



UVAHealth

CENTER FOR ADVANCED PRACTICE

CARE
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COMMUNITY
HEALTHIER LIVES

ANNUAL REPORT

2026

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WELCOME LETTER

This past year has continued to be a year of great growth and development for APPs across UVA Health.

APPs in all areas have continued to practice at top-of-scope to ensure our patients have access to essential healthcare. In ambulatory spaces, we have continued to support more autonomous models that ensure that the APP can independently address the needs of the patients while still functioning as part of an interprofessional team that leverages each person's strengths to serve the patients.

In inpatient spaces, our care models are improving patient progression while not sacrificing quality of care. This is so important as we continue to have challenges with capacity and ensuring patients can receive timely inpatient care that only UVA can provide.

In addition to supporting our direct patient care processes, we have been able to support the professional growth of our APPs. The APP Council underwent a refresh in their committee and leadership structure to better align with the needs of APPs. We rolled out our Professional Protected Time Program that supports scholarly work that supports institutional needs and the growth of the individual. We instated the APP Scientist role to support the Research Committee and their ability to review abstracts, navigate IRB submissions, and provide feedback for professional presentations.

I hope you enjoy reading the stories of our incredible and brilliant APPs as they lead programs, share their knowledge, and transform the delivery of healthcare for our patients. Reading through this report each year is something I always look forward to, and I'm excited to share it with you.



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OUR TEAM



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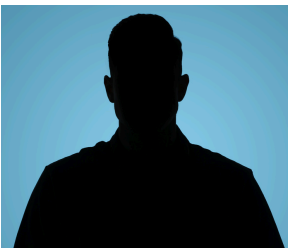
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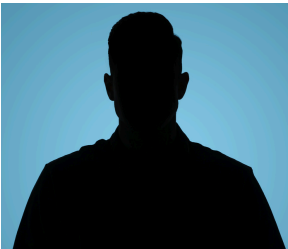
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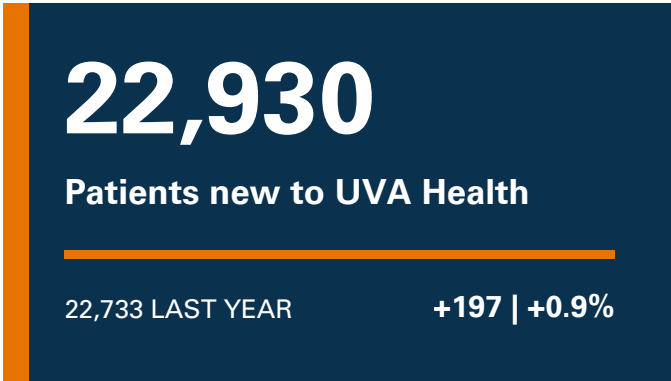


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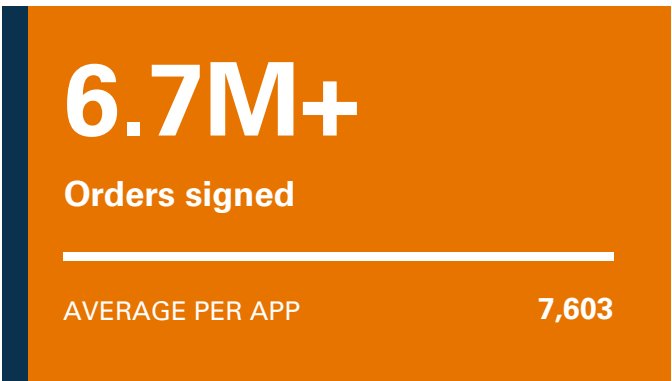


CLINICAL & OPERATIONAL HIGHLIGHTS FY26

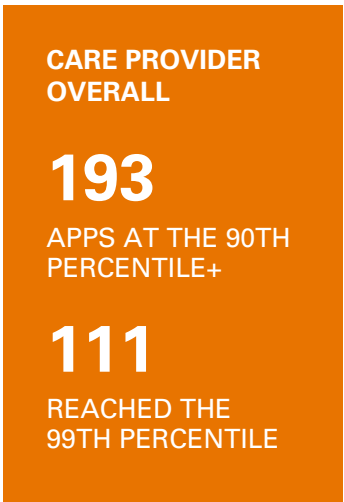
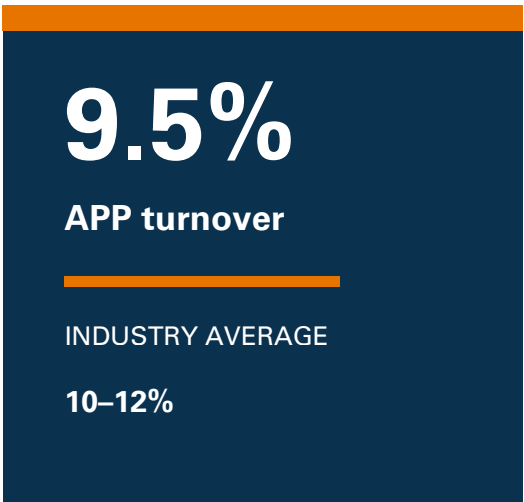
ACCESS AND COMPLETED VISITS



CLINICAL ACTIVITY



WORKFORCE AND PATIENT EXPERIENCE



CONNECTING BARIATRIC AND TRANSPLANT CARE



Patients who need both metabolic or bariatric treatment and transplant care often move through several highly specialized services. **Heather Passerini, NP, and the UVA Health Bariatric Surgery Team** examined how those services can work as one coordinated pathway rather than as separate parts of a patient's treatment.

Their article, "Synergistic Integration of Multimodal Metabolic and Bariatric Interventions in Transforming Transplant Care," was accepted by the Journal of Clinical Medicine. It brings together evidence and clinical experience on the role that metabolic and bariatric interventions can play before and after transplantation.

The subject is important because weight, metabolic disease, and transplant eligibility can affect one another. Patients may need support from surgeons, transplant specialists, APPs, dietitians, and other clinicians over a long period. When those teams communicate early and build a shared plan, patients have a clearer path through complex decisions and fewer disconnected handoffs.

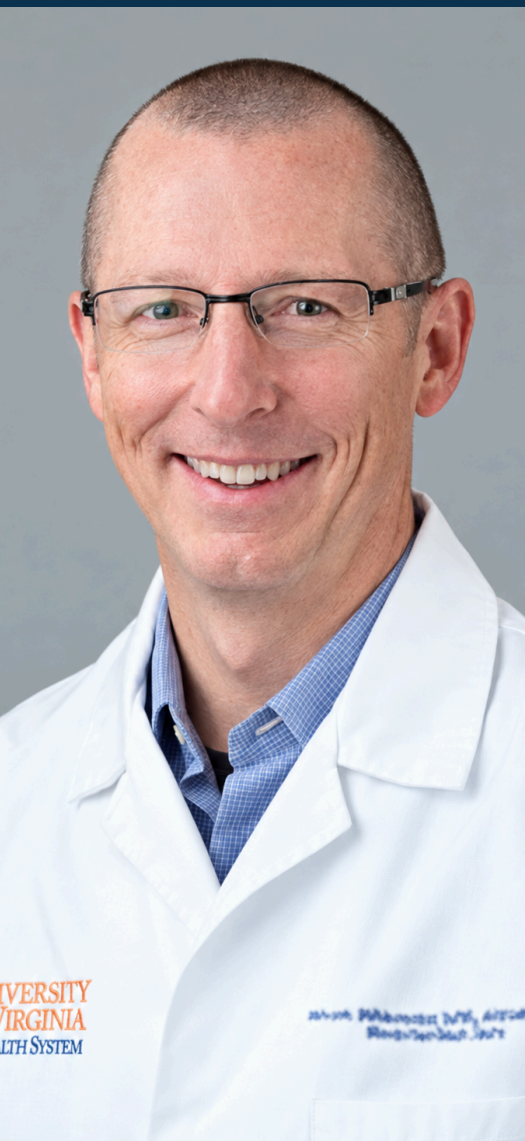
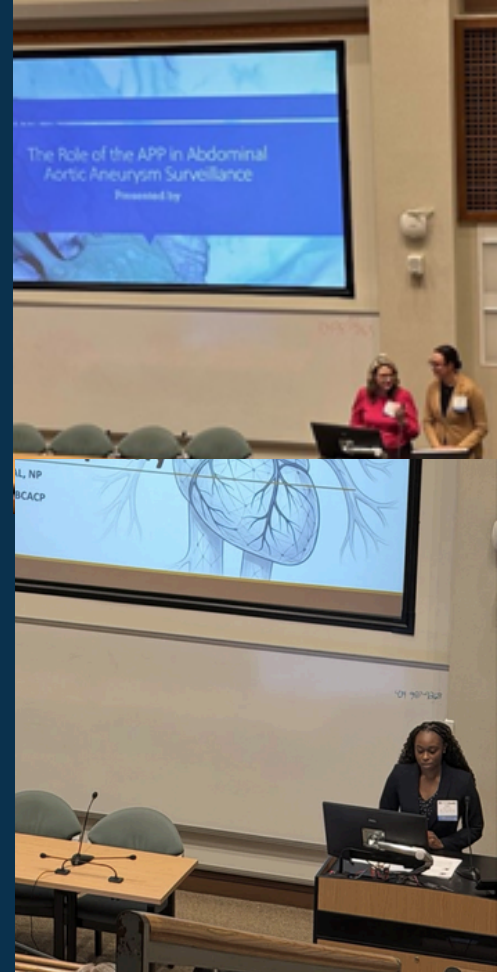
The publication gives other clinicians a practical view of integrated care and extends what the UVA Health team has learned beyond a single program. It also reflects a broader role for APPs: recognizing where care becomes fragmented, connecting the people involved, and helping turn several specialty services into a more coherent patient experience.

