospital for readmission, which increases their quality of life and removes a burden from the healthcare system.

Nurses and APRNs within IDHI can be found practicing telehealth nursing in the following departments:

## IDHI Call Center



The IDHI Call Center operates 24/7, providing triage, support and transport coordination for patients in Arkansas. This includes help with high-risk obstetrical patients. For this program alone, in 2019-2020, the center facilitated 105,879 calls resulting in 445 maternal transports to UAMS, 363 provider-to-provider consults and 298 telephone triage encounters that prevented emergent care visits.

The center also supports the UAMS Health IDHI Stroke Program. If a patient qualifies for treatment, our teams help with the delivery of treatment

and monitoring. These nurses are exceptionally skilled at helping local emergency department teams with assessment techniques and administration guidelines.

The Call Center's nursing team also leads and staffs the UAMS Physician's Call Center, providing consultation, triage and transport services for Arkansas physicians who wish to transport patients to UAMS.

Another service provided by the nursing staff of the call center is triaging the Sickle Cell hotline. In 2019-2020, 43% of the Sickle Cell calls went on to receive same or next-day scheduled appointments, 35% were referred to the emergency department with a provider who was aware of their pending arrival, 9% received call-backs from UAMS Sickle Cell Clinic providers, and the remainder were given self-care instructions.

## Health Now



Staffed by APRNs and Registered Nurses, this program offers a 24/7/365 virtual urgent care service available for those one year and older for acute injuries and illnesses. The virtual urgent care program is built upon a basic triage and protocol system and staffed by experienced APRNs.

Imagine you or your little one is sick on a Saturday night. With this service, you can be seen in the comfort of your own home via your smart phone, tablet or laptop.

A very detailed history is collected, labs are ordered and evaluated, and treatment is prescribed, as appropriate.

HealthNow also provides COVID screening and recommendations including Monoclonal Antibody therapy and vaccination assistance via online screening tools, virtual visits and MyChart inbox.



## Stroke Program



The UAMS IDHI Stroke Program (formerly known as AR SAVES) delivers live, telemedicine-based neurology consultations that provide assessment and life-saving treatment to 56 partnering hospitals across Arkansas.

The dedicated team of stroke program nurse educators provides on-going education to emergency department staff and pre-hospital emergency personnel at participating facilities. This includes recognition of stroke

signs and symptoms, current practices for treating stroke patients and how to continually improve patient outcomes. They advise and educate staff on neurological assessments, critical labs, radiological imaging, and clot busting drug administration.

Nurse facilitators at the partnering sites are required to host at least two community outreach events a month to raise awareness of stroke symptoms and urgency within their communities.

The IDHI Stroke Program provided life-saving treatment for 530 of 1,289 patients seen by the program in 2020 - a treatment rate of 41%. Arkansas once led the nation in stroke mortality and has improved to 13th in stroke mortality per capita, thanks in large part to this program.

## TeleSANE Program



The TeleSANE Program uses telemedicine to connect facility site clinicians to consultants specifically trained in caring for patients who have experienced a sexual assault. Sexual Assault Nurse Examiner, or SANE, programs play a critical role in supporting sexual assault victims.

The UAMS TeleSANE program is a 24/7 telehealth program with an active

TeleSANE hotline number (501-686-8500). The program is currently onboarding partnering locations and can serve up to 73 emergency departments, crisis centers, and/or clinics that serve victims of sexual assault. The TeleSANE consultant can provide real time trauma-informed guidance to care for survivors of sexual assault via digital technologies. Some of the support options include evidence collection, chain of possession, resource options, and treatment protocols. The program also supports community outreach to raise awareness of sexual assault treatment options and local staff education related to sexual assault care.

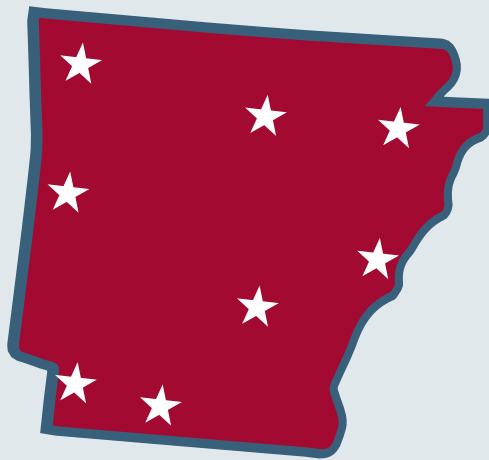
## High Risk Pregnancy Program

Women's Health APRNs work collaboratively with maternal/fetal specialists to provide high-risk obstetrical telemedicine consultations, fetal non-stress tests, targeted ultrasounds, case management and a 24/7 call center for OB emergencies for family practitioners, obstetricians, neonatologist and pediatricians in Arkansas. They are also able to focus on education and evidence-based guidelines for the providers of Arkansas to help improve maternal/fetal outcomes across the state. In 2019-2020, 2,363 telemedicine visits were conducted at 43 clinics across Arkansas, all facilitated by IDHI and Women and Infants Service Line APRNs. Also during this time, 148 expectant moms with either Type 1 or 2 Diabetes Mellitus were managed during their pregnancy to decrease adverse outcomes associated with poor glycemic control in pregnancy.

## Trauma Program

Several telemedicine programs offer services such as burn and hand trauma consultation, Trauma Image Repository, and the IDHI Traumatic Brain Injury (TBI) Program, providing trauma patients with immediate access to consulting physicians for best patient outcomes. The Arkansas Department of Health Trauma System partners with IDHI to provide a statewide image repository that gives every hospital in the state the ability to send images of trauma patients to higher level trauma centers across the state or other participating trauma centers.

**If you are interested in more education on developing the skills to become a telehealth nurse, go to [learntelehealth.org](https://www.learntelehealth.org)**



# Regional Programs clinics are 'EPIC'

## The UAMS Regional Programs clinics began their EPIC journey in late 2019

when UAMS Health committed to having all UAMS patients on a single electronic medical record (EMR). The Regional Programs clinics previously used Centricity as their EMR.

The adoption of one EMR is Strategic Objective 7 in the UAMS Vision 2029 Strategic Plan. The objective is to “build technology infrastructure to support UAMS’ strategy” with the specific goal of having all UAMS patients on a single EMR system by 2025.

RNs and LPNs from Regional Programs clinical, educational, and leadership roles and the UAMS Informatics team participated in all developmental aspects of the planning, build, implementation, and post-implementation optimization of the Regional Programs conversion.

Before go-live, RNs and LPNs from all eight Regional Programs clinical sites traveled to Little Rock for EPIC Super User training, followed by an opportunity to shadow with their RN and LPN counterparts in a UAMS primary care clinic in Little Rock. The EPIC go-live was phased, with clinics divided into five waves. The first wave included Pine Bluff and

Helena, followed by Fayetteville, Springdale and Butterfield Trail in wave 2; Batesville in wave 3; Texarkana, Magnolia and Fort Smith in wave 4; and Jonesboro in wave 5.

Clinical, educational, and leadership RNs from the primary care clinics in Little Rock traveled to the regional sites during go-live to provide “at the elbow” nurse support. UAMS nurse informaticists provided support to nurses remotely via Microsoft Teams.

Implementing a single EMR has improved the quality of nursing care for patients treated at the main UAMS campus and at our Regional Programs clinics. UAMS inpatient records are immediately available for Regional Programs RN and LPN staff performing care management follow-up, transition of care services and discharge follow-up. Nurses at the UAMS main campus can access the patient’s Regional Programs clinic notes, x-rays, and lab results. This sharing of information not only improves nursing care but further promotes a safer patient care environment.

The implementation also benefits UAMS patients. They have commented that having their PCPs and specialty providers able to view all their records improves the thoroughness of their appointment. Patients also like having access to their clinic visit documentation, medication lists, lab results, and upcoming medical appointments through the MyChart portal.

One patient, one medical record is technology at its best.



