


# NEWS & VIEWS

PROMOTING  
EXCELLENCE  
IN NURSING  
  
UNIVERSITY  
of MARYLAND  
MEDICAL  
CENTER  
DOWNTOWN  
& MIDTOWN  
CAMPUSES



Introducing the  
University of Maryland  
Medical Center's new  
Chief Nursing Officer

**Karen E. Doyle, DNP, MBA, RN, NEA-BC, FAAN**  
Senior Vice President of Patient Care Services  
and Chief Nursing Officer



Gudeleky Building

THE "HEART OF BALTIMORE" SCULPTURE HONORS UMMC'S FRONTLINE STAFF AND THEIR RESILIENCY DURING THE COVID PANDEMIC. See page 5.

HOME OF THE BRAVE SOUTH ENTRANCE



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## reflections

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# The Future of Nursing and Patient Care Services

**E**arlier this fall, I assumed the role of senior vice president of patient care services and chief nursing officer at the University of Maryland Medical Center. As a native of West Baltimore, it is truly an honor and privilege to accept this role. I pledge to approach it with the determination, perseverance and loyalty that this city has helped instill in me. Some have asked me “why now, when our profession faces so many overwhelming challenges, would you want to take this on?” In fact, it is these very challenges that inspire me to embrace this opportunity to serve as your leader, champion and advocate. It’s my privilege to serve and inspire the great health care leaders and teams at UMMC. Our time to shine is NOW and I am confident that we have what it takes to lead during this opportune time.

As the nation’s largest and most trusted health care profession, nursing will continue to partner with patient care services and other providers to mutually define clinical excellence. We will differentiate ourselves through the following nationally aligned priorities:

**The Workforce:** Our designation as the “Employer of Choice” for health care professionals is an imperative. We will sustain a competitive compensation strategy that retains, recruits, and educates the best and brightest talent. We will continue to heavily invest in professional development. We will employ a diverse, inclusive workforce that mirrors the population we are privileged to serve.

**The Practice Environment:** We will promote an environment where all practice to their maximum individual scope, achieving autonomy, authority and accountability for clinical decision-making. We will embrace

an interprofessional and collaborative work environment where all thrive as we redesign and innovate models of care delivery.

**Professional Well-Being:** The emotional and mental health of our workforce is among my most important priorities. Professional well-being is a significant component of job satisfaction, where we find meaning and fulfillment in our work. We must be engaged, and have a high-quality work experience. I commit to advocating for and implementing solutions to help prevent compassion fatigue and moral distress. Creating an environment of psychological and personal safety, free from workplace violence, is essential to a healthy work environment. Our experience with COVID over the last two years has illuminated the issues of burnout, fatigue, and diminished physical and mental health. To provide the best care to our patients, we must better prioritize the health of our bodies and minds.

**Improving Health Care Access, Quality, and Equity:** We have a responsibility – in fact, a moral obligation – to improve the health and well-being of our underserved neighbors by addressing social determinants of health, health equity and structural racism. Our nurses and social workers have critical touchpoints, including discharge phone calls, mobile clinics, and mobile integrated health to help identify and remove barriers that adversely impact our patients. We must help them clear the hurdles that limit scope of practice and address reimbursement issues – such as those found in telehealth – to deliver on our promise of health equity for all.

**Care Coordination:** We are uniquely qualified to improve health care quality by helping people navigate the health care system. From

population health to transitions and from acute care to the post-acute environment, we are positioned to influence the patient experience and health outcomes. We are influential in engaging patients with chronic conditions to promote behavior change. We must lead to improve the delivery of care and reduce the costs for those patients with the highest need.

**Educating for the Future:** As an academic medical center, education must remain front and center. Our educational efforts will be interprofessional and collaborative. We will continue our focus on specialty fellowships, adapting and adopting new technology and embracing simulation-based training. We will strengthen and diversify our partnerships with professional and vocational schools, and support our community by implementing an internal nursing assistant program to open doors to entry level positions into health care. We will invest in succession planning to ensure the next generation of leaders.

**Leading Change:** As transformational leaders, we must inspire and engage others and to serve as change agents. Our success is dependent upon us working together as we advance through the next decade. We will seek out partners who share our passion for excellence and spirit of collaboration in improving health care.

There has never been a better time to polish our shine. I have so much confidence and pride in all of you as we embark on our journey together. I am honored to be your chief nursing officer, and appreciate your support and partnership as we share the best of ourselves with our patients and each other. ♦

# What's Great?

A collection of uplifting anecdotes, notable achievements, and proud moments at UMMC.

**Pediatrics at Midtown has been awarded recognition by the National Committee for Quality Assurance (NCQA) for a fourth time** as a Level 3 Patient-Centered Medical Home, a health care setting that facilitates partnerships between individual patients and their personal physicians and the patient's family. This level of recognition bestowed by NCQA is a testament to the commitment to continuous quality improvement and a patient-centered approach to care. Pediatrics at Midtown is continuously successful in keeping this recognition due to the efforts of every single staff member.