APP EXPERTISE ACROSS AORTIC CARE

At UVA Health's first Aortic Symposium, **Lauren Huck, NP, and Lindsey Jones presented** "The Role of the APP in Abdominal Aortic Aneurysm Surveillance." They described how APPs support long-term monitoring, coordinate follow-up imaging, review changes, and help the care team respond when new findings require attention.

At the 2026 UVA Multidisciplinary Aortic Symposium, **Kierah Barnes-Vaval, DNP**, presented with **Lauren M. Lam, PharmD, BCACP**. Their session, "Under Pressure: Antihypertensive Management in Connective Tissue Aortopathy," brought together pharmacology and critical care perspectives on managing hypertension in patients with aortic disease.

Together, the presentations show how APPs contribute across the aortic care continuum, from long-term surveillance and coordination to the management of complex clinical situations.



TWO WAYS APPS ARE STRENGTHENING SPECIALTY PRACTICE

HELPING DEFINE A NATIONAL CRITICAL CARE CREDENTIAL

Steven Wiseman, NP, helped develop the forthcoming CHEST Critical Care APP Certification Exam, bringing frontline critical care experience into a national effort to define specialized APP knowledge.

As a member of the development team, Steven wrote and evaluated exam questions. That work requires more than subject-matter expertise: each question must measure knowledge that matters in practice, distinguish between levels of understanding, and perform fairly as part of a formal credentialing process.

The new certification will give critical care APPs a way to demonstrate focused competence and will create a clearer national benchmark for the field. Steven's contribution gives UVA Health a voice in determining what that benchmark should include.



A LIFELINE DURING A CARDIAC EMERGENCY

When a UVA Health team member suddenly found herself on the other side of care, **Eileen Dearth, PA, and Liz Hooper, NP**, became two of the people who helped her navigate a frightening and rapidly changing cardiac emergency.

The patient's condition was evolving quickly, and the path forward was not immediately clear. Liz followed the clinical changes closely, coordinated urgent echocardiograms, and kept the evaluation moving as new information became available. When it became clear that waiting was no longer the safest option, she helped move surgery forward, ensuring the patient received the care she needed at a critical moment.

At the same time, Eileen helped make an overwhelming situation easier to understand. She explained what was happening, prepared the patient for what would come next, and made sure her questions were answered as decisions were made. For someone suddenly facing a series of tests, consultations, and the possibility of major surgery, that communication provided clarity during an otherwise uncertain experience.

The patient later described Liz as her "lifeline" and credited the team with saving her life. She also recognized the steadiness Eileen brought to the experience through clear explanations, honest preparation, and the reassurance that she would not have to navigate the system alone.

Their story shows what coordinated APP care can look like during a crisis. Clinical judgment kept the team responsive as the patient's condition changed. Coordination brought the right tests, specialists, and treatment together at the right time. Communication helped the patient understand not only what was happening, but why. And compassion ensured that even as the medical situation became more serious, she continued to feel supported.

Those elements of care are often described separately, but patients experience them together. In this case, Eileen and Liz connected the clinical and human sides of care, helping the patient move safely from evaluation to treatment without feeling lost in the process.

What began as a sudden change in one employee's health became a story about trust. The patient needed expertise, but she also needed people who would notice changes, act quickly, explain honestly, and stay present. Eileen and Liz provided that continuity when every moment mattered.

REDUCING DIALYSIS CATHETER INFECTIONS BY 33%

For patients receiving dialysis, a catheter can be essential to treatment and also a possible route for infection. **Brenda Deller, MSN, CCRN, CNS**, worked with Renal Services to reduce that risk by examining the routine steps that surround catheter care and making those steps more consistent.

The resulting Dual Disinfection Bundle addressed two related sources of risk. The team strengthened disinfection of the care environment and reinforced the process used to scrub and prepare catheter hubs. Observation, tracking, and accountability were built into the work so the team could see whether the new practices were being used reliably and where additional support was needed.

The changes contributed to a 33% reduction in dialysis catheter-associated bloodstream infections. That result represents fewer patients exposed to a serious and preventable complication. It also shows the value of looking closely at everyday work. Infection prevention often depends less on a single dramatic intervention than on whether several small actions are completed correctly, every time, by everyone involved.

Brenda's role extended beyond designing the bundle. Renal Services supports patients with acute and chronic kidney disease through hemodialysis, peritoneal dialysis, continuous renal replacement therapy, apheresis, and other specialized treatments. Each therapy requires staff to understand both the equipment and the clinical decisions surrounding it. Brenda developed education and hands-on competency support for peritoneal dialysis, CRRT, and Aquadex so nurses could apply the practices with greater confidence.

Education also helped the team connect the “how” of a procedure with the “why” behind it. When clinicians understand how an infection can develop and how each step interrupts that pathway, the work becomes more than a checklist. It becomes a shared safety practice.



The project was selected for presentation at the 2026 Annual Dialysis Conference, allowing Brenda and the team to share the approach with a national audience. The presentation carries the work beyond UVA Health while giving other organizations a model they can adapt to their own settings.

The strongest part of the initiative is the connection between data, education, and daily practice. The team identified a problem, changed the process, measured the result, and built the new expectations into ongoing staff development. The 33% reduction is the headline, but the lasting result is a more reliable system for protecting dialysis patients.

A SIMPLE CHECK-IN IMPROVES CARDIAC MONITORING



Keeping patients with cardiac arrhythmias safe is a team effort. At UVA Health, the Central Cardiac Monitoring Unit provides continuous cardiac monitoring, pulse oximetry, and capnography for patients across multiple care settings. CCMU technicians bring specialized expertise in rhythm interpretation and monitoring systems, while bedside nurses see the patient directly and respond to changes in condition. Safe monitoring depends on both groups having accurate information and a reliable way to communicate.

In fall 2025, **CCMU staff, bedside nurses, nurse leaders, and Kathleen Rea, DNP, APRN, ACNS-BC, PCCN, CNL, Clinical Nurse Specialist for Adult Acute and Progressive Care**, came together to examine the connection between the bedside and the monitoring unit.

The team began with escalation data. During a one-week review, only about one-quarter of CCMU escalations were related to true clinical changes. Another 33% of calls from technicians to nurses involved non-clinical problems such as loose or failed leads, poorly functioning oxygen-saturation probes, low batteries, or missing and incorrect monitoring orders.

These issues still required attention, but their frequency created unnecessary alarms and interruptions. Over time, that noise can contribute to alarm fatigue and make meaningful changes harder to recognize. The data showed that the problem was not simply the monitoring technology. It was also the way information moved between the people using it.

The team introduced a direct intervention: a brief verbal check-in between charge nurses and CCMU technicians at the beginning of each shift. During that conversation, the two teams confirm who requires monitoring, correct or clarify orders, and identify equipment issues before they produce another alert.

For Alli Kittrell, BSN, RN, CMSRN, Inpatient Charge Nurse on 5 West, the change has made the start of the shift more predictable. “Calling CCMU at the beginning of the shift has given me and the bedside nurses peace of mind,” she said. The process has also helped nurses and CCMU team members build stronger working relationships.

Karen Zitz, ECG-BC, CCMU Technician, described the same change from the monitoring-unit perspective. “It feels collaborative and supportive,” she said. “Touching base with the charge nurse at the start of the shift gives us clarity about which patients need to be monitored, and why.”

That shared understanding is the center of the work. Technicians have a clearer picture of the clinical plan, while nurses have an immediate connection to the people watching the monitors. Questions are resolved before they become repeated calls, and both teams better understand the responsibilities on the other side of the screen.

The initiative also shows how Clinical Nurse Specialists translate evidence and operational data into daily practice. Kathleen helped frontline staff examine the numbers, identify the causes behind unnecessary alerts, and choose a change simple enough to become part of the normal workflow. The teams continue reinforcing related practices, including changing leads more frequently, anticipating when alarms may occur, and addressing equipment issues early.

“We’re really taking action to own our practice so that we get the benefit of the technology’s help for our patients without the noise that can be so overwhelming,” Kathleen said.

The work is still evolving, but the early lesson is clear. Improving patient safety does not always require new technology or a complex process. Sometimes it begins by giving two teams a moment to talk, understand one another’s work, and act on the same information.

FEWER TESTS, LOWER COSTS, SAFER CENTRAL- LINE CARE

Emily Schneiderman and the Thoracic and Cardiovascular Intensive Care Unit team changed the way clinicians decide when to order blood cultures for patients with central lines. Their aim was to reduce unnecessary testing without missing infections and to lower the risk of central line-associated bloodstream infections.

The team created standardized clinical decision tools and embedded them into the unit's daily workflow. Instead of relying on a different approach from one clinician or shift to the next, staff used clearer criteria to determine when a culture was warranted. The process supported more consistent decisions and reduced tests that were unlikely to help the patient.

The results were substantial. Unnecessary blood cultures fell by 87%, eliminating more than 2,300 tests and saving more than \$337,000. Over three years, the unit's standardized infection ratio fell from 2.3 to 0.8, and the team passed 300 consecutive days without a CLABSI.

Those measures tell a connected story: fewer avoidable tests, lower cost, and safer central-line care. The project also reduced the possibility that an unnecessary result could lead to additional treatment or confusion.

The team published its work in Critical Care Nurse under the title "Interprofessional Approach to Reducing Central Line-Associated Bloodstream Infections in a Cardiac Surgical Intensive Care Unit." Sharing both the intervention and the results gives other critical-care teams a practical model for improving diagnostic decisions while protecting patients from infection.



FROM BETTER TESTING TO SAFER CARE

The 2025 Charles L. Brown Awards for Patient Care Quality recognized teams that turned evidence and frontline experience into measurable improvements. Several projects included APP leadership and show how advanced practice connects daily clinical decisions with system-level quality work.



The Patient Safety Award went to “Test Right, Treat Right | Reducing CAUTI Through Thoughtful Urine Testing.” The multidisciplinary team focused on a common clinical problem: unnecessary urine testing can contribute to misdiagnosis, avoidable treatment, and catheter-associated urinary tract infections.

