

# Arkansas e-Link Update

By Brenda Pick, BA, Project Manager



ANGELS is proud to introduce Stacey Johnson, A.P.R.N., to all of our sites around the state. Stacey has worked at UAMS as an advanced practice registered nurse for the past ten years and has spent the past 2½ years working for ANGELS.

Stacey sees an average of 24-30 patients each week via telemedicine across Arkansas. She says not only is it more convenient for her patients, but it makes it easier to have family members attend the appointments.

“Receiving bad news is never easy, whether it’s in person or over interactive video, but with telemedicine, the patients can have family with them because the ultrasound is being done at a clinic that is close to their hometown,” Johnson said. “The technology allows me to pull up their ultrasound so that the MFM specialist can show them where and what the problem is. Ultimately, it helps us to educate the family on what the condition is and what they can expect.”



She currently works in several different clinics on and off campus and teaches a telemedicine clinic twice each week.

“On a weekly basis, I can be found at a variety of OB clinics that are offered at UAMS,” Johnson said. “I work in the University Women’s Clinic to provide prenatal care for high risk OB patients. In this clinic, I get to work closely with the OB/GYN residents and enjoy working with each of them as well as getting to assist in managing the care for our high-risk OB patients. I also see patients two days a week via telemedicine for high-risk ultrasounds and consultations. I have recently started working in our genetics clinic at Freeway Medical to provide a combined consult with Genetics and Maternal-Fetal Medicine (MFM) for high-risk pregnancy patients.”

Stacey states that in some instances, telemedicine does a great deal to better the overall health of the patient. Some of her patients live two to three hours away and do not feel comfortable driving in Little Rock traffic. By using telemedicine, they get the expert services without all the hassles and stresses of driving in Little Rock. Needless to say, Stacey stays pretty busy moving from office to office, but still manages to make time to get to know her patients, even the ones she sees remotely using telemedicine.

“One of the most rewarding cases I’ve worked on involved a mother that was pregnant with monochorionic diamniotic twins (twin pregnancy with babies sharing a single placenta),” Johnson said. “They were at risk for twin-to-twin transfusion syndrome. I saw her every two weeks via telemedicine and got to know her and her family very well. The good news is she made it close to full term, and her babies were born healthy. They’re a year old now, and she sends me pictures and gives me updates on them. It’s amazing how close you can become with patients, even when you don’t actually see them in person.”



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# the ANGELSREPORT

March, April, May 2016  
ANTENATAL & NEONATAL GUIDELINES, EDUCATION AND LEARNING SYSTEM



## What is Zika virus?

By Edwina Walthall, APRN



Zika virus was first discovered in 1947 and is a disease transmitted primarily when someone is bitten by an infected Aedes species

mosquito. While Zika virus is primarily transmitted through mosquito bites, transmission via sexual contact is possible. Prior to a confirmed case of Zika in Brazil in May 2015, this virus was primarily seen in tropical Africa, Southeast Asia and the Pacific Islands. On Feb. 1, 2016, the World Health Organization declared that the Zika virus was a Public Health Emergency of International Concern because of clusters of certain birth defects and disorders in some areas affected by Zika.

### What are the symptoms of Zika Virus?

- Fever
- Rash
- Joint Pain
- Conjunctivitis (red eyes)

These symptoms can last for up to a week. People rarely die from the virus, and most do not even get sick enough to go to the hospital. An initial infection with Zika virus typically provides immunity against future infections with the virus. However, as mentioned above, Zika can have devastating effects on the developing fetus of a pregnant woman who becomes infected.

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Telephone  
(501) 526-7425  
Toll Free  
(866) 273-3835





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### How is Zika virus treated?

There is no available treatment for Zika virus, nor is there a vaccine to prevent transmission. Therefore, treatment is aimed at relieving the specific symptoms of each individual: rest, fluids, and pain medications. It is important to prevent further mosquito bites while infected to prevent spreading the virus.

### Why is Zika Virus bad during pregnancy?

Zika can be, but is not always transmitted from a pregnant woman to her fetus during pregnancy or at the time of delivery. There are still many unknowns about the effects of Zika on the developing fetus, but it is now clear that the Zika Virus can cause microcephaly (very small head) and other severe brain defects, eye defects, hearing loss and growth restriction. These defects can have devastating effects on the neurological development of the child and can contribute to significant learning delays.

### How can I reduce my risk of getting Zika virus?

- Use of insect repellants
- Avoid travel to areas with large Zika outbreaks (see the Centers for Disease Control website for complete list)
- Abstain from sexual intercourse with an affected male

This species of mosquito is known to aggressively bite during the day, so protect yourself at all times when outdoors.

For further information, refer to Zika virus on the Arkansas Department of Health website at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov) or <http://www.healthy.arkansas.gov/programsServices/infectiousDisease/zoonticDisease/zika/Pages/default.aspx>



## Education



By Barbara Smith, RN, BSN, CPC, Director, Guidelines, ANGELS

## ANGELS Guidelines

Improving Obstetrical, Neonatal, and Pediatric Care in Arkansas. <http://angelsguidelines.com>

The goal of the ANGELS guidelines is to improve obstetrical, neonatal, and pediatric care in Arkansas, and to make best practice guidelines readily available to busy practitioners. More than 60 counties in Arkansas are represented by website participants. Even though our focus is to strengthen and support collaboration in guideline development for Arkansas providers, the guidelines have been viewed by many registrants from beyond Arkansas' borders:

- 41 states in addition to Arkansas
- 16 countries in addition to the United States

There are over 100 evidence-based practice guidelines on obstetrical conditions. In addition, there are over 100 neonatal and pediatric guidelines available. The guidelines are authored and reviewed by UAMS doctors annually and are intended to be an efficient way for providers to obtain vital information in caring for their patients.