*From left, Clinical Specialist Holly Jenkins, MSN, RN, and Laura Salgado, MA, at the EPIC conversion in Springdale.*

# Nurses Honored with Month-Long Celebration

The American Nurses Association (ANA) extended the 2020 Year of the Nurse and Nurse Midwife into 2021 to build upon the increased visibility of nurses' contributions affecting the health and well-being of our communities during the pandemic. The 2021 ANA theme, "Nurses Make A Difference," focused on weekly topics of self-care, recognition, professional development and community engagement. The Center for Nursing Excellence and the Nurses Rock Committee worked diligently to make UAMS Nurses Month meaningful and memorable with activities aligned with each week's theme.

The first week focused on self-care and featured resources related to journaling, mindfulness and nutrition.

Margaret Paul, RDN, from the UAMS Culinary Medicine team, featured two healthy recipes for busy nurses, and Melissa Easdon, MSN, RN, former nursing director for the Emergency Medicine Service Line, shared videos of yoga stretches to reduce stress and promote relaxation.

The second week featured the annual Professional Nursing Awards and Team UAMS Awards of Excellence. More than 53 nurses were nominated for the following awards: Professional Nursing Awards (37); Team Impact Award (7 teams); Helen May Compassionate Care Award (7) and the Mary Helen Forrest Nursing Legacy Award (2).

The third week promoted professional development opportunities supported by

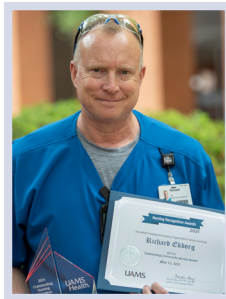
the Center for Nursing Excellence and spotlighted nurses at every level on the clinical ladder. Nurses were encouraged to join nursing professional specialty organizations, and information was made available about support for obtaining national certification.

The theme of the fourth and final week of Nurses Month was community engagement. In 2020, during the peak of the pandemic, UAMS nurses were overwhelmed by community support for nursing, especially through the Adopt-A-Unit program. During the final week of Nurses Month, more than 50 UAMS nurses personally thanked the community partners who participated in the Adopt-A-Unit program and delivered a framed Thank You featuring UAMS Nurses.

## Professional Nursing Awards



**Excellence in Advanced Practice**  
Deonna Wissler,  
APRN, Neurosciences



**Outstanding Community Service**  
Richard Ekborg,  
BSN, RN, Emergency  
Department



**Excellence in Nursing Education**  
Tim Vandiver, BSN,  
RN, IDHI-Stroke



**Advancement of Nursing Practice**  
Kayla Harrington,  
RNV, F5



**Betty Casali Transformational Leadership**  
Renee Joiner, BSN, RN,  
Clinical Program Director,  
IDHI-Stroke Neurosciences

## Team UAMS Awards of Excellence:



**Team Impact Award**  
Barbara McDonald, APRN Lead, (center) and Deborah Hutts, CSM (right) pose with UAMS Medical Center CEO and UAMS Health Senior Vice Chancellor Dr. Steppe Mette after accepting the Team Impact Award on behalf of the Integrated Medicine Service Line



**Finalist: E4 Medical ICU**  
From left, Dr. Steppe Mette with ICU Clinical Services Specialist Mara Blakely, BSN, RN, CCRN, and Medical Neuro ICU CSM Elizabeth Sullivan, MBA, BSN, RN, CCRN, who accepted the award on behalf of E4.



**Mary Helen Forrest Nursing Legacy Award**  
Chief Nursing Officer Trendra Ray (left) and former Chief Nursing Officer Mary Helen Forrest (right) present the Mary Helen Forrest Nursing Legacy Award to Senior Nurse Recruiter Susan Erickson, MNSc, RN, BC-NA, CHCR

## Nurses Earn Advanced Degrees

**Congratulations to the following UAMS nurses who completed the following degrees from July 20 - June 2021:**

### **Bachelor of Science in Nursing (BSN)**

- Aaron Blacklaw, H4
- Brittany Mahieu, NICU
- Lauren Williams, F6
- Shat Umphreys, F6
- Morgan McGee, NICU
- Shannon Wilkerson, H4
- Christella Mays, WISL Perinatal

### **Master of Science in Nursing (MSN)**

- Lettie Taylor, NICU
- Chanelle McCaster, NICU
- Kerri Daughety, F4
- Chanelle McCaster, NICU
- Cassidy Desalvo, NICU
- Rebecca Gibbs, Neurosciences
- Laurel O'Neal, WISL

### **Doctorate of Nursing Practice (DNP)**

- Melony Stokes, E5
- Holly Taylor, Quality Management

### **Advanced Practice Registered Nurse**

- Candice Allums, H4
- Melanie Bolen, H4
- Rachel Rosenbaum, H4
- Lettie Taylor, NICU

## National Certification

*earned between July 2020-June 2021*

**Congratulations to the following UAMS nurses who earned the highest credentials in their specialty in order to contribute to better patient outcomes through national board certification in their field.**

### **Ambulatory Care Nursing Certification (ACNC)**

- Kendall Barron, Regional Programs North Central in Batesville

### **Ambulatory Care Nursing (RN-BC)**

- Angela Ward, Regional Programs East in Helena

### **Cardiac Vascular Nursing Certification (CV-BC)**

- Addison Honey, F8
- Madison Stalnaker, F8

### **Care of the Extremely Low Birth Weight Neonate (C-ELBW)**

- Rachel Barnes, F5

### **Certification Examination in Nurse-Midwifery (CNM)**

- Abigail Nichols, APRN (WISL CNM IP C)
- Laurel Kathryn O'Neal, APRN (WISL CNM IP C)

### **Certification in Electronic Fetal Monitoring (C-EFM)**

- Morgan Blake, E5

### **Certified Correctional Health Professional (CCHP)**

- Jason Kelley, F8

### **Certified Lactation Counselor (CLC)**

- Tina Clayton, E6

### **Certified Nurse in Ambulatory Surgery. (CNAMB)**

- Holly Taylor, Quality Management

### **Certified Pediatric Emergency Nurse (CPEN)**

- Kim Edwards, ED

### **Certified Perioperative Nurse (CNOR)**

- Andrea Drake, Main OR
- Tabatha Woodward, Main OR

### **Certified Post Anesthesia Nurse (CPAN)**

- Elizabeth Marcie Lee, Periop

### **Critical Care Transplant Certification (CCTC)**

- Larissa Ivory, Solid Organ Transplant

### **Credential in Inpatient Obstetric Nursing (RNC-OB)**

- Morgan Henry, E5

### **Critical Care Registered Nurse (CCRN)**

- Miranda Antimo, H4
- Toby Brown, H4
- Alexa Caparas, H4
- Angela Craig, E4
- Joshua Curtis, H4
- Julie Daniel, Informatics
- Max Haley, H4
- Thomas Harness, E4
- Madison Klammer, E4
- Seth Ogle, E4
- Stacy Pierce, H4
- Alesha Michelle Speights, E4
- Robert Taylor, E4
- Adam Thannisch, H4
- Leah Varner, H4

### **Inpatient Obstetric Nursing (RNC-OB)**

- Sharon Drakes, Clinical Education
- Audra Ellison, E5

### **Maternal Newborn Nursing (RNC-MNN)**

- Emily Lauren Foster, E6
- Melissa Gibbs, E6

### **Medical Surgical Nursing Certification (RN-BC)**

- Maricela Arias, F6
- Felesha Jamison, F6
- Brady Mason, A4

*continued on next page*

**Neonatal Intensive Care (RNC-NIC)**

- Jennifer Coley, F5
- Stacy Whitfield, ED/CDU
- Terese Movitz, F5
- Diana Byrd-Roberts, E6

**Nurse Executive (NE-BC)**

- Christina Davis, F9

**Obstetrics and Neonatal Quality and Safety (C-ONQS)**

- Dawn Brown, IDHI
- Michelle McFail, WISL

**Oncology Certified Nurse (OCN)**

- Stephanie Beall, H7
- Sydney Belcher, Infusion A

**Psychiatric-Mental Health Nursing (RN-BC)**

- Stephanie Holder, PRI

**Stroke Certified Registered Nursing (SCRN)**

- Tiffany Reckling, Spine Institute
- Jennifer Rooney, H8

**Trauma Certified Registered Nurse (TCRN)**

- Latricia Maynard, ED

**Vascular Access Certification (VA-BC)**

- Zack Brown, Vascular Access
- Nicholas Carter, Vascular Access
- Timothy Spurlin, Vascular Access

**Wound, Ostomy, and Continence Nursing (CWCN)**

- Heath Scott Cupples, Wound Care

# “Gift of Sight” Event Benefits Marshallese Patients

**UAMS Perioperative Care Nursing Staff help change** lives every day through their work with surgery patients. On April 24, 2021, this impact was experienced at a whole new level at the “Gift of Sight” event hosted for 21 Marshallese patients from Northwest Arkansas. These patients were all experiencing significant vision loss (many years for some) due to cataracts. Donors and community partners provided funding for transportation and food, and no surgical costs were passed onto the patients. Surgeons, anesthesiologists, nurses, surgical technologists, medical students, managers and other UAMS team members volunteered their Saturday to provide this life-changing care.