The team developed and refined a smarter urine-testing order panel. The goal was to help clinicians order the right test for the right patient and interpret results in the clinical context, rather than treating a laboratory finding that might not represent a true infection.

After implementation, CAUTI events fell by 75%. The work also reduced catheter days and generated approximately \$1.7 million in savings. **Kristi Wilkins, MSN, APRN, CCNS, CCRN**, contributed to the project alongside colleagues from medicine, nursing, pharmacy, laboratory services, antimicrobial stewardship, informatics, and performance improvement.

The result was not a single education campaign or temporary push. Decision support was built into the ordering process, helping the safer choice become the easier and more consistent choice. The project demonstrates how diagnostic stewardship can protect patients while reducing waste.

APP-LED PROJECTS EARN HONORABLE MENTIONS

Two additional projects with strong APP involvement received honorable mentions.

Brenda Deller led “Hemodialysis Catheter CLABSI Reduction: Impact of Bundling Distinct Disinfection Strategies with Observations.” Her team paired two disinfection strategies with direct observation and accountability, contributing to the 33% reduction in dialysis catheter infections described earlier in this report.

Lisa Letzkus, PhD, CPNP-AC, helped lead “From Risk to Recognition: Quality Improvement in Early Cerebral Palsy Detection.” The project focused on recognizing risk earlier so children and families can reach evaluation and support sooner.

Together, the projects cover very different clinical settings, but they follow the same improvement pathway: use data to define a problem, bring the relevant disciplines together, change a specific part of practice, and measure whether patients benefit. APPs contributed clinical expertise, education, coordination, and the persistence needed to move each idea into routine care.

The annual Charles L. Brown Awards include a \$10,000 award for a UVA Health team whose work advances patient care and quality. For the APPs involved, the recognition makes visible a role they carry every day: connecting what happens at the bedside with the processes, tools, and standards that shape care across the health system.





A SAFER TRANSITION TO ADULT EPILEPSY CARE

For young people with epilepsy, turning 18 does not automatically create a clear path into adult care. Fewer than half of pediatric epilepsy patients report seeing an adult epilepsy provider after transition, leaving some at risk for fragmented follow-up, medication problems, or loss of support at a time when they are also becoming more responsible for their own health.

Alana Harrison, PNP, and Jennifer Schach, AGACNP, developed an Epilepsy Transition Clinic to make that handoff more structured. The model is grounded in the Six Core Elements of Health Care Transition and gives patients and families time to prepare before pediatric care ends.

Visits address the diagnosis, medications, seizure action plans, relevant health history, and the practical skills needed to navigate adult care. The clinic also helps young adults understand when to seek help, how to communicate with a new team, and how to take a more active role in managing their condition.

Early experience points to better coordination between pediatric and adult services. Families have described the structured transition as reassuring, and adult teams receive patients who are better prepared to discuss their history and care needs.

The program fills a gap that can otherwise be easy to overlook. By treating transition as a clinical process rather than a single referral, the team is protecting continuity and helping young adults enter the next stage of care with greater knowledge and confidence.

A CLEARER PATH TO BECOMING A CRNA



ICU nurses interested in becoming Certified Registered Nurse Anesthetists often have questions that are difficult to answer through program websites alone. They want to understand the preparation required, what school is really like, how to build a strong application, and whether the role fits their goals.

Stefani Bell, CRNA, created a six-month mentorship program that connects those nurses with experienced CRNAs. The first cohort is underway, giving participants a consistent source of guidance rather than leaving them to assemble the path informally.

The program covers clinical exposure, prerequisites, applications, interviews, finances, and the day-to-day realities of CRNA education and practice. Mentors can answer practical questions, offer feedback, and help participants make informed decisions before committing to an intensive training program.

The benefit reaches beyond the individual mentee. The program creates a pipeline for future anesthesia professionals, strengthens connections between ICU nursing and advanced practice, and gives current CRNAs a direct role in developing the people who may follow them.

By turning informal advice into a structured experience, Stefani has made the route into the profession more visible and more supportive. Participants gain a realistic understanding of the work ahead, along with a professional relationship that can continue as they take the next steps.

Two cardiovascular initiatives show how APPs can expand capacity when a care model is redesigned around clear clinical criteria, structured training, and close collaboration with physician partners.

MORE PATIENTS GO HOME SAFELY AFTER PCI

Allison Patrizio, AGACNP, led work to increase same-day discharge for selected patients undergoing percutaneous coronary intervention. In 2023, UVA Health's rate was approximately 35–40%, while the average among peer teaching hospitals was about 60%.



The interdisciplinary team reviewed local data and used criteria from the Journal of the American College of Cardiology to identify patients who could recover safely at home. The work required coordination before, during, and after the procedure: appropriate patient selection, clear discharge teaching, reliable follow-up, and agreement across the team about when an overnight stay remained necessary.

By the fourth quarter of 2025, the same-day discharge rate had reached 75.3%, above the peer average of 67.3%. Since implementation, the program has averaged 62% and is estimated to have saved 90 inpatient bed days. One complication occurred in a patient who did not follow discharge instructions; No other complications were reported.

The result gives eligible patients the option to recover at home while preserving beds for people who need inpatient care. It also demonstrates that improving throughput does not require lowering safety standards. The pathway works because the standards for participation and follow-up are explicit.

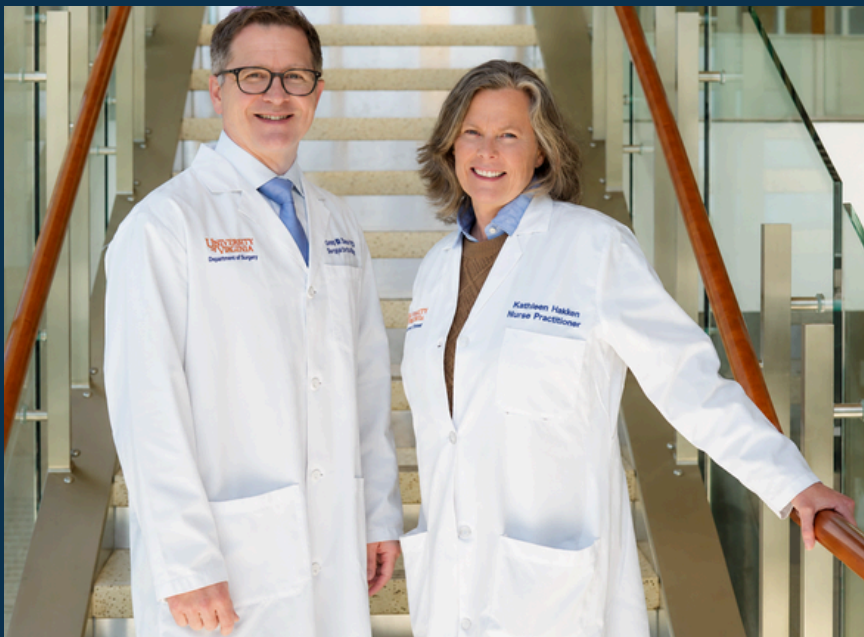
CARDIOVERSIONS MOVE FROM PILOT TO STANDARD PRACTICE

A second team developed an APP-led model for cardioversion. The work began with a review of the literature, alignment among clinical stakeholders, and a competency checklist that defined the knowledge and skills required. Each APP completed supervised practice, including at least five procedures, before working independently within the model.

By September 2024, cardioversions in the program were being led by APPs. A second cohort followed two months later, and the training became part of standard orientation in 2026.

Procedure volume increased from 454 to 639, a 40% increase. The change reduced dependence on electrophysiologist availability, helped decrease waiting, and improved use of specialist time. It also created a repeatable way to prepare APPs for the work rather than relying on informal transfer of skills.

The two programs address different points in the patient journey, but both use the same foundation: defined clinical criteria, competency-based preparation, outcome tracking, and shared responsibility across professions. That structure allows APPs to take on more care while preserving a clear safety framework.



BUILDING A PATH TO EARLIER PANCREATIC CANCER DETECTION

Pancreatic cancer is often diagnosed late, when treatment options are limited. **Kathleen Haden, RN, MSN, ANP-C, and Todd Bauer, MD**, began addressing that problem in 2013 when they co-founded UVA Health's High-Risk Pancreatic Cancer Screening Clinic.

The clinic was the first of its kind in Virginia and among the earliest programs nationally. It serves people whose family history, genetic findings, or other clinical factors place them at increased risk. More than 1,500 individuals have now been screened through the program.

Screening is only one part of the model. Patients also need help understanding what their risk means, which tests are appropriate, and how long-term surveillance will be coordinated. The clinic brings those pieces together so that high-risk patients have a defined plan instead of navigating genetic information and specialty referrals on their own.

UVA Health is also participating in the PRECEDE Consortium, a collaboration of 65 academic institutions working to improve early detection. UVA's trial opened in March 2025 and has already enrolled 170 participants. The consortium's long-term goal is to help increase five-year pancreatic cancer survival from roughly 10% to 50% within a decade.

"When pancreatic cancer is found early, survival improves dramatically," Kathleen said. The clinic connects that principle to action by identifying risk, maintaining surveillance, and contributing data to a much larger research effort. What began as a local clinical program is now part of an international attempt to change when pancreatic cancer is found, and what becomes possible after diagnosis.

EMERGENCY CARE DESIGNED FOR OLDER ADULTS



An emergency department can be disorienting for any patient. For an older adult living with frailty, dementia, sensory loss, mobility limitations, or several chronic conditions, the environment can create additional risks. UVA Health University Medical Center earned Level III Geriatric Emergency Department Accreditation from the American College of Emergency Physicians after building a more deliberate approach to those needs.

Dina Hood, MPH, MSN, APRN, ACCNS-AG, CEN, helped lead the work. The team focused on four geriatric standards, including reliable access to mobility aids and continuous availability of food and beverages when clinically appropriate. These details support larger safety goals: preventing falls, limiting unnecessary urinary catheters and restraints, protecting function, and helping patients maintain familiar routines during a stressful visit.