The "Heart of Baltimore" sculpture was installed in November at the South Entrance of the Medical Center at UMMC's downtown campus. **Art with a Heart** gifted this sculpture to honor hospital frontline staff and to represent their resiliency during the COVID-19 pandemic. Created by artist Ali Mirsky, volunteers across Baltimore City helped assemble this 1,000 pound mosaic sculpture by piecing together mirror fragments, glass, and ceramic hearts. Embedded in these pieces are messages of hope and gratitude.

UMMC's **Respiratory Care Team** was presented with the Outstanding Service Award by the U.S. Air Force. Their work with the Center for the Sustainment of Trauma and Readiness Skills (C-STARS) program prepares Air Force Medical Service members with critical care training prior to deployment.

## SAVE THE DATE! *Please join us on and off campus.*

### JANUARY

NATIONAL BLOOD DONOR MONTH

13-19

CRNAs WEEK

### FEBRUARY

AMERICAN HEART MONTH

14

NATIONAL DONOR DAY

16

NURSING GRAND ROUNDS

### MARCH

NUTRITION MONTH

1

CLINICAL PRACTICE SUMMIT, CALL FOR ABSTRACTS OPENS

UMMC INNOVATION CHALLENGE, INTENT TO APPLY DEADLINE

10

WORLD KIDNEY DAY

23-29

PATIENT SAFETY AWARENESS WEEK



# NEWS UPDATE

## UMMC Midtown Celebrates Opening of \$70M Outpatient Tower

More than 100 people, including hospital staff, leaders, providers, elected officials, and community partners attended a ribbon-cutting ceremony on September 14, 2021 for the new \$70 million outpatient tower at the University of Maryland Medical Center (UMMC) midtown campus. The event was livestreamed, with an additional 185 people taking part virtually. Speakers included Baltimore Mayor, Brandon Scott; UMMC Midtown President, **Alison G. Brown**, MPH, BSN; UMMC President and CEO, **Bert W.**

**O'Malley**, MD; and UMMS President and CEO, **Mohan Suntha**, MD, MBA.

The new tower houses several specialty practices, such as the UM Center for Diabetes & Endocrinology, the THRIVE infectious diseases program, an outpatient lab, and an expanded Community Health Education Center. Multi-disciplinary teams provide coordinated care to people with multiple complex health conditions – all under one roof. In addition, an expanded primary care center will open in 2023 on the 10th floor. ♦



From left: Marilyn Carp; Louise Michaux Gonzales, Esq.; Bert W. O'Malley, MD; Alison G. Brown, MPH, BSN; Mohan Suntha, MD, MBA; and Stephen Davis, MBBS

## Nationally Recognized TAVR Program Saving Lives with BIOTEL MCOT Remote Monitoring

The transcatheter aortic valve replacement (TAVR) procedure is a minimally invasive surgery for patients with aortic valve stenosis. In 2012, UMMC initiated the TAVR program for clinical trials. Over the last five years, use of this procedure has grown exponentially, with 1,013 TAVRs performed. Heart rhythm disturbances are the most common complication that occurs after discharge and requires a permanent pacemaker (PPM).

To address this complication, UMMC implemented Biotel MCOT remote monitoring in March 2020 for post-TAVR patients without a PPM at discharge. Biotel MCOT is a small device attached to the upper chest. It transmits a continuous electrocardiogram to a remote monitoring station through a recycled smartphone provided to the patient. The patient's heart rhythm is monitored 24/7 until the patient's thirty-day post-op appointment.

If the patient has a rhythm disturbance, a TAVR team member is notified and calls

## Midtown's Bridge to Excellence Program

The Bridge to Excellence (BTE) is a three to six month program designed to provide support, mentorship, education, and leadership development for nurses that want to explore and transition into different clinical fields. This new and innovative program was created by **Michelle Powell**, DNP, MSN, RN, clinical practice and development coordinator, and **Nat'e Guyton**, DM, MSN, RN, CPHIMS, NE-BC, Midtown's chief nursing officer, to increase nurse satisfaction and ultimately impact nurse retention at the midtown campus.

Through formalized educational opportunities and orientation techniques, BTE provides experiential learning opportunities as the nurse adapts to a new service or clinical area. Within the program, the new-to-specialty nurse builds core competencies in a protected environment, focusing on building decision-making and leadership skills, while providing safe and effective patient care. Nurses also have the opportunity to hone critical thinking skills and incorporate evidence-based decision-making into practice.