Fifteen nurses and five surgical technologists worked alongside the surgeons to restore sight to these very grateful patients. While the lives of these patients were forever changed, so were the lives of the care teams who provided the care.

“I donated my time and my skills as a nurse, but I got so much more out of this experience than I ever imagined,” said Marie McDowell, RN.

Chrissy McEntyre, BSN, RN, said she loved caring for this kind and grateful population and hopes in the future she can continue to use her nursing skills to serve this community.

Cynthia Frierson, RN has been an operating room nurse for many years, and this opportunity enabled her to achieve a goal. “I always wanted to give more than what I give daily in my role,” she said. “This event filled me beyond words.”

Marie Hart, RN, said, “It was great that many people came to offer their time for the Gift of Sight event. I gave comfort with a warm blanket, and I charted the procedure. It wasn’t much, and my part was small compared to the surgeon’s job. However, everyone who came was necessary, and we all came together as a team to make sure the Marshallese people received patient-centered care.”



*Chrissy McEntyre, BSN, RN*



*From left, Assistant Director of Perioperative Services Lavonia Walker, BSN, RN, CNOR, with Cynthia Frierson, BSN, RN, from One Day Surgery/OR and Taira Williams, BSN, RN, from the ICU*



*Scrub Tech Don Kinney from One Day Surgery/OR*



**The DAISY Nurse Leader Award™**

HONORING NURSES INTERNATIONALLY  
IN MEMORY OF J. PATRICK BARNES

**DAISY** is an acronym for **D**iseases **A**ttacking the **I**mmune **S**ystem

The DAISY Foundation was formed in November 1999 by the family of J. Patrick Barnes, who died at 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). The nursing care Patrick received when hospitalized profoundly touched his family. There are now more than 4,650 healthcare facilities and schools of nursing in 29 countries that are committed to honoring their nurses with the DAISY Award. Learn more about the DAISY Foundation at [daisyfoundation.org](http://daisyfoundation.org).

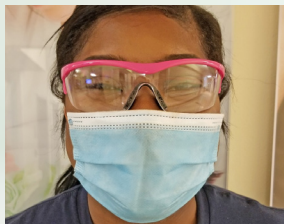
**The BEE Award (Being Exceptional Every Day)** honors non-licensed staff who provide exceptional care for patients and families. Patient care staff includes patient care technicians, medical assistants and others in direct care roles.



BEING EXCEPTIONAL EVERY DAY

The UAMS Center for Nursing Excellence congratulates the following 2020-2021 DAISY and BEE Award winners.

**July 20 Winners**



**Chardai Tubbs, RN**  
F6 Medical Specialties



**Alyson Everright**  
CCA, NICU F5/H5

**August 20 Winners**



**Zuleima "Zu" Reyes, RN**  
F4 Trauma/SICU/CVICU

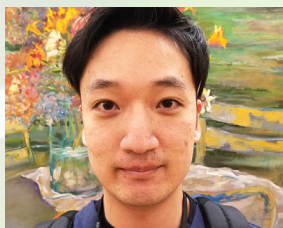


**Belinda Moody**  
Patient Care Technician  
A7 Med Surg COVID Unit

**September 20 Winners**



**Kara Frazee, RN**  
F9 ENT/Orthopedic  
Surgical Specialties



**Josh Ok**  
Patient Care Technician  
Cardiac Progressive Care

**October 20 Winners**



**Neely Ragsdell, RN**  
F6 Medical Specialties



**Travis Ivy**  
Patient Services Associate  
Float Pool

**November 20 Winners**



**Lauren Taylor, RN**  
Main PACU  
Perioperative Care



**Yolanda Adams**  
Patient Care Technician  
Stem Cell Transplant/MIRT

**December 20 Winners**



**Hellen Palencia, RN**  
Emergency Department



**Angela Massey**  
Surgical/Scrub Technician  
Labor and Delivery

### January 21 Winners



**Kristopher Charles, RN**  
F9 ENT/Orthopedic  
Surgical Specialties



**Jaleesa Cummings**  
Surgical/Scrub Technician  
Perioperative Care, Main

### February 21 Winners

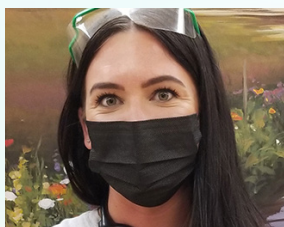


**Stacy Petty, APRN**  
IDHI - Institute for Digital  
Health & Innovation



**Angela Jackson**  
Patient Services Associate  
PRI Women's Unit

### March 21 Winners



**Millie Milton, RN**  
F4 Trauma/  
Progressive Care

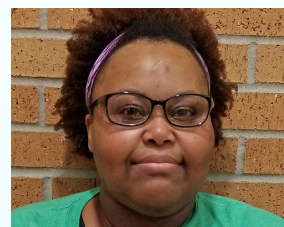


**Sherilyn Watson**  
Patient Services Associate  
F6 Medical Specialties

### April 21 Winners

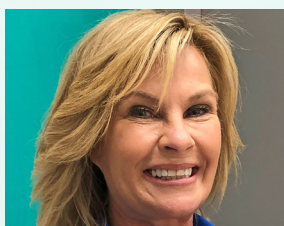


**Mariana Zermeno, RN**  
F7, Stem Cell  
Transplant/MIRT



**Stephanie Thomas**  
Patient Services Associate  
PRI 6 North

### May 21 Winners



**Willa Wheeler, RN**  
Emergency Department



**Aaron Harper**  
Patient Care Technician  
F6 Medical Specialties

### June 21 Winners



**Shannon Siepert, RN**  
H8, Neurology/  
Neurosurgery



**Brianna Williams**  
Radiology Interventional  
Technologist

**Because a DAISY can't survive without a BEE  
and a BEE can't survive without a DAISY**



# UAMS Team Honored with National DAISY Award



From left, Sherri Traffanstedt, BSN, RN., Deborah Hutts, MSN, RN, NE-BC, and Rebecca Bryan, BSN, RN, CCMC

In December 2020, nurses in the UAMS COVID Triage Team were honored by the national DAISY Foundation and the California-based HealthImpact non-profit organization with the HealthImpact DAISY Nurse Leader Award in Policy.

The award was created to honor nurses whose work in policy advances compassionate care that improves the health of populations. Deborah Hutts, MSN, RN, Clinical Services Manager for the Integrated Medicine Service Line, submitted this nurse-led team nomination. She and Rebecca Bryan, BSN, RN, Case Manager,

and Sherri Traffanstedt, BSN, RN, were instrumental in creating a walk-through process in the COVID-19 Triage screening area for people who are homeless or reliant on public transportation. This addition to the drive-thru triage area served to address not only patients with COVID-19 concerns, but also expanded care and consult services to focus holistically on patients' physical, psychological, and social care needs.

"Seeing the DAISY Award applied to honor work that advances compassionate care through policy is a thrill we never imagined when we created DAISY 21 years

ago," said Bonnie Barnes, co-founder and CEO of The DAISY Foundation. "The impact of our first recipients in policy is important and sustainable, and it is an honor to launch this very special recognition with our friends at HealthImpact."

Garrett Chan, Ph.D., APRN, president of HealthImpact added, "We want to congratulate the honorees and thank them for their dedication in advancing compassion in health care through their policy work. Communities and populations of patients have benefited from their tireless efforts in ensuring holistic care."