The department created a geriatric dashboard to track performance and make improvement visible. A dedicated resource cart brings together items that can help patients with dementia, hearing or vision changes, and other age-related needs. The team also piloted geriatric consultation so higher-risk patients could receive additional assessment and support during the emergency visit.

The next phase includes work toward automated delirium screening at triage and better identification of patients at high risk for returning to the emergency department. The team is also developing pathways that connect patients back to primary care and other services after discharge.

These changes recognize that an emergency visit does not end when the immediate problem is treated. An older adult may leave with new medications, mobility changes, follow-up needs, or a higher risk of returning if those needs are not addressed. A geriatric approach looks at the full situation and builds the discharge plan around the person, not only the presenting complaint.

Jermaine Clayborne, MSN, APRN, NEA-BC, CFRN, FP-C, Administrator of Emergency Services, supported the work as part of a broader effort to make emergency care safer and more responsive. Dina described the challenge plainly: the emergency department is a chaotic setting, and older adults need care that accounts for the whole person even when time is limited.

Level III accreditation recognizes the systems now in place and provides a framework for continued development. More importantly, it reflects a change in daily practice. Staff have clearer tools, appropriate resources are easier to reach, and the team has data it can use to identify where older patients still face unnecessary risk.



TWO NATIONAL HONORS RECOGNIZE KIM ELGIN'S LEADERSHIP



Kim Elgin, DNP, APRN, ACNS-BC, PCCN, CMSRN, FCNS, FAAN, received two national honors that reflect different parts of the same body of work: advancing the Clinical Nurse Specialist role and building stronger standards for how CNS practice is taught, integrated, and measured.

Kim was inducted as a Fellow of the American Academy of Nursing, one of nursing's highest professional honors. She entered the 2025 class alongside five other UVA School of Nursing alumni. Fellowship recognizes sustained contributions to healthcare leadership, education, research, and policy, with an emphasis on work that extends beyond one institution.

She also received the 2026 Brenda Lyon Leadership Award from the National Association of Clinical Nurse Specialists. This was the second time Kim received the award, which recognizes leadership that has shaped the CNS profession nationally.

Her recent work helps explain the connection between the two honors. Kim contributed to updates of national standards and guidance addressing CNS education, professional competencies, interprofessional integration, and outcomes. Those documents influence how CNSs are prepared, how organizations use their expertise, and how the profession demonstrates its impact on patients and health systems.

At UVA Health, Kim directs APP Clinical Nurse Specialists, Genetic Counselors, and the Center of Nursing Excellence. That role requires her to connect national professional standards with local practice: supporting clinicians, developing leadership, strengthening care models, and helping teams use evidence to improve outcomes.

The honors recognize a career of influence, but they also point to current work with practical consequences. Clearer competencies shape education. Better integration helps organizations use CNS expertise more effectively. Stronger outcome measures make it possible to show what changes when a CNS leads improvement.

For colleagues at UVA Health, Kim's induction and leadership award bring national attention to work they see close to home. For the profession, they recognize someone helping define what high-quality CNS practice should look like now and in the future.



RECOGNITION ROOTED IN PATIENT CARE

THREE AWARDS RECOGNIZED APPS WHOSE WORK SHAPED THE EXPERIENCE AND OUTCOMES OF INDIVIDUAL PATIENTS WHILE ALSO STRENGTHENING THE PROGRAMS AROUND THEM.

COLLEEN GREEN: MORE THAN TWO DECADES OF CHANGE IN LIVER AND TRANSPLANT CARE

Colleen Green, PA, received the 2025 Leonard W. Sandridge Outstanding Contributor Award, the University of Virginia's highest honor for individual staff achievement.

During more than 20 years at UVA Health, Colleen helped establish the Post-Transplant Hepatitis C Clinic and supported treatment approaches that expanded transplant access for patients with complex liver disease. Her work sits at the intersection of specialized clinical care, program development, patient advocacy, and mentorship.

The award recognizes more than longevity. It reflects the programs Colleen helped build, the colleagues she developed, and the patients whose treatment options changed because those systems existed.

MIKE MARSHALL: COMPASSION THAT PATIENTS REMEMBER

Mike Marshall, NP, received the Angelus Award for his care of women with cancer. As part of the Breast Oncology Team, he helps patients and families understand difficult diagnoses, weigh treatment decisions, and move through care that can be both physically and emotionally demanding.

The award centers on the way care is experienced. Clinical knowledge matters, but so do accessibility, honest communication, and the sense that someone remains present through uncertainty. Mike's recognition reflects the trust he builds with patients during some of their hardest moments.

DEBORAH BAKER: CALM LEADERSHIP DURING A TRAUMA EMERGENCY

Deborah Baker, NP, received a DAISY Award after caring for a trauma patient whose condition deteriorated rapidly. She recognized the change, coordinated multiple consulting teams, kept communication moving, stabilized the patient, and arranged transfer to the intensive care unit.

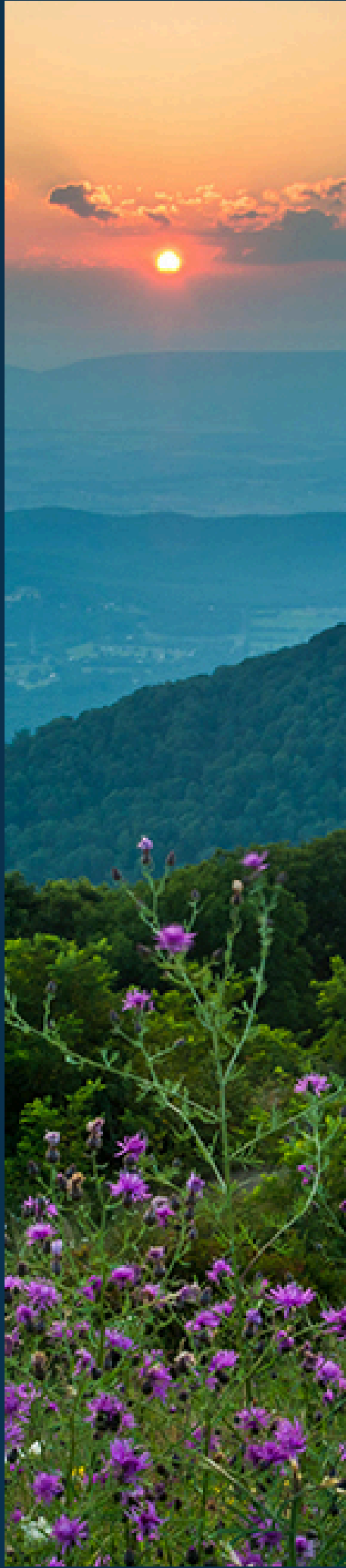
In a high-risk event, the value of leadership is visible in what happens next: the right people are reached, information remains clear, and care moves without losing time. Deborah's award recognizes that combination of clinical judgment, composure, and follow-through.





**EVIDENCE, ETHICS, AND
SYSTEM LEADERSHIP**





KRISTI KIMPEL WILKINS TURNS EVIDENCE INTO SAFER PRACTICE

Kristi Kimpel Wilkins, MSN, APRN, CCNS, CCRN, received the 2026 Clinical Nurse Specialist Evidence-Based Practice/Quality Improvement Award. The honor reflects 27 years of work at UVA Health focused on making clinical evidence usable in daily care.

Kristi has helped develop and implement vascular-access protocols, microlearning resources, and guidance for administering vasopressors through peripheral IVs. She has also contributed to coalitions addressing hospital-acquired infections and to the “Test Right, Treat Right” initiative that reduced CAUTI events by 75%.

Her work often begins with a difficult implementation question: a strong recommendation may exist, but how can a large group of clinicians apply it safely and consistently? Kristi helps answer that question through practical standards, focused education, and collaboration with the teams who will use the change.

She also teaches and mentors nurses and Clinical Nurse Specialists, presents nationally, contributes to peer-reviewed publications, and has served as a clinical instructor and preceptor through the UVA School of Nursing. Those roles extend the effect of each project by helping other clinicians develop the skills to lead the next one.

DEA MAHANES BRINGS ETHICS INTO CLINICAL DECISIONS AND POLICY

Dea Mahanes, DNP, APRN, CCNS, CCRN, CNRN, HEC-C, FNCS, received the 2026 ANA DAISY Award for Nursing Ethics in Leadership at the Ethics of Caring Conference in Los Angeles.

With more than 30 years in neuroscience nursing and 22 years as a CNS, Dea brings expertise in neurocritical care, spinal cord injury, and clinical ethics. For more than a decade, she has also contributed to UVA Health’s Ethics and Moral Distress Consultation Service, supporting patients, families, and interprofessional teams during high-stakes decisions.

Her influence reaches from the bedside to health-system policy. Dea has helped strengthen protocols for brain death and death by circulatory criteria, advance ethical practices in organ donation, and improve communication and shared decision-making with families. Nationally, she has presented and published on neuroscience nursing and ethics, coauthored Neurocritical Care Society guidance for devastating brain injury, and served as a chapter editor for the American Association of Neuroscience Nurses’ Core Curriculum.

Both Kristi and Dea work across several levels at once. They help an individual clinician or family in the moment, while also improving the standards, education, and policies that will guide the next case. Their awards recognize leadership that becomes part of how care is delivered.

2025 NATIONAL APP WEEK AWARDS

National APP Week recognized six UVA Health Advanced Practice Providers for contributions to clinical care, leadership, education, scholarship, and collaboration. The award categories reflect the range of ways APPs influence patients, teams, and the health system. Together, the six recipients reflect the many ways APPs strengthen care across UVA Health, from clinical practice and education to scholarship, leadership, and teamwork.

2025 AWARD RECIPIENTS

Brie Waddington, PA — Rising Star Award

Recognizing an early-career APP whose initiative and contribution show strong promise for continued impact.

Sarah Lepore, NP — Excellence in Leadership Award

Recognizing leadership that brings people together and creates meaningful change for patients, teams, or programs.