Three nurses applied for the first BTE cohort, with one applicant eligible for participation. This nurse successfully transitioned into the critical care setting from a medical/surgical unit in September 2021. The second cohort will begin in January of 2022. As of November 2021, there are six eligible candidates. The hope is to have all six partake in this professional development opportunity to enhance their clinical and leadership skills. ♦



The CPS will continue to grow and evolve with a number of upcoming changes planned for 2022.

the patient to check on them. If unable to reach the patient, the Emergency Medical Services (EMS) is activated to respond to the GPS location on the device. Since the go-live, thirteen patients have had rhythm disturbances requiring intervention. For one case in August, EMS was activated for a patient who lives alone and did not answer the phone. EMS found the patient semi-conscious on the floor. With emergency intervention, the patient survived the event. This new process is truly a lifesaver.



In June 2021, UMMC received the American College of Cardiology TAVR certification. The Medical Center is the first in the state of Maryland and one of only approximately fifty centers in the nation to receive this prestigious distinction. ♦

## 2021 Clinical Practice Summit

The annual Clinical Practice Summit (CPS), hosted by the Nursing Research and Evidence-Based Practice Council (NREBPC), was a week-long event held in September 2021. This year, the CPS showcased 71 total posters, with 18 COVID-related topics, and over 13 hours of presentations. The live, virtual format of poster rounds supported the highest attended CPS ever, allowing more people to learn about the great work UMMC team members have accomplished.

The CPS will continue to grow and evolve with a number of upcoming changes planned for 2022. First, NREBPC will transition the planning of CPS to its parent council, Inquiry and Innovation Oversight Council (IIOC). IIOC developed a process to provide

support for projects that need mentorship, [umms.org/submitproject](https://umms.org/submitproject), making it the perfect group to support projects, from planning and implementation steps, to dissemination. Additionally, CPS will be open to the entire University of Maryland Medical System, allowing participation from other system hospitals. As CPS supports the vision of OneUMMS, the final presentations will once again be offered to everyone in a live, virtual format in September 2022.

If you are interested in participating, the call for abstracts will open in March 2022. For more information, email [nrebpc@umm.edu](mailto:nrebpc@umm.edu) or visit our *Insider* webpage at <https://intra.umms.org/ummclnursing/cppd/research/events/clinical-practice-summit>. ♦



Upper left and above: CPS posters displayed at UMMC Downtown

Left: CPS posters displayed at UMMC Midtown

# ACHIEVEMENTS UPDATE

## Retirements

**Jane Aumick**, RN began her nursing career at St. Francis Hospital, Port Jervis, New York as a new graduate from the Binghamton General Hospital School of Nursing in New York, class of 1977. In 1980, Jane joined Shock Trauma's newly designated neurotrauma center and was a member of its initial nursing team. Throughout her 41 years of service in the center, Jane was appointed to a variety of leadership titles – unit teacher, senior



partner, patient care coordinator, and senior clinical nurse. Her dedication to innovation was exhibited through her leadership in education and competency development for new technologies, such as Omnicell, where she was the lead for the beta site process. Jane further led the education and competency for several UMMC clinical roll-outs, including the new cardiac monitor safety program, EPIC, Pyxis medication system, and the Alaris infusion pump.

**It is no wonder that Jane was awarded Neurotrauma Nurse of the Year in 1989 and the Shock Trauma Hero award in 2005 and 2014.** Her leadership and passion for this patient population extended into the community, serving as the nurse champion for critical care at Stevenson University. She has been unwavering in her advocacy for patients, their families, and her colleagues. Jane is a hero to countless people in Shock Trauma and the community. She is definitely one of a kind and many are better because of her. ♦

**Peggy Torr**, BSN, RN, OCN began working at UMMC 37 years ago and has seen many changes occur over that period of time. However, some things that have not changed is Peggy's way of providing compassionate care and her strong commitment to patients, families, and colleagues. Peggy goes above and beyond every day to ensure that patients and families receive the attention they need and deserve. Even patients who are no longer receiving treatment often seek her out to acknowledge the difference that she has made in their lives. Part of this commitment includes her ongoing dedication to quality and process improvement at the unit, division, and hospital levels. She has been involved in work on so many patient issues, including reducing patient



falls, infection prevention, and chemotherapy administration. Peggy's devotion to oncology nursing and oncology nurses is palpable. She is passionate about the growth and development of her peers and for the new nurses joining the team, always encouraging them to pursue ongoing education and achieving national certification. She is the first to recognize and celebrate others for their accomplishments. **She has also achieved recognition multiple times for her own work and commitment to the profession, to include being a recipient of the Marlene and Stewart Greenebaum Cancer Center Compassion Award, the DAISY award, and the 2019 Excellence in Nursing Practice Award.** These awards underscore Peggy's commitment, compassion and the quality of care she provides.

One personal project that demonstrates Peggy's devotion to meeting the emotional and physical needs of her patients is her leadership in organizing cheer packages and gifts to hospitalized cancer patients during the holiday season. For the past 16 years, Peggy has collected donations and prepared large bags of gifts for patients. She works every Christmas and ensures that no matter how busy the unit is, staff will deliver the gifts to patients, along with laughter, smiles, and encouragement. There are always extra presents to ensure that patients admitted during the holiday week also receive gifts. In determining the date of her retirement, Peggy decided it had to allow for one more cancer center Christmas!