# Alverson Awarded



In November 2020, the Center for Nursing Excellence presented Heather Alverson MSN, RN, OCN, ACNP with the UAMS DAISY Nurse Leader Award. This award expresses gratitude for courageous leaders fostering an environment where compassion and courage can thrive. Heather is the Clinical Services Manager (CSM) on E7 and was nominated by Jan Stewart, RN, and Stacey Temple, RN. The comments below are taken from their nominations and speak to each characteristic of an outstanding nurse leader.

"When E7 began doing allogeneic stem cell transplants, we were the only place in Arkansas that offered this to adults. Heather led the way with education, information, and enthusiasm. To this day, Heather stays involved and updated with our transplants. She sets an example by rounding with the team every day. She's present in our CHAT meetings, and she follows up with staff to check progress on issues we've mentioned."

"When the unit expanded with a new oncology treatment of CAR-T cells, Heather was again at the front lines. She developed presentations, taught classes for all areas of the hospital, conducted research and familiarized herself with the information, all while leading

us and being present for us. This is something that really stands out to me and shows me who Heather really is. She has a passion for knowledge and education and wants us to feel competent and knowledgeable. Heather just makes us all want to be better nurses."

"Heather's drive and passion makes her truly special and a great leader. Heather is quick to recognize staff when they have done something good. She's humble and makes sure to shine the spotlight on her staff with 'good catches' and 'shout outs' in staff meetings and emails. I myself am a tribute to nursing retention on E7. Heather was a huge part of that."

"Heather is always looking for new things that we can all do as a group to build morale and cohesiveness as a unit. There are so many days when what we do is emotionally draining, and it can lead to burnout. The emotional toll can become overwhelming. There have been times when I have thought about leaving, but it's at those times that I remind myself of all the good we do here and what an amazing leader we have. She believes in each of us and promotes each of our talents. She doesn't hesitate to let the doctors know how lucky they are to have amazing nurses taking care of their special patients."



**CONGRATULATIONS** to our **UAMS Nurses** nominated and selected\* for the **40 Nurse Leaders Under 40 in Arkansas!**

# Year of the Nurse

*Celebrating 200 years of nursing 365 days of caring*

[nurses.UAMS.edu](https://nurses.UAMS.edu)

**UAMS Health**



**Diamond Clayborn**



**Michelle Lee Davis\***



**Melissa Drake-Rowe\***



**Amanda Gustafson**



**Kayla Harrington**



**Candice Henderson\***



**Shannon Kalkwarf\***



**Heather Marshall**



**Pam Mize**



**Courtney Owen**



**Pearman Parker\***



**Michelle Peppers**



**Terry Prowse**



**Rhonda Reed\***



**Taylor Steele\***

## UAMS Nursing Professional Practice Model

**This model illustrates how nurses practice, collaborate, communicate, and develop professionally.** The model is an integration of the overall mission, vision, and values of UAMS nurses and the practice of nursing to provide the highest quality care to patients, families, and the community. It describes the care delivery system and the structural processes that support nurses in their practice and the care of patients. The shared governance councils revised the UAMS Nursing Professional Practice Model this year. The group worked to put together the core values of UAMS nurses and voted on a theme that resonates with nursing at UAMS.



### TRANSFORMATIONAL LEADERSHIP

- Mission, Vision, & Values
- Nursing Strategic Plan

### STRUCTURAL EMPOWERMENT

- Professional Development
- Clinical Ladder
- National Certification
- Shared Governance

### EXEMPLARY PROFESSIONAL PRACTICE

- Autonomy & Accountability
- Resource Nurse Program
- NQUEST

### NEW KNOWLEDGE AND INNOVATION

- INQUIRE
- UAMS EBP Model

**The Mission of UAMS Nursing** is to deliver safe, high-quality, patient- and family-centered care through interprofessional relationships supported by a structure of Nursing Excellence.



## Nurses Lead Through Shared Governance

Nursing shared governance allows nurses to participate in decision-making about nursing practice and care that affects patients. It is the embodiment of the philosophy that nurses have the autonomy and accountability to make decisions about nursing practice and the care they deliver to their patients.

The design of a shared governance council promotes a multi-directional flow of information between direct care nurses, leadership, interprofessional teams, and the chief nursing officer. Shared governance is a core tenant of nursing excellence and is vital to

the success of an organization's achievements in high quality care, excellent patient satisfaction, and increased nurse engagement.

In May 2021, nurses serving on shared governance councils attended a HealthLinx workshop on building upon the current shared governance structure of UAMS. In 2020, the first APRN Council was formed with representatives from all service lines and practice roles. Other shared governance councils at UAMS include inpatient and ambulatory nursing councils, unit-based councils, and service line councils.

The inpatient and ambulatory nursing councils participated in decision-making with the following:

- Reviewed and trialed miscellaneous Value Analysis products throughout the year, resulting in significant savings for UAMS.
- Developed a new Professional Practice Model that included submissions from council members for the theme of the graphics and the structure of nursing excellence.
- Created a "nursing" T-shirt. Council members submitted graphic designs and voted for their favorite. The Center for Nursing Excellence (CNE) collaborated with a local vendor to manage the ordering and payment process for more than 1,500 shirt orders. The CNE managed the delivery of all T-shirts, saving approximately \$13,500 in shipping charges.

## UAMS Forms New APRN Council

January 2021 marked an important milestone for Advanced Practice Registered Nurses (APRNs) at UAMS, as the first APRN Council meeting was held via Zoom and socially distanced classroom. The council is comprised of Certified Nurse Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Specialists (CNSs), and Nurse Practitioners (NPs) from around the UAMS system.

The Council provides a structure for APRNs to achieve representation, collaboration, development and engagement within UAMS Health. In the early stages, four pillars of APRN development were established: empowerment, mentorship, engagement and transition to practice. The Council is made up of the following representatives:

### Behavioral Health

Kimberly Stickley

### Cancer

Meagan Walker and Jennifer Money

### Emergency Medicine

Angela Duncan and Monzelle Davis

### Integrated Medicine

Donna Gullette and Christina Miller

### Musculoskeletal

Allen Thomas and Courtney Owen

### Neurosciences

Ebonye Green and Deonna Wissler

### Perioperative Services

Carmen Peret and Lisa Rawn

### Surgical Services

Audra Arant and Britney Beumeler

### Transplant Services

Katrena Wilson

### Women and Infants

Crystal Marcussen and Brooke

Keathley

### IDHI

Stacey Petty and Rosalyn Perkins

### Translational Research Institute

Vallon Williams and Renee Shaide

### CNM

Lauren Trimble and Joni Yarnell

### CRNA

LeeAnn Davis

### UAMS College of Nursing

Sara Jones

### UAMS Medical Board Representative

Tesa Ivey

### UAMS Credentialing Committee Representative

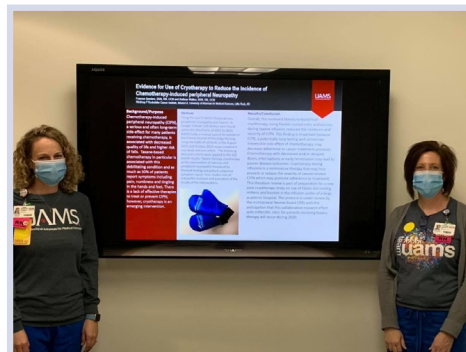
Tesa Ivey



From left, APRN Council Chair Crystal Marcussen and Co-Chair Tesa Ivey

# UAMS Nurses Honored for Chemotherapy Research

Twenty registered nurses from UAMS participated in the Arkansas Nursing Research Conference on April 9, 2021. It was the first virtual conference and was conducted through Zoom with presenters from UAMS, CHI St. Vincent's, Central Arkansas Veterans Hospital, and Arkansas Children's. Presentations included e-posters, podium poster speed sessions, podium presentations and the Top 10 student posters. Awards were presented to the best posters in eight categories. Frances Sanders, BSN, OCN, and Kathryn Walton, BSN, OCN, received the Outstanding Oncology Research Poster Award for *Evidence For Use of Cryotherapy To Reduce the Incidence of Chemotherapy-Induced Peripheral Neuropathy*.