Kimberly Bednar, NP — Outstanding Educator Award

Recognizing sustained impact through teaching, mentoring, precepting, and professional development.

Tanya Thomas, CNS — Excellence in Scholarship Award

Recognizing work that advances practice through research, evidence-based improvement, publication, or dissemination.

Jeanne Parrish, NP — Interprofessional Collaboration Award

Recognizing partnership across roles and disciplines in support of patient-centered care.

Gabriele Ford, NP — Exceptional Advanced Practice Provider Award

Recognizing a consistent standard of clinical practice, professionalism, service, and commitment to patients and colleagues.



Rising Star Award nominees

Amanda Willis, PA; Benjamin Floyd, NP; Brie Waddington, PA; Christa Sharpe, NP; Jessica Denomme, NP; Kassandra Kasper, PA; Kyle Wilson, PA; Lindsey Cook, PA; Meredith Davis, NP; Philip DeTrana, PA; Ryan Goldschmidt, NP; Samantha Melady, NP.

Outstanding Educator Award nominees

Denise Jackson, PA; Jacquelyn Wilson, PA; Jenna Ally, NP; Kimberly Bednar, NP; Kristen Lilly, PA; Rachel Morgan, PA; Sarah Roberts, NP.

Excellence in Scholarship Award nominees

Matthew Thomas, GC; Stephanie Good, PA; Tanya Thomas, CNS.

Excellence in Leadership Award nominees

Eileen Dearth, PA; Elizabeth Lester, NP; Katharine Merrill, NP; Lindsey Sites, CRNA; Mahesh Murugesan, NP; Mallory Johnson, NP; Sara Rynders, PA; Sarah Lepore, NP; Shelley Towner, GC; Susan Ketcham, CNS; Susan Herndon, NP; Matthew Thomas, GC; Stephanie Good, PA; Tanya Thomas, CNS.

Interprofessional Collaboration Award nominees

Alexis Stevenson, PA; Claire McMahon, NP; Gina Haislip, NP; Jeanne Parrish, NP; Karie Wilson, NP; Kimberly Conrad, NP; Kristi Wilkins, CNS; Lauren Huck, NP; Meredith Davis, NP; Michele Hamrick, NP; Michelle Longley, CNS; MinHee Kang, NP; Rachel Anderson, NP; Renee Wilson, NP; Ruth Fogelgren, NP; Sarah Roberts, NP; Sherry Child, NP; Steve Wiseman, NP; Susan Ketcham, CNS.

Exceptional Advanced Practice Provider Award nominees

Anna Platt, GC; Barbara Baxter, NP; Carrielyn Rhea, NP; Cassandra Sweet, NP; Chelsea Johnson, OD; Corrie Parker, NP; Eleanor Seid, NP; Elizabeth Coyman, NP; Gabriele Ford, NP; Genevieve Easley, RA; Heather Passerini, NP; John Sproul, PA; Jacqueline Stewart, NP; Jeanne Parrish, NP; Jessica Wunderston, NP; Kimberly Conrad, NP; Leslie Peregoy, NP; Lisa Letzkus, NP; Margaret West, NP; Marie Thomas, NP; Melanie Brubaker, NP; Molly Czarnecki, NP; Natalie Jefferson, NP; Nicholas Nelson, NP; Mike Marshall, NP; Rachel Morgan, PA; Renee Wilson, NP; Rhoda Shulaw, NP; Sherry Child, NP; Steven Wiseman, NP; Susan Herndon, NP.

PATIENT EXPERIENCE HONOREES

UVA Health University Medical Center's 2025 Patient Experience Awards recognized licensed practitioners whose feedback placed them at or above the 90th percentile in the overall care-provider domain.

The APP honorees work across specialties and practice settings, but the result comes from the same source: the people who received their care. The recognition reflects whether patients felt heard, understood the plan, could communicate with their provider, and experienced care that responded to them as individuals.

The full list is included because patient experience is not the work of one service line or professional group. It is built one interaction at a time across the organization.

2025 APP PATIENT EXPERIENCE AWARD HONOREES

Adrienne E. Joyce, PA
 Aimee L. Strong, DNP, ACNP, AGACNP-BC
 Allison M. Patrizio, AG-ACNP
 Alycia A. Yowell-Many, FNP
 Amy E. Radigan, PA
 Angela J. Strickler, AG-ACNP
 Angela K. Collins, FNP
 Anita N. Sites, AG-ACNP
 Brooke E. Noell, PA
 Carolyn A. Lowery, ACNP, MSN, RN
 Carolyn J. Driscoll, FNP
 Carolyn Saunders, WHCNP
 Carrielyn A. Rhea, FNP
 Cassandra L. Sweet, AG-ACNP
 Chad B. Wilson, PA, MS
 Christina G. Schultz, FNP
 Christina J. Taylor, FNP-C
 Christine M. Dubroff, FNP
 Corah L. Tillerson, PA
 Corrie P. Parker, FNP
 Danielle N. Tyler, FNP
 David F. Clarke, PA
 Dawn S. Howell, FNP
 Deborah M. Adams, PA
 Elizabeth W. Good, ACNP
 Ellen U. Lam, PA
 Emily B. Feiner, PA
 Erin C. Parish-Gibson, CNM
 Evan R. Turnbull, PA-C
 Gary M. Pugh, PA
 Gianna Ricci, PA
 Hania Bushnaq-Aloul, AG-ACNP
 Heather M. Passerini, ACNP
 Jana M. Galuppo, PA-C
 Janelle B. Gorski, ANP
 Jenea R. Brown, FNP
 Jennifer Blosser, FNP
 Jennifer J. Herdman, FNP
 Jennifer M. Choffel, AG-ACNP
 Jennifer M. Dillman, WHNP
 Jennifer M. Eccles, PA
 Jenny A. Hamby, AG-ACNP
 Jessica R. Kassay-McAllister, DNP, AG-ACNP
 John M. Sproul, PA
 Julia F. Winegard, PA
 Kaitlyn C. Altizer, PA
 Kaitlyn C. Wrege, AG-ACNP
 Karen L. Clark, AG-ACNP

Karri M. Bishop, PNP
 Katharine A. Merrill, AG-ACNP
 Katherine C. Giganti, FNP
 Kathleen R. Haden, ANP
 Katie L. George, AG-ACNP
 Keith A. Pillow, PA
 Kelsey M. Parente, PA
 Kristine G. Shannon, FNP
 Kyle A. Wilson, PA
 Laura Hitchcock, FNP
 Lindsay R. Frazee, FNP
 Lisa W. Foster, PA
 Lissette Kinsella, FNP
 Lori P. Lute, AG-ACNP
 Maheswari Murugesan, ACNP, MSN, RN
 Malinda L. Whitlow, FNP
 Marcelle Zimcosky-Murray, AG-ACNP
 Mariah D. Savala, PA
 Marie C. Thomas, FNP
 Mark W. Parrish, PA
 Melinda S. Jenkins, AG-ACNP
 Melody D. Noble, AG-ACNP
 Min-hee Kang, ACNP
 Nicholas F. Calabrese, PA
 Nichole V. Brooks, PA
 Nicole V. Plowman, PNP
 Nina M. Stewart, FNP
 Pamela A. Oakley-Whiting, FNP
 Paul M. Marshall, PhD, MSN, ANP
 Rachel K. Morgan, PA
 Reagan D. Williams, PA
 Rosemarie L. Tyger, PA
 Samuel C. Olds, PA-C
 Sarah Bonfiglio, PNP
 Sarah C. Mercer-Kalergis, PA, MA
 Sarah E. Roberts, PNP
 Sarah M. Spriggs, FNP
 Selene M. Evans, ANP
 Shelly L. Rush-Evans, AG-ACNP
 Steve E. Fetcho, FNP
 Steven C. Thomas, ACNP
 Susan C. Herndon, AG-PCNP
 Tammy M. Tedsen, AG-ACNP
 Tanya L. Prachar, PMHNP
 Taylor M. Miguelino, PA
 Terran W. Sims, ACNP
 Tia Mitchner, FNP
 Debra L. Hildebrand, AuD - Audiology
 Donna L. Catalano, AuD - Audiology
 Nicola L. Ratcliffe, AuD - Audiology
 Katelyn B. Bohanan, GC - Genetic Counseling

RECOGNITION ACROSS VIRGINIA AND THE PROFESSIONS



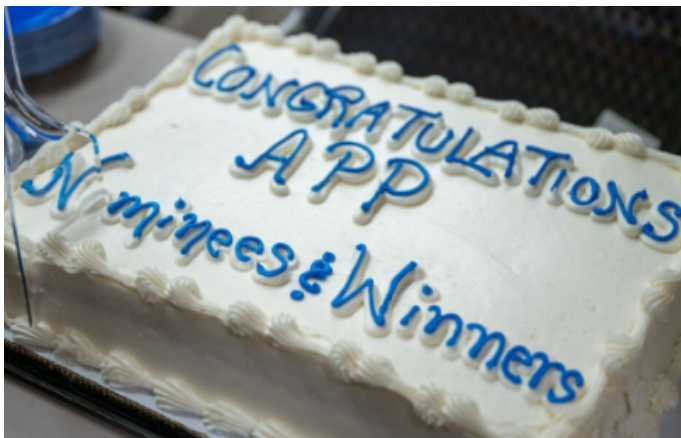
VIRGINIA NURSES FOUNDATION GALA

The 2025 Virginia Nurses Foundation Gala recognized UVA Health clinicians across education, leadership, direct care, patient safety, and professional practice.

Amy Boitnott received the Nurse Educator Award, and **Shelly Dean** received the Nurse Manager/Director Award. **Amy Johnston** was a finalist for Direct Patient Care Leader, Patient Safety, and **Emily Evans** was a finalist for Nurse Educator.