Peggy's dedication to her patients and her profession has been exemplary throughout the years; she has been an inspiration to so many that she has touched along the way. ♦



## Retirements, continued

**Victor J. Giustina, MSN, RN** came to the R Adams Cowley Shock Trauma Center as its first graduate nurse in 1985 and began his career working the night shift. In January 1990, after four and half years in Neurotrauma, he transferred to the Trauma Resuscitation Unit (TRU). Eventually he adopted the role of education coordinator for the TRU team and was involved in developing the evolving nursing orientation program.



In the spring of 2013, Victor's nurse manager, **Terry DiNardo, MSN, RN, CCRN** redeployed him to the newly developed Critical Care Resuscitation Unit (CCRU) to teach the art of resuscitation to a new group of non-trauma resuscitation nurses. On July 13, 2013, the CCRU opened. Victor always said, "Build it and they will come," and they did. The CCRU team quickly started to admit and resuscitate the critically ill in this unit.

By October, Victor realized that he had found a new love and decided to stay in the CCRU.

It is not often that we say farewell to a talented nurse whose tenure spans over 40 years in the same institution. **Victor is a cherished friend, colleague, educator, mentor, auditor, leader and confidant. He will be missed in many ways; however, no matter where his journey into retirement leads him, he will always be a part of Shock Trauma.** ♦

**Sue Ramzy, BSN, RN** began her career at UMMC in the Medical Intensive Care Unit (MICU) as a new graduate of the University of Virginia, Class of 1974. During her three and a half years on this unit, Sue was given additional managerial obligations but realized that management wasn't what she wanted. She loved bedside nursing and interviewed in Shock Trauma (STC).



Little did Sue know that the Trauma Resuscitation Unit (TRU) would become her professional home for the next almost 45 years. She remembers the TRU as a nurse-driven unit with a dream schedule of four 12-hour shifts. The last two hours of the shift were dedicated to patient care plans, participating in family meetings, or scheduled education. Sue refers to this as the "golden era in nursing."

Sue is a celebrated nurse and the recipient of many awards, to include UMMC Employee of the Month; TRU Employee of the Month; the Karma for Cara Award for Professionalism; Outstanding Service and Compassion; the STC Art of Caring Award; the Baltimore Orioles Hometown Hero Award; the Unsung Hero award; and her favorite, the STC Patient Care Award. This award recognizes the care provider who the STC staff would choose to take care of them if they were a patient in the TRU. What an honor to be the nurse chosen for this award.

**During her celebrated career in the TRU, Sue is described by her colleagues as the "mother" nurse to all, the friend, the champion, the author, the nurse in charge, unit representative for the Patient and**

**Family Education Council, and Magnet Champion (from UMMC's first designation until retirement).** She is also recognized for participating in the development of the professional advancement model, TIGR education videos, and presenting at the National Teaching Institute, a redesign of the charge nurse role in a busy resuscitation unit.

In her 45 years at STC, Sue never tired of dashing to the helipad to receive a patient, befriending her colleagues, and wearing a warm smile every day. Sue is a STC nurse pioneer who assisted in developing the nursing practice foundation on which many TRU nurses have come to adopt. Trauma nurses, physicians, and all staff throughout the center know her, love her, and respect her. Cheers to a trauma nurse like no other. ♦



## Magnolia Awards

### THIRD QUARTER



**Fredericka Gray, Patient Care Technician Registry**

Fredericka is deserving of this award due to her kind, compassionate care she gives our patients here in the Intensive Care Unit. Whenever she is on our unit, whether as a patient care technician or sitter, Fredericka is always willing to assist other team members. She maintains a positive attitude in difficult situations. She does her best to make the patient smile. I have observed her when she is precepting new hires. She is patient and willing to educate her peers. We are always pleased when she is assigned to our unit. ♦

### FOURTH QUARTER



**Janet Barbour, Surgical Services Technician Operating Room**

The following is just one of many accolades that Janet received from her colleagues at Midtown. Ms. Janet has been at Midtown for over 40 years. Her dedication is to be admired and celebrated. It is always a pleasure to work with her. Daily she has a smile on her face and fulfills all duties without complaint. She is kind, compassionate, and a vital part of the Midtown family. ♦