From left, Kathryn Walton and Frances Sanders present their research.

| Authors/Presenters   | Title  | Professional Practice Model Component |
|--|--|---------------------------------------|
| <b>Podium Presentation</b>   |  |                                       |
| Frances Sanders, BSN, RN, OCN<br>Kathryn Walton, BSN, RN, OCN  | Evidence for Use of Cryotherapy to Reduce the Incidence of Chemotherapy-induced Peripheral Neuropathy  | Evidence-based Practice               |
| <b>Podium Poster Speed Session</b>   |  |                                       |
| Elizabeth Riley, DNP<br>Rebecca Sartini, DNP, RNC-NIC<br>Misty Williams, MSN, RNC-NIC<br>Rebecca Smith, MSN, RNC-NIC<br>Sara Peeples, MD | Interventions to Promote Standardized Interprofessional Rounds in Neonatal Intensive Care: An Integrative Review   | Systematic Literature Review          |
| Kelly Castleman, BSN, CEN<br>Christina Leisenring, MSN, CEN  | Mentoring in the ED to Reduce Turnover   | Systematic Literature Review          |
| Donna Elrod, PhD, RN<br>Eva Gerbitz, MSN<br>Shankar Kathiresan, BSN  | Validation of an Electronic Medical Record Nursing Workload Scoring System   | Research                              |
| Shannon Wilkerson, BSN, RN   | Sleep in the ICU   | Research                              |
| <b>E-Poster</b>  |  |                                       |
| Kayla Harrington, MSN, FNP-C   | Evidence-Based Literature Review: Routine Evaluation of Gastric Residuals in Infants in the NICU   | Evidence-based Practice               |
| Mark Rowe, MSN, VA-BC<br>Kevin Arnold, DNP, MSN, BBA, BA, BSN, RN<br>Timothy R. Spencer Dip, AppSc, BHSc, ICCert, RN, APRN, VA-BC        | Catheter Securement Impact On Picc-Related CLABSI: A University Hospital Perspective   | Research                              |
| Tina Pennington, MSN, RNC-NIC<br>Dawn Brown, BSN, RNC-ONQS<br>Sharon Drakes, BSN, RNC-OB   | Maintaining Collaborations Utilizing Technology during COVID-19  | Research                              |
| Haley L. Gass, BSN, RN<br>Mallory L. Brown, BSN, RN<br>Laken K. Koonce, student  | Improving Stem Cell Transplant Patient Satisfaction through Enhanced Patient and Caregiver Education   | Quality Improvement                   |
| Lakendra Ready, APRN, FNP-C,<br>Pam LaBorde, DNP, APRN, CCNS, TTS (faculty)  | Healthcare Students Can Be Depressed & Anxious Tool  | Evidence-based Practice               |
| Krista Tressner (BSN student)<br>Patricia Cowan, PhD (faculty)<br>Trenda Ray, PhD-RN, NEA-BC<br>Natalie Cannady, M.Ed                    | An Examination of the Relationship between Healthy Lifestyle Behaviors and Burnout in Registered Nurses and Comparison of Burnout Rates Before and During the COVID Pandemic | Research                              |

# Helping Moms & Babies through Centering Pregnancy®

**In August 2018 UAMS conducted its first CenteringPregnancy® (CP) group.**

This was the culmination of 9 months of work for our UAMS Health Centering steering committee to bring certified evidence-based group prenatal care to Arkansas. In December 2019, UAMS successfully achieved The Centering Institutes' CenteringPregnancy Certified Accreditation. This was a first for the State of Arkansas.



Front row, from left) Administrative support Rena Robinson, patient educator Susan Robinson, BSN, RN, and Alex Cleveland, BSN, RN, and (back row, from left) Dr. Renee McGraw, Crystal Marcusson, APRN, CSM Madeleine Robinson, BSN, RN, RNC-OB, and access supervisor Carol Smith.

## What is CenteringPregnancy?

CP prenatal care follows the recommended schedule of 10 prenatal visits, but each visit is two hours long, giving women 10x more time with their provider than traditional care. Moms engage in their care by taking their own weight and blood pressure and recording their own health data with private time with their provider for a belly check.

Participants then “circle-up” for discussion and activities on health and topics important to the group. Sessions cover nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care.

CP brings 10 to 12 women with a similar gestational age together for their care. Providing care in this way allows moms and providers to relax and get to know each other on a much deeper and meaningful level. Members of the group form lasting friendships and are connected in ways not possible in traditional care

CP groups are made up of women of different ages, races, and socio-economic backgrounds, and those differences diminish in importance as they share the common experience of pregnancy, birth, and family care.

## Why did the UAMS Women and Infants Service Line want to pursue a CP Program?

Numerous published studies show that Centering moms have healthier babies and that Centering nearly eliminates racial disparities in preterm birth (Grady and Bloom 2004; Ickovics et al. 2011; Magriples et al 2015; Schellinger et al 2017; Trudnak et al 2013). This is what we want for our pregnant patients in Arkansas. It is also an important part of the UAMS Vision 2029.

## What do our patients think?

The most common word used to describe Centering by our patients is “fun.” Centering is based on the proven principle that when people are actively engaged and involved in a discussion with their peers, rather than being lectured or given a pamphlet, they will have greater understanding and are more likely to change their behavior.

Our Centering moms say things like, “I like that I have people who listen to me,” “I enjoy learning about my pregnancy and baby,” and “Centering makes me feel cared for.”

Nursing is an integral part of the CP program at UAMS. Our CP program coordinator is Ava Lackey, an RN who was herself a CP patient. Our largest group of CP providers is midwives who serve in this role along with APRNs and MDs.

## How will we know if it is improving the health outcomes for our moms and their babies?

The UAMS CP Program has collaborated with the Clinton School of Public Health to study the outcomes achieved by participants. We received IRB approval to conduct this study – “Group Prenatal Care and Mother/Infant Birth Outcomes: An Evaluation of a Centering Pregnancy Program in Arkansas.”

## The research is designed to answer the following questions:

1. Do CP mothers/infants have significantly better outcomes in the areas of infant birth weight, pregnancy weight gain and breast feeding initiation compared to those in traditional care?
2. Among those participating in CP, do outcomes vary by race and ethnicity?
3. Among those participating in CP, do outcomes vary by the number of prenatal CP visits?

We have monitored CP patients from their first session to their postpartum visit and are conducting a matched study using the variables of age, BMI, ethnicity, race and insurance type to match our CP patients to traditional care at UAMS. Findings of this study are expected soon.

# Education During Pregnancy Increases Breastfeeding

**The Women and Infants Service Line (WISL)** has been focused on improving breastfeeding rates in Arkansas for the last decade.

In 2018 UAMS was designated as a Baby Friendly Hospital. Since that time, consults have been added in the UAMS Outpatient Lactation Clinic along with virtual lactation consults, skin-to-skin in the operating room and more lactation spaces across campus.

Three years after designation, momentum on efforts to promote exclusive breastfeeding appeared to level out. UAMS staff worked to sustain efforts in 2020 throughout the challenges of the COVID 19 pandemic, supporting tele-lactation consults as requested, as well as introducing use of shelf stable donor milk. Despite this, exclusive breast milk-feeding dropped to 32.17% in January 2021.

In February 2021, WISL physician and nursing leadership asked that each physician provider give breastfeeding education materials to patients at the end of their clinic visit. It was also proposed that a percentage of the lactation consultant team inpatient

hours be allocated to support outpatient efforts. The goal was to have a lactation consultant present “five reasons to breastfeed in five minutes” to all new pregnant patients and ask if they would like to enroll in the UAMS Lactation Support in Pregnancy Program. Through this enrollment, the lactation team is committed to communicate through text message and follow-up phone calls with patients at several touchpoints during their pregnancy.

The new program required a restructuring of inpatient lactation consult coverage, transferring overnight inpatient hours to outpatient consultant support. The E6 Perinatal Team Leaders recruited staff to serve as breastfeeding mentors to night staff who were not as familiar or comfortable supporting breastfeeding mothers, with additional support from the NICU night shift breastfeeding mentor team.