Three additional UVA Health nominees were recognized in categories aligned with the Magnet model: **Aimee Strong** for Exemplary Professional Practice, **Susan Ketcham** for New Knowledge, Innovations, and Improvements, and **Michelle Dawson** for Structural Empowerment.

Together, the nominations show the range of APP contributions recognized across Virginia, from teaching and workforce development to patient safety, innovation, and operational leadership.



TIELLE GALLION: A TOP-CITED STUDY CENTERS THE PATIENT VOICE

Tielle Gallion, GC, received Wiley's Top Cited Article recognition for her Journal of Genetic Counseling study, "Attitudes of Autistic Adults Toward Genetic Testing for Autism."

The study centers the views of autistic adults in a discussion that directly affects them. Its reach suggests that clinicians and researchers are looking for evidence that can support more respectful conversations about genetic testing, informed choice, and the questions patients consider most important.

SARAH CURRY: REGIONAL RECOGNITION FOR EMS EDUCATION

Sarah Curry, NNP-BC, received the Regional Outstanding EMS Prehospital Educator Award through the Virginia Governor's EMS Awards program. Her teaching and mentorship help prehospital professionals strengthen the knowledge and skills they use before a patient reaches the hospital.

The recognition reflects an impact that extends beyond one clinical setting. By supporting EMS education, Sarah helps connect the prehospital and hospital parts of the care continuum and contributes to better preparation across the region.

PROFESSIONAL DEVELOPMENT AND SCHOLARLY WORK



KIERAH BARNES-VAVAL EARNs NEA-BC CERTIFICATION

Kierah Barnes-Vaval DNP, RN, AGACNP, CCRN-CSC, CMC earned the Nurse Executive Advanced—Board Certified credential. The certification recognizes knowledge in organizational leadership, communication, quality and safety, workforce management, and the operational responsibilities involved in leading nursing and advanced-practice services.

TIA ROY EXPANDS HER PEDIATRIC PREPARATION

Tia Roy, APRN, CPNP-PC/AC, completed a post-professional certificate in Pediatric Nurse Practitioner Acute Care through the UVA School of Nursing. The additional preparation builds on her primary-care background and supports care for children with more complex and acute needs. She is continuing her education in a Doctor of Nursing Practice program.

HAYLEY KATZENSTEIN COMPLETES HER DNP

Hayley Katzenstein, DNP, APRN, CPNP-AC, completed her Doctor of Nursing Practice degree. Her project, “Improving Pediatric Respiratory Triage Accuracy,” focused on strengthening the early assessment and routing of children with respiratory concerns.

JOY MILLER EARNs A DNP AND MBA

Joy Miller, DNP, MBA, APRN, CPNP-PC, CHPPN, completed both a Doctor of Nursing Practice and a Master of Business Administration through Johns Hopkins University. Her DNP project, “Improving Pediatric Palliative Care Access Through Early Screening and Education,” addressed how patients and families can reach supportive care sooner. She also received the program’s DNP Leadership Award.

SHELLY DEAN COMPLETES A NATIONAL APP LEADERSHIP FELLOWSHIP

Shelly Dean completed the AONL/UCSF Advanced Practice Provider Strategic Leadership Fellowship. Her capstone, “Elevating Advanced Practice Leadership Through Interdisciplinary Integration: From Leadership Infrastructure to Leadership Influence,” examined how APP leadership can move from a formal structure to a stronger voice in organizational decisions.

ALISON KELLY EARNs ADVANCED CYSTIC- FIBROSIS CERTIFICATION

Alison Kelly, LCSW, became a Certified Advanced Cystic Fibrosis Social Worker in April 2026 after completing more than 6,240 hours of specialty practice over five years. The credential recognizes advanced knowledge and experience supporting patients and families living with cystic fibrosis.

RECOGNITION THAT BUILDS COMMUNITY

Led by **Jennifer Schach, DNP, ACNPC-AG, RN, CCRN**, the APP Recognition Committee created opportunities throughout FY26 for APPs to be recognized, share their work, and connect with colleagues across specialties and locations. As a subcommittee of the APP Council, the committee coordinates awards, professional recognition weeks, communications, and events that strengthen the APP community.

On May 29, the Spring Social at Random Row gave APPs an informal opportunity to meet colleagues, build relationships, and spend time together outside the clinical environment.

National APP Week 2025, held September 22–26, brought many of these efforts together. The week included an APP Breakfast, a wellness-focused yoga session, and an APP Gala at the Fralin Art Museum. It concluded with the annual Awards Ceremony, recognizing APP contributions in clinical practice, leadership, education, research, quality improvement, and service.

These activities helped make APP work more visible while giving colleagues meaningful ways to recognize one another's contributions.

LOOKING AHEAD TO NATIONAL APP WEEK 2026

UVA Health has been selected as a host site for National APP Week 2026. With the theme “The Pulse of Progress: APPs Powering Tomorrow,” the event will highlight the role of APPs in patient care, collaboration, education, and healthcare innovation.

The Recognition Committee will continue expanding recognition opportunities, strengthening relationships with peer institutions, and creating new ways to celebrate the work of APPs across UVA Health.



LEADERSHIP DEVELOPMENT AND REGIONAL LEARNING

A LEADERSHIP PROJECT TARGETS FASTER CARDIAC FOLLOW-UP

Christa Sharpe, NP, completed the UVA Health Leadership Institute with a project titled “Developing Care Pathways for Standardized Follow Up Timeframes of Stable Cardiac Conditions to Improve Timely Access to Care.” The project addressed a practical access problem. When follow-up expectations vary for clinically stable cardiac conditions, scheduling decisions can become inconsistent and limited appointment capacity may not be used where it is needed most.

Christa examined how standardized pathways could give clinicians and scheduling teams clearer guidance while preserving clinical judgment for patients whose needs fall outside the usual pattern. A more consistent process can reduce avoidable variation, support appropriate prioritization, and help patients reach follow-up care within a timeframe matched to their condition.

The project connects leadership development to an operational result. Instead of treating the Leadership Institute as education separate from practice, Christa used the experience to work on a real barrier to access.

APOGEE BRINGS APP LEARNING ACROSS STATE LINES

The 2025 APOGEE Conference, held October 9–10, brought APPs together for two days of clinical education, scholarly exchange, and professional connection. The program included 37 expert speakers and participants from Virginia, Maryland, North Carolina, and Florida.

Oral and poster presentations gave APPs a forum to share clinical work and learn from projects outside their own specialties. The regional audience also expanded opportunities for collaboration beyond UVA Health. CAP developed the conference with Continuing Education support through the Schools of Nursing and Medicine, reflecting the interdisciplinary audience and content.

APOGEE is most useful when the ideas shared there return to practice. Participants leave with new clinical information, examples of how other teams solved common problems, and professional contacts they can draw on after the conference ends.



SCHOLARSHIP IN TRANSPLANT AND CELLULAR THERAPY

RACHEL ANDERSON PRESENTS TRANSPLANT RESEARCH INTERNATIONALLY

Rachel Anderson, NP, presented “Liquid Adhesive Mesh Dressings with Sternal Fixation: A Winning Combination to Prevent Surgical Site Complications in Lung Transplant Patients” at the International Society for Heart and Lung Transplantation meeting in Toronto.

The project examined a specific postoperative question: whether combining a liquid adhesive mesh dressing with sternal fixation could reduce complications at the surgical site after lung transplantation. These patients face complex recovery needs, and preventing wound complications can reduce additional treatment, discomfort, and interruption of the recovery process.

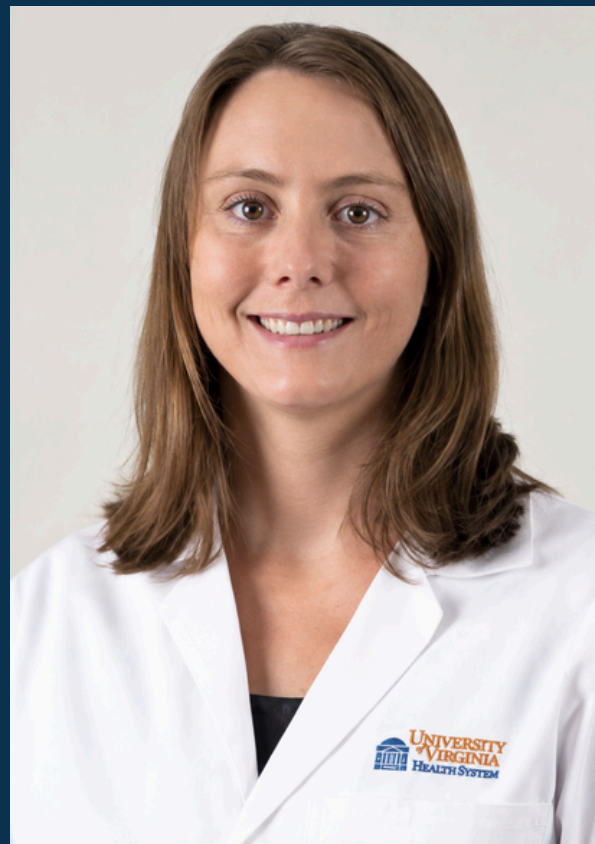
Presenting at an international meeting allowed Rachel to share UVA Health’s experience with transplant specialists, receive feedback, and bring new questions back to the team. Support from ASPIRE reimbursement funds helped make that dissemination possible.

JESSICA KASSAY-MCALLISTER SHARES THE WORK BEHIND OUTPATIENT CAR-T CARE

Jessica Kassay-McAllister contributed two posters and a panel presentation at the Tandem Meetings, focusing on the clinical and educational work required to deliver CAR-T therapy in an outpatient infusion center.

Her posters were titled “Advancing Outpatient CAR-T Delivery: An Interprofessional Nursing Education Program for Infusion Nurse Readiness” and “Establishing an Outpatient CAR-T Therapy Program in an Infusion Center.” She also joined the panel “Navigating CAR-T: Bispecifics and Emerging Therapies Across Care Settings.” Susie Herndon served on the conference planning committee.