## Promotions as of July 2021

### SENIOR CLINICAL NURSE I

**Nidhi Avichal**, BSN, RN  
*Adult Emergency Department*

**Lamoan Brown**, BSN, RN, CNOR  
*General Operating Room*

**Ciara Culler**, MS, RN, CEN  
*Adult Emergency Department*

**Anne Duffy**, BSN, RN, CNOR  
*General Operating Room*

**Lindsay Egbert**, BSN, RN, CCRN  
*Thoracic/Surgical Intermediate Care*

**Kimberly Hamel**, BSN, RN, OCN  
*Kaufman Infusion Center*

**Kailee Knight**, MSN, RNC-NIC  
*Neonatal Intensive Care Unit*

**Jennifer Lee**, BSN, RN, PCCN, CCRN, HNB-BC  
*Medical Intermediate Care Unit*

**Samantha Mercer**, BSN, RN, CCRN  
*Surgical Intensive Care Unit*

**Chelsea Shock**, BSN, RN  
*Pediatric Emergency Department*

**Emily Smith**, MS, RN, BMTCN  
*Blood & Marrow Transplant*

**Alexandra Stanoski**, BSN, RNC-NIC  
*Neonatal Intensive Care Unit*

**Benjamin Timsuren**, MS, RN, CNL  
*Pulmonary Diagnostic Procedures*

**Andrew Wisowaty**, BSN, RN, CPHON  
*Pediatric Hematology Oncology*

### SENIOR CLINICAL NURSE II

**Jill Archibald**, BSN, BS, RN, TCRN  
*Medical Intensive Care Unit*

**Jalisa Beck**, BSN, RN  
*Neurosciences Intermediate Care Unit*

**Jessyca Bortell**, BSN, RN, CAPA  
*Ambulatory Surgical Care Unit*

**Jill Ciotta**, MS, RN, CNOR  
*General Operating Room*

**Judith Coombs-Haylett**, MSN, RNC-OB  
*Obstetric Care Unit*

**Sarah Fox**, MSN, RNC-NIC  
*Neonatal Intensive Care Unit*

**Laura Haines**, BSN, RN, CPAN  
*Post Anesthesia Care Unit*

**Jessica Manning**, MS, RN, CAPA  
*Endoscopy*

**Stephen Rietschel**, BSN, RN, CCRN  
*Cardiac Care Unit*

**Amanda Zambrano**, BSN, BS, RN, CCRN  
*Cardiac Surgery Intensive Care Unit*

## Promotions as of October 2021

### SENIOR CLINICAL NURSE I

**Erica Abosch**, BSN, RN  
*Pediatric Dialysis and Infusion*

**Heather Anderson**, BSN, RN, CCRN  
*Surgical Intensive Care Unit*

**Nyattu Barrow**, BSN, RN, PCCN  
*Medical Intermediate Care Unit*

**Kelly Devine**, BSN, RN, CCRN  
*Cardiac Care Unit*

**Sarit Fleishman**, BSN, RN, OCN  
*Medical Oncology*

**Amanda Frey**, MSN, RN, CCTN  
*Transplant Intermediate Care*

**Brianna Harding**, BSN, RN, CCRN  
*Surgical Intensive Care Unit*

**Ravynn Joe**, BSN, RN, CMSRN  
*Medicine Telemetry Unit, 10 East*

**Paula MacDonald**, BSN, RN, TCRN  
*Multi Trauma Critical Care*

**Roberta Jo Myers**, BSN, RN, CCRN-CMC-CSC  
*Cardiac Surgery Intensive Care Unit*

**Laura Romulus**, BSN, RN, PCCN  
*Multi Trauma Intermediate Care-6*

**Tracy Seneca**, MSN, RN, CCRN-K  
*Cardiac Cath Lab*

**Lauren Valenstein**, MSN, RN, C-EFM  
*Obstetric Care Unit*

**Whitney Zelik**, BSN, RN  
*Cardiac Surgery Stepdown*

### SENIOR CLINICAL NURSE II

**Jodie Austin**, BSN, RN, CCRN  
*Pediatric Intensive Care Unit*

**Sarah Park**, BSN, RN, CCRN-CMC  
*Neuro Trauma Critical Care*

## New Certifications July 1–December 31, 2021

### NURSING

#### Certified Addictions Registered Nurse – CARN

*Center for Addiction Management*  
**Joyce McMahon**, BSN, RN, CARN

#### Certified Clinical Transplant Nurse – CCTN

*Transplant IMC*  
**Victoria Lapman**, MSN, RN, CCTN  
**Patricia “PD” Stein**, BSN, RN, CCTN

#### Certified Emergency Nurse – CEN

*Rapid Response and Mobile Practitioner Team*  
**Abigail Williams**, BSN, RN, CEN

#### Certified Medical Surgical Registered Nurse – CMSRN

*Orthopedic Acute Care*  
**Alyssa Coates**, BSN, RN, CMSRN

#### Certified Pediatric Hematology Oncology Nurse – CPHON

*Pediatric Hematology Oncology*  
**Andrew Wisowaty**, BSN, RN, CPHON

#### Certified Pediatric Nurse – PCN

*Pediatric Progressive Care Unit*  
**Amy Woods**, BSN, RN, PCN

#### Certified Registered Nurse Practitioner – CRNP

*Administrative Nursing Support (Midtown)*  
**Evelyn Chukwurah**, CRNP

#### Critical Care Registered Nurse – CCRN

*Medical Intensive Care Unit*  
**Marie Guerrier**, BSN, RN, CCRN  
**Molly McClellan**, BSN, RN, CCRN