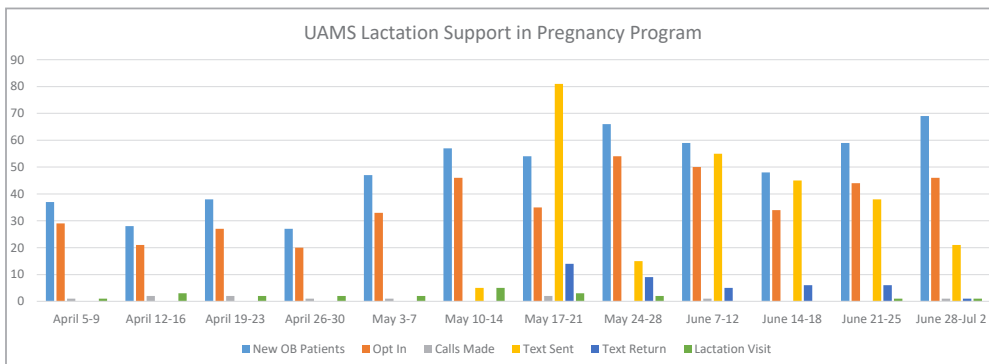
The first OB patient was provided the “5 Points in 5 Minutes” flyer during a one-on-one visit with a lactation consultant on April 5, 2021. Several data points are being collected weekly to evaluate the success of the program and

identify any needed changes.

Through May, requests for outpatient consults from providers increased, as well as requests for discussions about the breastfeeding plan of care. Having a lactation consultant in the clinic setting has made it easier to access breastfeeding support for both patients and providers. Outpatient postpartum mothers were also referred to the UAMS Breastfeeding Medicine Service for complex breastfeeding issues.

“We hope this program will continue to help our organizational goal to exceed The Joint Commission exclusive breastfeeding core measure, and also help moms decide before their baby is born that breastfeeding will be their primary feeding choice,” said Rebecca Sartini, DNP, RNC-NIC.

In July the team expanded services to outpatient postpartum mothers. It is the hope of the entire implementation team that this outpatient consultation service will expand to meet the need of lactating mothers who are struggling to establish and sustain breastfeeding as primary nutrition for their infant.



*Dr. Dora Smith and Suzi Branton, BSN, RN, IBCLC, Clinical Expert, discuss breastfeeding educational materials with a patient.*



*Susan Trussell, BSN, RN, IBCLC, talks with a patient about the benefits of breastfeeding.*

# Clinical Specialists Improve Patient Experience



Elizabeth Cook,  
BSN, RN-BC

Over the last year UAMS clinical specialists have played a critical role in the implementation of best practices aimed at improving the patient experience and workflow efficiency. Clinical Specialists Sarah France on H6 and Elizabeth Cook on F6 served as leaders on their units for critical projects rolled out this year.

*“Nurse involvement is essential when it comes to patient experience improvement work,” said Cook. “Nurses often have the most contact with the patient, and an engaged nurse can truly make the difference between a positive experience for the patient and a negative one. They can help relay the ‘why’ of a plan to their co-workers differently than someone from outside. Nurses are instrumental in getting buy-in from other nurses.”* Cook served as a member of the Responsiveness Tactical Team and worked with the falls committee. The responsiveness project is designed to improve patient experience with regards to appropriately responding to call lights in a timely manner. The Falls Management Guidance Team is working to reduce falls and improve patient experience with anticipatory rounding. Hourly rounding helps anticipate patient needs and works to improve communication between patients, techs and nurses.

*“The biggest challenge to all of this work is that nurses are tired,” she said. “At their core, they are exhausted. COVID has demanded so much from everyone and that, paired with outside stresses of normal life, makes asking anything else of nursing staff hard to justify.”*

Cook said she believes involving nurses in process improvement is beneficial because they can speak from experience because they bring a different perspective and see situations in a different light than someone who has not been at the bedside. She also feels nurses are more likely to embrace an initiative if other nurses were involved in its development.

When anticipatory rounding was piloted on F6, the unit improved from having the most falls to one of the best performing unit.



Sarah France,  
MSN, RN, CMSRN

*“In rounding on our patients hourly, we were able to address their pain and assist them to the restroom on a timelier basis,” said Cook. “We can address needs and keep our patients safe at the same time. It’s definitely a win.”*

*“Nurses are the heart of patient care,” said France. “We are the ones who are with patients the most and can listen to what they want and need from their care. Since we are with the patients so much, our actions can have a major impact on the patient’s experience.”*

France has been very involved in nurse/physician communication and says the best part was seeing improvement in her unit’s patient experience scores.

*“One of the challenges we had with the nurse/physician communication project was that physicians rounded around the same time,” she said. “We realized we needed a backup plan. Now if the bedside nurse isn’t available or is with another physician, the charge nurse rounds with the physician.”*

*“Nurses are innovative,” she said. “Give us some bandages, scissors and tape, and we can fix almost anything! Nurses have learned to think outside the box, and their involvement in the planning process is imperative to making a project successful.”*

After implementing an interdisciplinary communication strategy, H6 saw an almost instant impact on their score.

*“I would say H6’s biggest success from working with patient experience was seeing doctors and nurses communicating with each other for the best patient outcomes,” said France. “I enjoyed seeing them walk in to rooms together as a team, which is what we are, and I loved that we were showing our patients this!”*

# Patient Experience Data

UAMS is dedicated to providing not only safe, quality and efficient care, but also an exceptional experience for our patients and families. The mission of the Patient Experience Office is to collaborate with and support staff, lead data-driven improvement, and engage patients and families and staff in patient- and family-centered care practices to create an exceptional experience for all UAMS patients.

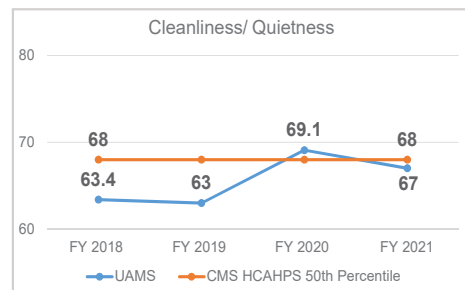
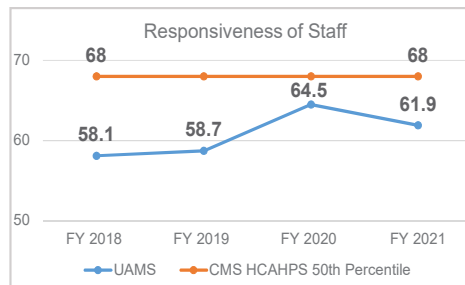
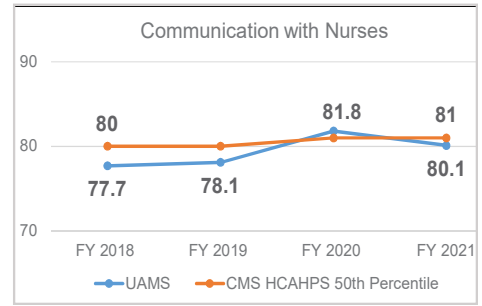
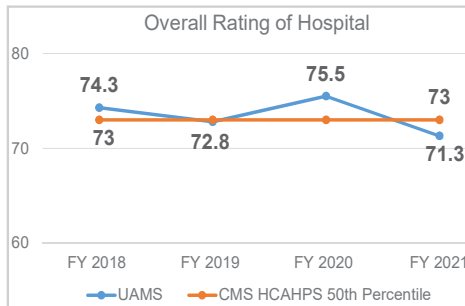
Throughout the challenges of the past year, UAMS continued to work toward “top box” experiences and achieving scores that meet and exceed the Center for Medicare and Medicaid Services (CMS) 50th percentile on all CMS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions. The graphs to the right show several patient experience metrics that demonstrate areas where nursing staff continue to work toward providing a positive experience at UAMS.

During the pandemic, UAMS staff, including nurses, focused on keeping everyone safe and facilitating good outcomes for our patients while continuing to work toward goals set in the UAMS Vision 2029 Strategic Plan. Responsiveness to call lights was challenging with a consistently high census, but efforts to improve continued to move forward. Cleanliness and quietness, along with communication between care team members and communication with patients and families who couldn't be at the bedside during the pandemic, became increasingly important and challenging.