The presentations addressed both halves of implementation. A new care setting needs a sound clinical model, but it also needs nurses and other team members who are prepared to recognize complications, follow escalation pathways, and communicate across services. By sharing the program and its education plan together, Jessica gave other teams a more complete view of what safe outpatient delivery requires.



BUILDING INTERDISCIPLINARY ONCOLOGY EDUCATION

Jennifer Eccles and Marie Thomas helped plan the inaugural 2025 UVA Interdisciplinary Medical Oncology Update, held November 7, 2025. The program was designed around the decisions clinicians make together rather than around a single profession or disease group.

Case-based sessions addressed breast, gastrointestinal, genitourinary, and lung cancers. Topics included circulating tumor DNA and biomarkers, systemic therapies, immunotherapy, targeted treatment, surgery, and perioperative care. Bringing those areas into one program allowed participants to see how a decision made in one specialty affects the options available in another.

The intended audience included clinicians across disciplines who care for people with cancer. Jennifer and Marie's planning work helped shape the cases, faculty, and educational sequence so that the program reflected real care pathways instead of presenting each treatment in isolation.

The conference also created a local forum for teams to compare approaches and build connections outside their usual meetings. In oncology, where treatment changes quickly and often depends on several specialties, that shared learning supports more consistent conversations with patients and more coordinated decisions across the care team.



FELLOWS TURN CLINICAL QUESTIONS INTO PROJECTS

UVA Health's inaugural APP Fellowship Abstract Symposium gave fellows a formal setting to present evidence-based projects developed during their training. The event connected clinical practice, quality improvement, and scholarly communication, three skills fellows will continue using after the program ends.

Presenters included **Meredith Buckley, PA**, and **Alex Heimberg, PA**, from Critical Care; **Quinton Rosser, NP**, from Neurology; and **Tiffany Griffiths, NP**, from Primary Care.

The projects addressed a wide range of clinical questions:

- Longitudinal care for people living with Parkinson's disease
- Management of refractory intracranial hypertension with pentobarbital
- Point-of-care ultrasound for identifying lung pathology
- Transitions after acute care and support following discharge
- Use of GLP-1 therapy in relation to osteoarthritis pain

The symposium allowed fellows to explain the question behind each project, describe the evidence or improvement method they used, and receive feedback from peers, mentors, and leaders. That process helps promising work move beyond an assignment and toward publication, presentation, or a change in practice.

It also makes the breadth of fellowship learning visible. Fellows spend most of their time developing clinical judgment, but they are also learning to evaluate evidence, measure a problem, communicate findings, and participate in the improvement of a service.



EXPANDING ACCESS TO PROFESSIONAL DEVELOPMENT

CAP expanded its professional development support this year by making resources easier to find, updating its supplemental funding program, and approving the first project through Professional Protected Time.

PROFESSIONAL DEVELOPMENT RESOURCES NOW LIVE

APPs can now find information about professional development opportunities in one location. The online resources include guidance on the CAP Supplemental Development Fund, Professional Protected Time, eligibility requirements, application steps, and other available support.

Visit app.uvahs.org/professional-development to explore the resources and learn how to apply.

CAP SUPPLEMENTAL DEVELOPMENT FUND

The ASPIRE Professional Development Fund has been renamed the CAP Supplemental Development Fund. Updated eligibility and application guidelines are designed to make the program more accessible and better aligned with the professional development needs of APPs across UVA Health.

The FY26 award recipients are **Bethany Giesel, Jessica Denomme, Rachel Anderson, and Jessica Kassay-McAllister**. The fund will support professional development activities that strengthen their knowledge and contribute to their work at UVA Health.

FIRST PROFESSIONAL PROTECTED TIME PROJECT APPROVED

Mary Jo Endahl became the first applicant approved through the Professional Protected Time program. Her project, “EMR & Teamwork: Elevating OB Care,” will develop a standardized Epic Problem List process and evidence-based management guidelines for 25 high-volume pregnancy conditions.

The project is designed to reduce variation in care and improve communication across UVA’s growing certified nurse-midwife team. By building these standards into Epic and supporting them with structured training, the team will create a more consistent approach to documenting conditions, sharing information, and coordinating patient care.

BENEFITS PROGRAM

PROFESSIONAL
DEVELOPMENT

\$3,500

PER APP / PER FISCAL YEAR

ELIGIBLE EXPENSES



MEMBERSHIP

Membership Dues

Annual fees for professional organizations relevant to specialty practice, leadership, or professional development.



CONFERENCES

Conference Fees

Registration costs for local, regional, national, or virtual conferences with continuing education credit aligned with the APP's role.



CME

Training & CME

Live or virtual CME activities, workshops, certificate programs, or structured training courses.



RESOURCES

Textbooks & Journals



LICENSURE

Licenses & Certifications



TOOLS

Work Tools



APP SCHOLARSHIP IN PRACTICE

TANYA THOMAS ADVANCES NATIONAL GUIDANCE FOR EXTRAVASATION CARE

Tanya Thomas, DNP, APRN, AGCNS-BC, OCN, presented “Showcasing the New Extravasation Treatment Guidelines” at the Oncology Nursing Society Congress. She also coauthored the ONS/ASCO Guideline on the Management of Antineoplastic Extravasation, published in JCO Oncology Practice.

Extravasation can cause serious tissue injury when an antineoplastic medication escapes the intended vascular pathway. Clear guidance helps clinicians recognize the problem, respond quickly, and use current evidence when treatment decisions must be made without delay.

SHANNON TUCKER SHARES A RARE TRANSPLANT CASE

Shannon Tucker, PA, had an abstract accepted for the American Society of Nephrology Kidney Week in Houston: “Hemophagocytic Lymphohistiocytosis Due to Donor-Derived *Ehrlichia chaffeensis* in a Kidney Transplant Recipient with Human Immunodeficiency Virus.”

The case brings attention to a rare and complex presentation involving transplant medicine, infectious disease, and immune dysregulation. Sharing it gives other clinicians a chance to recognize similar diagnostic patterns and consider the treatment challenges involved.

LIZ GOOD USES TELEHEALTH TO IDENTIFY SURGICAL-SITE INFECTIONS EARLIER

Liz Good, NP, published “Early Identification of Postoperative Surgical Site Infections Through Nurse-Led Telehealth Assessments” in the Journal of Nursing Care Quality.

The work describes structured virtual follow-up after surgery. By identifying possible infection sooner, the model helps patients receive guidance and treatment before a problem worsens. The project supported earlier detection, helped avoid readmissions, and maintained high patient satisfaction.

FY25–26 SCHOLARLY OUTPUT

Across FY25–26, APPs shared their work through presentations, publications, posters, quality-improvement projects, and virtual education, extending lessons from UVA Health to colleagues locally and nationally.

APP COUNCIL AND SHARED GOVERNANCE

CONNECTING FRONTLINE PRACTICE WITH SYSTEM DECISIONS

Shared governance gives APPs a formal way to raise practice concerns, participate in decisions, and connect work happening in one service with priorities across the organization. Through the APP Council, members contribute to committees, policy discussions, and improvement work across UVA Health.

Scott Darrah, CNS, provides one example of how clinical practice and shared governance can reinforce one another. Scott supports seven inpatient medicine units, helping teams translate evidence into standards, education, and quality improvement. Belmont University featured his work in an alumni profile during the year.

As Vice President of the APP Council, Scott brings questions from frontline care into a broader forum. His work on the Mortality Coalition's Sepsis Team also connects advanced practice with system efforts to improve recognition, escalation, and outcomes for patients at risk of sepsis.

The value of that connection is practical. A concern identified on one unit may point to a process affecting several services. A tool developed by one team may be useful elsewhere. Council and committee structures give APPs a place to compare those experiences, identify shared needs, and contribute to policies that influence daily care.

Scott's CNS role spans patients, clinicians, and the organization. He supports individual teams while also working on the systems that shape their practice. That same movement, from local experience to shared action, is central to APP shared governance.



APP STORIES REACH NEW AUDIENCES

The Social Media Committee used the UVA APP Instagram account to share the work, achievements, and experiences of APPs across UVA Health.

From June 11 through September 8, 2026, the account reached 4,291 unique viewers and generated 742 interactions. It also added 55 followers, an increase of 13.5%, bringing the account to 463 followers.

4,291
UNIQUE VIEWERS

+13.5%
FOLLOWER GROWTH

742
INTERACTIONS

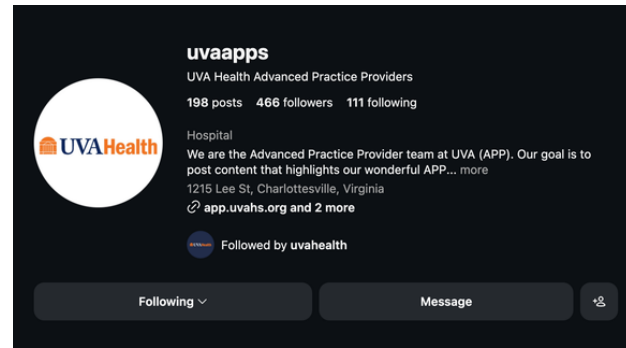
52.2%
REACH FROM NON-FOLLOWERS

More than half of the account’s reach came from people who were not already following the page. This shows that APP stories are reaching audiences beyond the existing UVA APP community.

Posts featuring real clinicians, teams, and clinical settings received the strongest response. An operating-room recognition post generated approximately 5,800 views and brought 14 new followers to the account. Posts about awards, APP presentations, National APP Week, PA Week, and CNS Week also performed well.

Feed posts generated 715 of the account’s 742 interactions. These results will help the committee continue focusing on authentic clinical photography, individual and team recognition, and stories that show the contributions of APPs across UVA Health.

Instagram Insights June 11–September 8, 2026



COMMUNITY ENGAGEMENT AND SERVICE



LISTENING TO THE “ZEBRA” PATIENT

For people living with a rare disease, reaching a diagnosis can take years or even decades. During that time, patients may move between specialties, repeat their history, and search for information while managing symptoms that still do not have a clear name. Once a diagnosis arrives, the available evidence and number of experienced clinicians may remain limited.