#### Pediatric Intensive Care Unit

**Megan Garland**, BSN, RN, CCRN  
**Takahiro Hayakawa**, RN, VA-BC, CCRN  
**McKenna Wilt**, BSN, CCRN

#### Surgical Intensive Care Unit

**Heather Anderson**, BSN, RN, CCRN  
**Megan Rafferty**, BSN, RN, CCRN

#### Nurse Executive-Board Certified – NE-BC

*Interventional Radiology*  
**Patty Wall**, MSN, RN, CCRN-K, NE-BC  
*Patient Placement and Supplemental Staffing (MTC)*  
**Tiera Spencer**, BSN, RN, CMSRN, NE-BC

#### Oncology Certified Nurse – OCN

*Stoler Infusion*  
**Ashley Loftice**, BSN, RN, OCN

#### Progressive Care Critical Nurse – PCCN

*Multi-Trauma IMC6*  
**Laura Romulus**, BS, RN, PCCN  
*Surgical & Thoracic Intermediate Care Unit*  
**Francelle Giron**, BSN, RN, PCCN

#### Vascular Surgery Progressive Care Unit

**Sandra Wilkerson**, BSN, RN, PCCN  
**Sarah Hannan**, BSN, RN, PCCN

#### Psychiatric Mental Health Nursing Certification – PMH

*Inpatient Psychiatry*  
**Faustine Anakaraonye**, MSN, CRNP-PMH  
**Tiara Collins**, BSN, RN, PMH-BC  
**Nicky Dolla**, MSN, CRNP-PMH  
**Consolata Ebekonye**, MSN, CRNP-PMH  
**Tai Johnson**, MSN, CRNP-PMH  
**Angela Mackay**, DNP, CRNP-PMH  
**Sharon Owenga**, MSN, CRNP-PMH

#### Trauma Certified Registered Nurse – TCRN

*Multi Trauma IMC6*  
**Sarah Rosenbloom**, BSN, RN, TCRN  
*Trauma Resuscitation Unit*  
**Abigail Palmer**, MSN, RN, TCRN

#### Vascular Access – Board Certified – VA-BC

*Pediatric Intensive Care Unit*  
**Takahiro Hayakawa**, RN, CCRN, VA-BC

### RESPIRATORY THERAPY

#### Certified Hyperbaric Technologist – CHT

*Hyperbaric Chamber*  
**Robert Gondor**, RRT, CHT



By aligning students' specialty interests with their practicum and their future site of employment, we hope to accelerate engagement and team building from day one and facilitate successful entry-into-practice.



From the Desk of Jane Kirschling, PhD, RN, FAAN

## New Beginnings



By Jane Kirschling, PhD, RN, FAAN  
The Bill and Joanne Conway  
Dean and Professor,  
University of Maryland  
School of Nursing

For months, as the cycles of the pandemic ebbed and flowed, it felt as if we were waiting to take a deep breath. And, that time never seemed to come. Now I sense that things are moving on, but differently. “New normal” does not do justice to this change. “New normal” subtly links us to the past and hints at resignation. Instead, we are in a time of “new beginnings.” Innovations and fresh strategies are percolating and drawing us forward.

Projects and collaborations are emerging on multiple fronts. Together we are rethinking student practicums and redesigning them to leverage these placements strategically as a deliberate transition for soon-to-be graduates into clinical roles at hospitals across the University of Maryland Medical System. By aligning students' specialty interests with their practicum and their future site of employment, we hope to accelerate engagement and team building from day one and facilitate successful entry-into-practice.

Opportunities are present as longstanding Medical Center nurse leaders transition to new roles. With **Dr. Lisa Rowen**, we are expanding our decades-long UMNursing collaboration on a system-wide basis. As we congratulate and salute **Dr. Karen E. Doyle** as chief nursing officer, we are blessed by the seamlessness of it all. These transitions speak to the wealth of knowledge, expertise, and deep experience that each brings to her new role. It also speaks to new possibilities on multiple fronts and mirrors the opportunities before the nursing profession.

Emerging from COVID is not about letting go of something forever changed; it is about moving towards something that holds exceptional promise for our shared future and that of the profession. We do not know how it will turn out, but we know that we are going forward and despite challenges that must be addressed, the opportunities are many, exciting, and invigorating. So, here is a hearty salute to our shared era of “new beginnings.” ♦

## 2021 Magnet Conference

The 2021 American Nurses Credentialing Center's National Magnet and Pathway to Excellence Conference was held on November 11-13 in Atlanta, Georgia. The University of Maryland Medical Center supported over fifty nurses, both clinical and leadership from the midtown and downtown campuses to attend virtually. The theme of this year's conference was Educate, Innovate and Celebrate.