Please use this link to register to view these guidelines at [angelsguidelines.com](http://angelsguidelines.com).

The guideline site is designed to be mobile-friendly and interactive to provide quick and easy access to the information. Don't miss out on this invaluable, Arkansas-driven resource!



## EXCELLENCE AWARD

By Tina Pilgreen, MS

Each year, the UAMS College of Medicine hosts a Dean's Honors Day to recognize employees who have excelled in their positions. Specifically, the Staff Excellence Award honors employees for commendable qualities such as outstanding performance, positive work ethic, initiative and creativity.

It was no surprise when ANGELS Guidelines Director, Barbara Smith, R.N., B.S.N., C.P.C., was honored with the *Staff Excellence Award in Education* at the sixth annual event on April 19. Smith is directly responsible for managing ANGELS evidence-based guidelines development, which brings together Arkansas' physicians through weekly interactive videoconferences to develop evidence-based obstetrical, neonatal, and pediatric best-practice guidelines. She is the original and continuing director solely responsible for the development of these guidelines since ANGELS' inception in 2003.

Her work and dedication has ensured that Arkansas's providers and other providers around the world have access to 216 evidence-based obstetrical, neonatal, and pediatric guidelines. She has been instrumental in the innovation process by which the ANGELS guidelines are managed and developed, providing her own creative ideas and support as needed. In addition, Smith has built and maintained a wonderful working relationship with a countless number of obstetric physicians throughout Arkansas, many contacting her directly for help when needs arise.

Congratulations and thanks to Barbara Smith for her outstanding work ethic and dedication to ANGELS and for ensuring all women in Arkansas receive the best possible perinatal care.



## Arkansas Fetal Diagnosis and Management Program Update

By Shannon Barringer, MS, CGC, Program Manager, Arkansas Reproductive Genetics Program/ANGELS

The Arkansas Fetal Diagnosis and Management Program (AFDM) enrolled 89 new families during the Spring of 2016. These families are carrying babies with birth defects or genetic diseases requiring specialized case management and intervention. As part of that mission, learning modules on video are being created that families will be able to watch online. These modules will allow patients/families to expand their knowledge base, as they learn to adjust to difficult diagnoses. In addition, the program is playing a role in the development of a patient advocacy group at Arkansas Children's Hospital, so that parents can learn from mentors (or become a mentor) whose children have had similar conditions, surgeries, or hospital stays.

Examples of AFDM's care of some of families this spring include:

- There are six families who are receiving care and expecting babies with Down syndrome this summer. Each of these babies has other health concerns/birth defects that will require intensive care shortly after birth. These families have been able to meet with pediatric cardiology, surgery, and neonatology extensively to learn more about this care ahead of time.
- Several of families who lost their babies due to diagnosed birth defects were able to obtain more genetic information after their deliveries with testing called chromosomal microarray (CMA). CMA has enabled the program to provide much more accurate recurrence risks. Even if families do not want extensive studies on their babies after a death occurs, this simple test can help provide additional answers to these families.



## Perinatal Outcomes Workgroup (POW) Meeting

By Susan Dodson, MBA, BSN, RN, Education Program Manager, Center for Distance Health

The Perinatal Outcomes Workgroup (POW) meeting was held April 26 at the Winthrop Rockefeller Institute on Petit Jean Mountain. Representatives of twenty-eight of the delivering hospitals in Arkansas attended the meeting, which focused on gathering input from maternal/infant nursing leadership from around the state and discussing ways to improve perinatal outcomes through statewide initiatives. The group also was invited to a networking reception at the facility on April 25 to give them the opportunity to meet their peers from around the state.

A wide range of topics was discussed at the meeting, including staffing and annual competencies, evidence-based guidelines, maternal safety bundle, maternal triage, baby friendly designation and communication.

A legal panel answered questions for over an hour from the 65 attendees in the Show Barn Hall meeting space at the institute. The panel included a malpractice defense attorney, a surveyor from the Arkansas Department of Health and an OB/GYN physician on the board of directors for a malpractice insurance company.

"On the post conference surveys, one of the most requested items was more time for the legal panel, which is definitely something we will look into for our next workshop," said Susan Smith Dodson, one of the organizers of the conference. "We had a great group of nurses with some great questions. I think we all learned more than we anticipated we would."

The afternoon was mainly set aside for the breakout of small groups for two different sessions. Nurses were given the opportunity to share successes, identify barriers and discuss potential solutions related to topics affecting perinatal outcomes. This meeting was different from past perinatal conferences in that it specifically focused on the nursing staff providing care at the labor and delivery facilities around the state. The result was overwhelmingly positive from the group.

"We're thankful for the responses and suggestions we received from the L&D nurses that attended," said Margaret Glasgow, a conference organizer. "With their help and through their suggestions, it will help us all grow and develop better evidence-based guidelines for everyone to follow."