Alycia Yowell-Many, NP, has made advocacy for those patients part of her clinical and professional work. At the APP Oncology Summit in Richmond, she presented “From Pedigree to PARP: Applying Genetic Risk Assessment in Modern Oncology Practice.” The presentation addressed how family history and genetic risk can inform oncology decisions, but it also pointed to a broader responsibility: clinicians must listen carefully when patients and families have spent years learning about a condition few people encounter.

Rare-disease patients often become highly informed partners in their own care. They track symptoms, compare records, connect with advocacy organizations, and learn the language of the condition because they have had to. Alycia’s approach is to treat that knowledge as a resource. Effective care begins by asking what the patient has already learned, identifying reliable information, connecting the right specialists, and helping the person move through a system that may not have a standard pathway.

The human side of that work is visible in the experience of **Charlie Wilson, son of Sarah Lepore, NICU APP Manager**. Charlie lives with Smith-Kingsmore Syndrome, an ultra-rare neurological genetic condition associated with the mTOR pathway. The condition may involve developmental and intellectual differences, sleep disturbance, seizures, autism, and other complex needs, but its course is not identical for every person.

For a family, an ultra-rare diagnosis can answer one question and create many others. Information may be scattered, research may still be emerging, and local clinicians may never have cared for someone with the same condition. Families often have to build a network that includes specialty teams, therapists, schools, advocacy groups, researchers, and other families.

Rare Disease Day, observed each year on February 28, uses zebra stripes as a symbol. Clinicians are taught that when they hear hoofbeats they should first think of horses, not zebras, the common explanation is usually more likely. Rare Disease Day asks healthcare professionals to remember that zebras still exist and that some patients have spent a long time being told their experience did not fit the expected pattern.

Charlie’s story and Alycia’s advocacy belong together because they show both sides of the same relationship. Clinical expertise helps families interpret genetic and medical information. Family expertise helps clinicians understand the person, the history, and what daily life with the condition actually involves.

Better rare-disease care does not always begin with having every answer. It begins with believing the patient, respecting the knowledge a family brings, and being willing to coordinate across disciplines when no single clinic can meet every need.

PREVENTION AND AWARENESS IN THE COMMUNITY

DIABETES EDUCATION AND FOOT SCREENING IN NELSON COUNTY

On October 25, **Rhoda Shulaw, NP**, joined Lindsey Cook and Catherine Ratliff at the Nelson County Diabetes Education and Foot Screening Clinic. The event brought prevention education and screening directly to community members.

Diabetes-related foot problems can progress before a person realizes how serious they have become, particularly when changes in sensation make an injury difficult to feel. Screening creates an opportunity to identify concerns earlier, explain what signs to watch for, and connect participants with follow-up care.

The clinic also gave community members practical information they could use after the event: how diabetes affects circulation and sensation, how to check their feet, when to seek care, and how ongoing management can reduce the risk of complications. By meeting people in a community setting, the team lowered the barrier to asking questions and receiving an initial assessment.



A SHARED CALENDAR GIVES AWARENESS ACTIVITIES A CLEARER PURPOSE

Team members also participated in awareness activities throughout the year, including wearing blue for Colon Cancer Awareness. These moments work best when they point people toward an action, learning about risk, discussing screening, supporting a colleague, or finding a trusted resource.

Joycelyn George is maintaining an awareness calendar to coordinate future activities. A shared schedule can reduce duplication, help teams prepare useful information in advance, and connect each event with its intended health message rather than treating awareness as a photograph alone.



SOCKTOBER TURNS A SHARED GOAL INTO 42,311 PAIRS

UVA Health began Socktober 2025 with an ambitious goal: collect 20,000 new pairs of socks for people experiencing homelessness and housing insecurity. By the end of the campaign, University Medical Center teams had collected 42,311 pairs, more than double the goal and nearly three times the 2024 total of 15,780.

The Center for Advanced Practice finished in the top spot in the department competition and was recognized as a Fill the Bin winner. **Joycelyn George** helped keep the campaign visible and encouraged teams to participate. Chadwick French from Morrison recognized her contribution to rallying the department and supporting the broader collection.

The scale of the result created a second challenge: every donation had to be gathered, counted, sorted, and prepared for distribution. Team members spent approximately 12 hours packing and counting 95 bins. The two leading departments alone contributed more than 26,000 pairs.

About 20,000 pairs went to the Salvation Army, and another 20,000 pairs went to The Haven on November 24. UVA Health Prince William collected 317 pairs for SERVE, and Culpeper collected 60 pairs. Haymarket plans to join the campaign in 2026, extending the effort across another location.

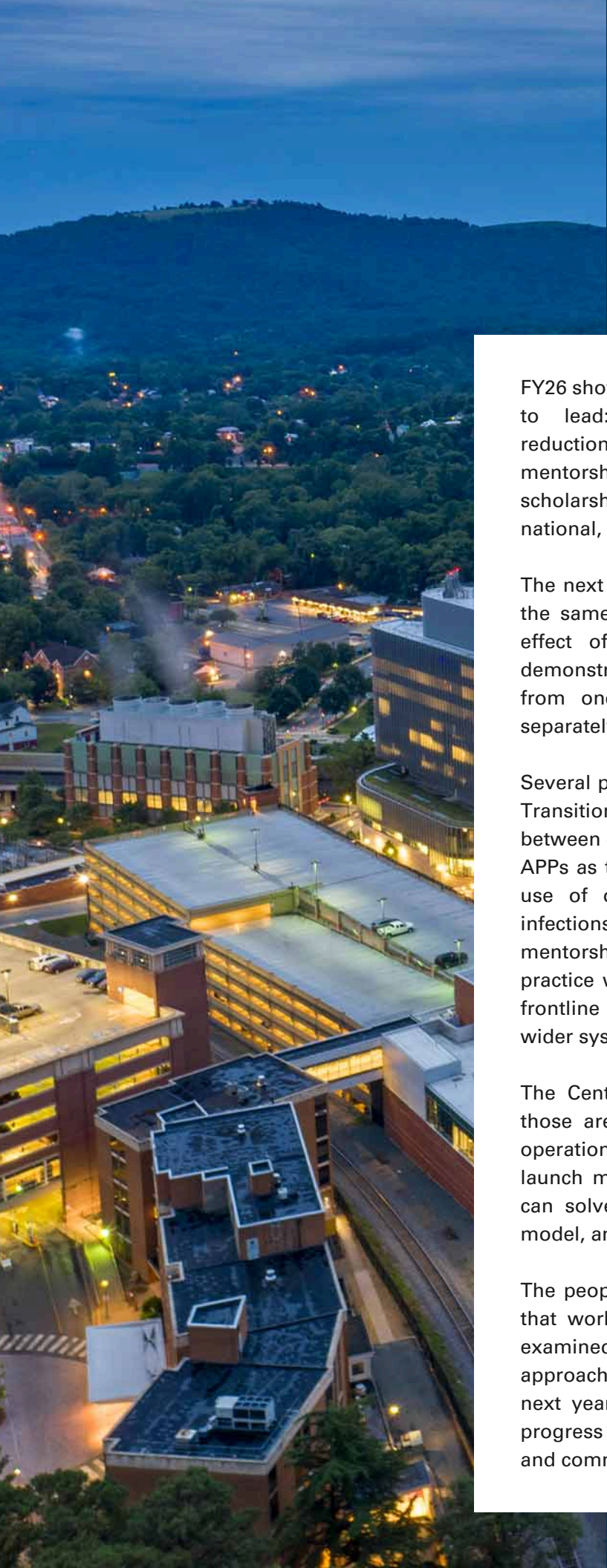
Socks are a simple item, but they meet a specific need. People without stable housing may walk long distances, have limited access to laundry, and face cold or wet conditions that increase the risk of skin problems and infection. A new, dry pair of socks provides immediate comfort and supports basic foot health.

The final total set a historic UVA Health campaign record.

The result came from thousands of individual decisions to contribute: a package left in a collection bin, a message shared with a team, a department deciding to compete, and volunteers staying to count and pack. CAP's role was not only to collect the most. It helped turn a large organizational campaign into a visible, practical response to a community need.

Socktober also shows what collective service can accomplish when the goal is clear and participation is easy. The campaign asked for one useful item, created friendly momentum across departments, and then moved the donations quickly to organizations that could place them in the hands of people who needed them.





LOOKING AHEAD

FY26 showed what happens when APPs are given the structure to lead: patient-safety projects produced measurable reductions, new care models expanded access, fellowship and mentorship programs strengthened the workforce, and scholarship carried UVA Health experience to regional, national, and international audiences.

The next year is an opportunity to build on those results with the same discipline. That means continuing to measure the effect of APP-led practice, expanding models that have demonstrated value, and making it easier for teams to learn from one another instead of solving the same problem separately.

Several priorities already emerge from the work in this report. Transition programs can protect continuity for patients moving between care settings. Competency-based training can support APPs as they take on procedures and specialized roles. Better use of operational data can reduce unnecessary testing, infections, delays, and avoidable hospital days. Structured mentorship and fellowship can help clinicians enter advanced practice with stronger support. Shared governance can bring frontline experience into policies and decisions that affect the wider system.

The Center for Advanced Practice will continue connecting those areas: clinical practice, education, leadership, quality, operations, scholarship, and service. The goal is not simply to launch more programs. It is to identify where APP expertise can solve a defined problem, build a safe and sustainable model, and measure whether the change improves care.

The people featured in these pages have already shown how that work begins. They listened to patients and colleagues, examined data, questioned a process, tested a better approach, and shared what they learned. Their results give the next year a strong foundation, and a clear expectation that progress should be visible in the experience of patients, teams, and communities.



CENTER FOR ADVANCED PRACTICE

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ANNUAL REPORT

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