**Rita Linnenkamp**, MSN, RN, NEA-BC, Midtown Magnet Program Coordinator, had the privilege of attending in person to present **Stella Oloruntoyin's**, BSN, RN, CAPA, poster titled, “Changing a Unit Culture to Increase Certification Rates.” Oloruntoyin's poster outlines how she led the downtown campus' Ambulatory Surgical Care Unit to a culture of pride and ownership of their specialty that ultimately led to increased rates of nurse certifications.

The conference was a great environment for networking. Linnenkamp was able to connect with **Renée Thompson**, DNP, RN, a nationally known workplace

bullying expert who has collaborated with the Midtown Staff Nurse Council on their work creating a culture of civility.

The next National Magnet and Pathways Conference is scheduled to be held in Philadelphia, Pennsylvania on October 13-15, 2022. ♦



By Rita Linnenkamp, MSN, RN, NEA-BC



Rita Linnenkamp, MSN, RN, NEA-BC, posing in front of Oloruntoyin's poster.

## 3<sup>rd</sup> Annual Magnet at Midtown Retreat and Identifying Examples of Excellence for Magnet

On Friday, September 10th, over one hundred teammates from across the midtown (MTC) and downtown (DTC) campuses participated in the third Annual Magnet at Midtown Retreat that was held virtually this year. Midtown President, **Alison Brown**, MPH, BSN wore a bright yellow Magnet at Midtown t-shirt and opened the event by encouraging the team to look back, look around and look ahead. She reminded the team of the accomplishments achieved since the first retreat was held in September 2019, despite the continued challenges due to the COVID pandemic. They included

IN ORDER TO DEMONSTRATE THE MAGNET STANDARDS ARE ENCULTURATED AT BOTH CAMPUSES OF UMMC, IT IS A REQUIREMENT TO SHARE SEVENTY-SEVEN EXAMPLES IN THE 2023 MAGNET DOCUMENT.

the Ambulatory Tower construction, opening a neuro critical care unit and a new intermedicate medical care unit, before Midtown experienced a 20% increase in surgical and GI cases and before many physician partners joined our team.

The day included the MTC and ambulatory council chairs sharing their extraordinary work with the executive team, nursing leadership and our Magnet consultant, **Katherine Riley**, MSN, RN, vice president of nursing excellence and project management at HealthLinx. These reports included the work to create a healthy work environment; creation of the Magnolia Award (honors patient care technicians and unit clerks); work to reduce hospital-acquired infections; using the “Get to Know Me” board to improve the patient experience; and clinical practice and collaboration projects in the ambulatory setting.

Midtown Chief Nursing Officer, **Nat’e Guyton**, DM, MSN, RN, CPHIMS, NE-BC led a discussion focused on the FY22 Magnet goals

for the MTC and concluded the retreat by praising and thanking the nurses for their commitment to this journey. The energizing day concluded with Riley expressing her sentiments to the executive team: “It is great seeing the work being done. I really was impressed as I listened throughout the day at the progress being made.” She finished with, “I feel very good about where we are on your Magnet journey and how that is moving together to coincide with the journey of the two of you as one.”

On September 15 and 16, shortly after the Magnet at Midtown Retreat, nurses, nurse leaders and interdisciplinary partners across both campuses shared examples of excellence during the source of evidence alignment. Riley and **Carolyn Guinn**, MSN, RN, NEA-BC, Magnet program director led this time of discovery, a lengthy process of reviewing all the examples needed for the 2023 Magnet document and discussing where the examples exist across both campuses and in the ambulatory settings.

In order to demonstrate that Magnet® standards are enculturated at both campuses of UMMC, it is a requirement to share seventy-seven examples in the 2023 Magnet document. These examples fall into the four main components of the American Nurses Credentialing Center’s Magnet Model: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations, & Improvements. ♦



Some of the participants of the virtual Annual Magnet at Midtown Retreat



## Support, Meaning, and Joy During Times of Stress

By Gena Stiver Stanek, MS, RN, APRN-CNS, CNS-BC  
Senior Clinical Nurse Specialist

We all know this has been a challenging, crazy time with lots of unknowns and changes in almost all aspects of our lives. So how do we continue to be present for our team to help us get to the other side of the pandemic and staffing crisis? How do we bring back the joy and meaning to our work?

One of the most important things we can do is practice active listening, now and always. Living in the world of health care means being exposed to intense and overwhelming situations. This is “normal” in our environment. Health care team members are naturally resilient and take pride in being able to handle the most difficult of situations. For these reasons, team members can naturally be hard on themselves when something doesn’t go right. Sometimes what is being experienced is “too much” and we need to “process” our experiences. That’s where listening comes in! We can’t always fix things but we can listen (Balik, Hilton & White, 2020).