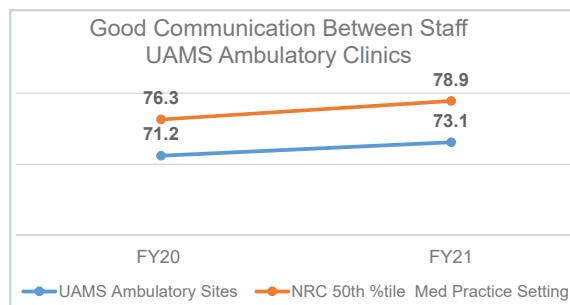
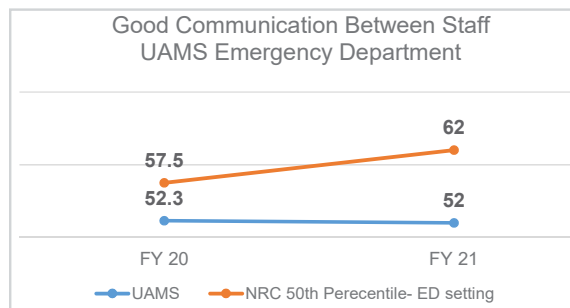
Despite the challenges of high census and quarantined staff, UAMS nursing moved forward with Anticipatory Rounds While overall scores for FY21 reflect a drop from the previous year, scores remain higher than they were a few years ago. We were also encouraged by improvements in specific areas.

UAMS is committed to also providing a positive experience in the ambulatory setting. In January 2019 UAMS began using an ambulatory survey tool that is delivered to patients within three days of their visit. UAMS added 26 off-campus clinics to our surveys in January 2021, bringing the total of clinics receiving feedback from our patients to more than 100.

## Hospital Metrics



## Ambulatory Metrics



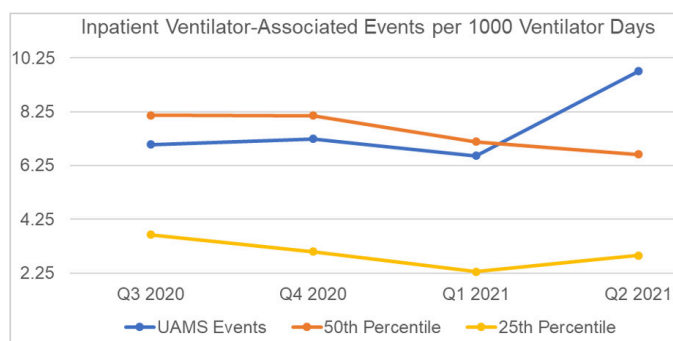
# Nursing Quality Indicators

The UAMS Nursing Service Line measures important aspects of quality of care by participating in the National Database for Nursing Quality Indicators (NDNQI), which was established in 1998. More than 2,000 U.S. Hospitals submit data to this database, including 98% of Magnet-recognized hospitals.

The charts below show how UAMS performed in five of these quality measures over the past year. For the measures on this page, UAMS is performing better than the national median when the blue line is below the orange line. The infection measures on page 25 compare our performance against an NDNQI-calculated risk-adjusted expected infection rate based on the acuity of our patients. UAMS is performing better than expected when the blue line is below the orange line. Our ultimate goal is “zero” for all five of these measures.

## Ventilator Associated Pneumonia (VAP)

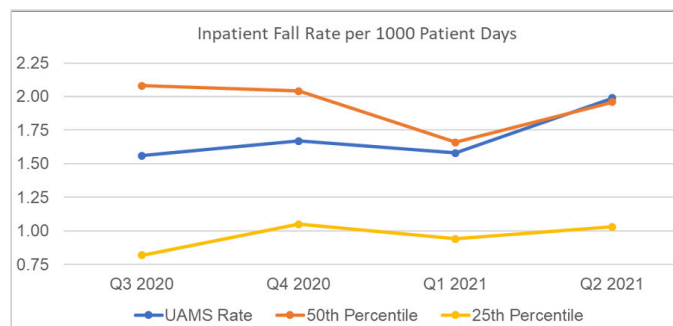
Patients who require mechanical ventilation are at greater risk of developing pneumonia. Evidence-based practices to reduce the risk to patients include raising the head of the bed 30 to 45 degrees, frequent oral care, peptic ulcer prophylaxis and spontaneous awakening and breathing trials. The rate is expressed per 1,000 days patients are on a ventilator, and consideration is given to the severity of illness among ventilated patients. UAMS consistently performs very well on this measure in comparison to other facilities.



## Patient Falls

Patient falls are one of the most frequent safety events in hospitals. Most falls do not involve injury, but any fall is considered a safety issue and is evaluated very critically. All UAMS patients are evaluated for fall risk using a nationally-recognized assessment tool that was developed here at UAMS. Based on fall risk, this assessment is used to determine which interventions to put into place to help prevent a patient from falling. Patients and families are educated on fall risks and often serve as the best deterrent.

In the event of a patient fall, the care team “huddles” to discuss the circumstances that led to the event. The discussion includes the patient and his or her family. As appropriate, steps are taken to reduce the risk of a recurrence. For most of the past two years, UAMS has been at or below the national median on this measure. In 2021, a Fall Management Guidance Team was formed to help develop tactics to further reduce our fall incidents.

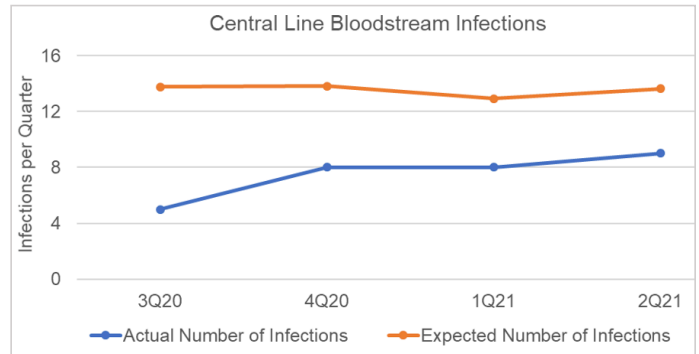




## Central Line Associated Blood Stream Infections (CLABSI)

When treating critically ill patients, blood collection and medication administration often require access to the major vessels of the body. With this access comes the risk of blood stream infection. Evidence-based practices that help prevent these infections focus on line insertion and line maintenance.

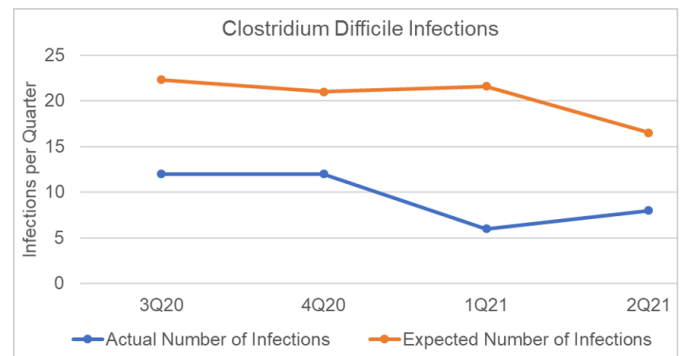
UAMS performs very well on this measure, having fewer than the expected number of infections. We did see an increase during the months Arkansas experienced an increase in COVID cases at the end of 2020 and in early 2021.



## Clostridium Difficile Infection

Clostridium Difficile (CDiff) is a bacteria that many people have in their intestinal tract. When a person’s normal gut bacteria is healthy and in balance, the individual will not be aware they have the bacteria unless special testing is done. The problem arises when an individual receives an antibiotic, which upsets the balance of normal flora in the gut. In this case, CDiff can overgrow the normal flora and cause colitis, which can have serious implications for patients.

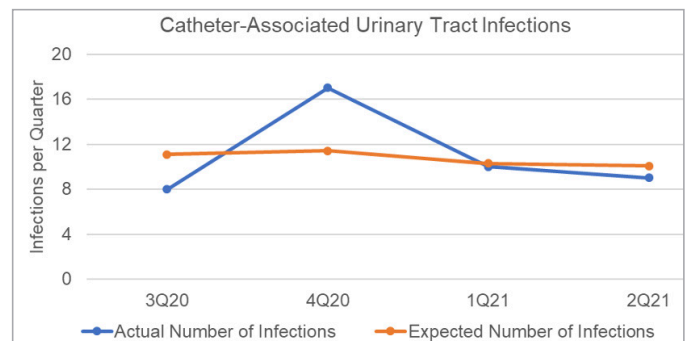
Hospitals monitor their CDiff infections against very specific criteria, which are intended to distinguish infections that occur within the hospital. Over the past year, UAMS has focused on how we test patients for CDiff, establishing clinical testing criteria and determining which tests to do first. UAMS has also been strengthening its Antibiotic Stewardship Program and has decreased our infection rate as a result.



## Catheter-Associated Urinary Tract Infections (CAUTI)

Indwelling urinary catheters are often appropriate in the treatment of a wide variety of conditions. Unfortunately, they are also a potential source of infection for patients. The risk of infection can be minimized by careful insertion practices, maintenance of the site and discontinuing catheters as early as possible.

Over the past two years, UAMS has had more CAUTI infections than expected for our patient population. As a result, this measure has been the focus of improvement activities including weekly review and analysis of all cases, monitoring adherence to evidence-based practices, daily review of the continued need for catheters and consideration of alternatives such as external catheters, which have a lower risk of infection.



# High Reliability Awards

UAMS is on a journey to become a high reliability organization. High reliability organizations create a culture of safety and use tools and approaches to create sustainable and consistent workflows and systems to decrease and eliminate safety events. UAMS identified six critical safety events that we track, monitor, and review: CAUTI, CLABSI, C difficile, MRSA, falls with injury, and hospital

acquired pressure injuries. High reliability organizations transparently share their event data and celebrate areas that achieve yearly event-free milestones. Below is the list of High Reliability Awards presented during the past year. These awards are proof that we are on our way to becoming a high reliability organization and that we really can reach zero harm.

|             | CAUTI                  | Cdiff                  | CLABSI         | Falls     | HAPI  | MRSA                   |
|-------------|------------------------|------------------------|----------------|-----------|-------|------------------------|
| One Year    | A4, E7, F6, F7, F9, F8 | A4, F9, H7, H9, H6, F6 | F6, F7, H7, H8 | A4        |       | A4, E7, F7, F9, H6, H8 |
| Two Years   | A7, H6                 | A7                     | A7, F9         | A5, E5    | F5/H5 | A7, E4, H9             |
| Three Years |                        |                        | A4             | F5/H5, H4 | A4    |                        |
| Four Years  | E5                     | A5, E5, E6             |                |           |       | A5, E5, E6, F8         |

## Nursing Units Implement Fall-Prevention Practices

Over the past year UAMS employees have been focused on increasing patient safety by reducing the number of falls in our hospital. Initiatives implemented during this time include anticipatory rounding, post-fall huddles with physician support, Hester-Davis (HD) nursing upgrade with improved functionality and the Stryker “Back to Basics” program. Along with education specific to each individual initiative, the team held a Fall Prevention Fair to reinforce fall safety information.

*“Before we had beds with built-in alarms, we had to repeatedly look for equipment such as the portable bed alarm and ALL of the pieces that went with it. The dedicated Falls Fair with hands-on I-bed training was VERY helpful in learning how to set the alarms correctly.” - ACSM Addison Honey, BSN, RN, CV-BC and CSM Jennifer Nutter, BSN, RN-BC from F8*

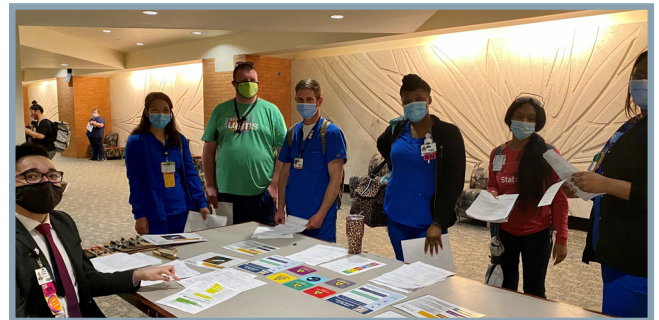
*“We may never be free of patients falling, but I can certainly say that the efforts I have observed from our staff on F6/A7 have been remarkable. I truly believe that the Fall Fair played a huge part in it. Knowing the fall risk level of the patient helps prevent staff from independently attempting to transfer a patient who may require a two-person assist, or who may require transferring by other methods. Lastly, having the fall precaution cards outside the patient’s door immediately alerts staff and others to the patient’s fall risk.”*

*- ACSM Carliess Anthony, MSN, RN, from F6*

*“Our new bed system is programmed to alert us if the correct measures are not in place (bed rails left down, bed not locked or if the bed is left up too high) before we leave a patient’s room. Anticipatory rounding, makes sure all their personal needs are met and helps improve their safety.” - Angel Walters, BSN, RN, Team Lead for E6*

*“During the past year, the Nephrology Department on H9 adapted our protocols to prevent patient falls, especially when treating patients with COVID-19. In order to prevent patient falls,*

*nurses and PCTs conduct hourly rounding to address patient needs (pain, potty, position and possessions). Earlier in the pandemic, more COVID-positive patients fell. Assigning sitters to these patients greatly improved our ability to respond to falls and lessened the risk of nurses and PCTs becoming exposed to the virus. - Jocelyn Aguon, MSN, RN, Team Lead for H9*



Clinical Specialist Andrew Estrada, BSN, RN, OCN, BMTN, educates staff on fall risk prevention protocols at the Fall Prevention Fair.



Nursing staff from ICU and Med-Surg units gather to learn about bed exit alarm functionality at the Fall Prevention Fair.

# Magnet Designation: Nursing Excellence at UAMS

**Magnet is a designation given by the American Nurses Credentialing Center (ANCC).** It is a distinction of nursing excellence and quality patient care, and it signifies that an organization has taken every effort to promote the empowerment, engagement, and development of nurses, in addition to improving patient outcomes. UAMS is on a mission to achieve Magnet designation, and consequently, on a mission of Nursing Excellence.

The UAMS Center for Nursing Excellence was established in 2009 to serve as the central foundation for initiatives supporting nurses in the areas of professional

practice, quality improvement, evidence-based practice, and shared decision-making. Each initiative moves UAMS closer to achieving a culture of Nursing Excellence.

This Roadmap to Excellence documents the history of Nursing Excellence at UAMS. Last year, we confirmed our Magnet designation timeline, formed the APRN Council, developed a model for Culture of Inquiry, engaged with HealthLinx, a consulting partner for Magnet, and revised the nursing Professional Practice Model through the Inpatient and Ambulatory Nursing Councils.



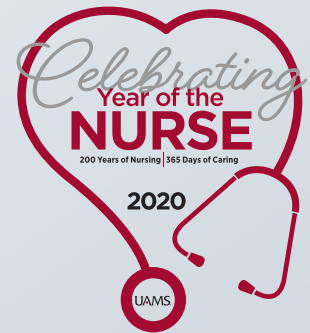
# July 2020-June 2021 Year in Review

we **AR** the heart of UAMS

**2165**  
UAMS Nurses

**176**  
APRNs

**790**  
Nationally  
Certified



*"I never imagined nurses could be so nice, caring and respectful. Their attitude and sense of humor helped build a rapport and partnership. Their role played a definite role in my recovery."  
- A grateful patient*

nurses who bring advanced knowledge, skills and experience to patient care.

## Turnover Rate

UAMS 2019 16.9%

UAMS 2020 17.1%

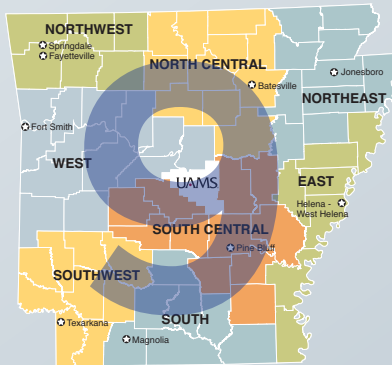
**76%**  
of leadership are  
nationally certified

**#1** Hospital  
in Arkansas



**"Because of you,** thousands of people will stay happy and healthy. Thank you for all that you are doing for the citizens of Arkansas. I couldn't be thankful enough that you are so selflessly protecting the people I love."

*Grateful community*



**Regional Program  
Clinics Join  
UAMS Health**

**UAMS**

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Little Rock, AR 72205  
[nurses.uams.edu](http://nurses.uams.edu)