When you see someone struggling, say something. Try to find the best words to describe the person’s feelings; the more specific the better. Think about the situation from their perspective. Instead of “you look overwhelmed,” you could say “you’ve had way too many unexpected twists and turns in your day today which must be overwhelming.” Active listening means saying less, listening more and restating what you hear to clarify how the person feels and what they are experiencing.

While active listening is still important, the Institute for Healthcare Improvement suggests we shift away from the focus on “burnout” and more on the “meaning and joy” in our work, the reason we became health care professionals. “When people experience joy in the job, they have an intellectual, emotional and behavioral commitment to meaningful and satisfying work” (Perol & Freeley, 2018).

Incorporating simple strategies such as asking “Who do we want to recognize” or “What happened today that

When you see someone struggling, say something. Try to find the best words to describe the person’s feelings; the more specific, the better.

made you feel good?” and “What was your role?” into staff meetings and huddles can help us connect to the good we do every day (Perlo, Balik, Swensen, et al 2017). Asking a simple question at the end of a shift such as “name one thing that made you smile during your shift today” (Balik, Hilton & White, 2020). Brief conversations to acknowledge what went well and where your team found joy can remind us of the “positive” at the end of a shift. Initially, these may seem awkward but it won’t take long before the team looks forward to these brief conversations.

Another idea is to use the “Get to Know Me” board to connect with your patient or their family members on a personal level.

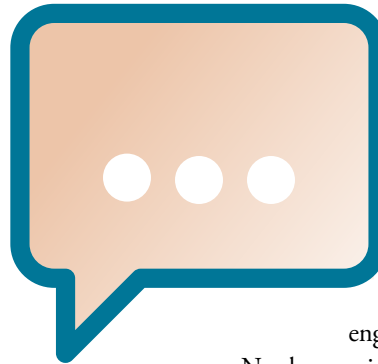
It is essential that we make efforts to take care of ourselves and each other and attend to our wellness and resilience, finding the meaning and joy in our work. Ultimately we want our team to feel supported and engaged in a happy, healthy work place.

Need a non-judgmental, confidential, listening peer? Call a Resilience in Stressful Events (RISE) Responder at 410-328-2337, pager ID # 12602 or search for RISE in pager link on the *Insider*.

Interested in becoming a RISE Peer Responder? Email [UMMC-RISE@umm.edu](mailto:UMMC-RISE@umm.edu). For more information, contact Gena Stanek, Ruth Smith or Nicole Freeman. ♦

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# Behind the Scenes of the New Cancer Center Design at UMMC

UMMC Pharmacy team considers a new, innovative design for the new Cancer Center Pharmacy.



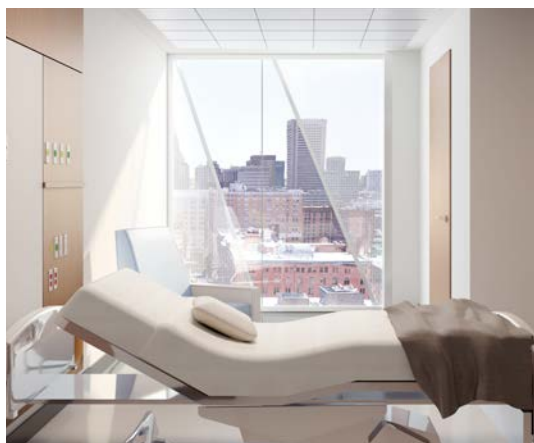


**U**MMC has engaged the design firm HDR and AEI Engineering to design the Leonard and Roslyn Stoler Center for Advanced Medicine, the new home of the Greenebaum Cancer Center at the southwest corner of Greene and Baltimore Streets. The project will add 180,000 square feet of new space to the downtown campus and includes 50,000 square feet of renovated space in the North Hospital. The building will sit over the main entrance of the Medical Center, starting on the third floor and extending through the 10th floor, providing a new entrance and identity for the entire hospital complex. The design also supports a future 3-story vertical expansion.

*By Linda C. Whitmore, RA, MBA, Director of Project Development and Suzanne Cowperthwaite, DNP, RN, NEA-BC, Director of Nursing, Marlene and Stewart Greenebaum Comprehensive Cancer Center*

The Cancer Center receives 3,095 new patients annually, for a total of 52,000 outpatient visits and 1,200 inpatient admissions. With a total investment of \$218 million, the new building addresses this growth and provides opportunity for the implementation of new programs and improved patient and family experience.

The new building is organized for a seamless patient experience. The first floor contains the main Cancer Center lobby, registration and Phlebotomy. The fourth floor is the new home for the Infusion Center and Pharmacy, increasing capacity to 48 private treatment spaces (36 recliners and 12 beds, including four isolation rooms), ample respite space for patients/families, and designated chemotherapy checking stations to promote safety. The fifth floor houses the Outpatient Clinic, expanding the number of exam and consult rooms and adding a procedure suite. The sixth through eighth floors are inpatient units and feature exercise rooms for patients and respite rooms for staff. The ninth



**Katie Frampton, MS, OTR-L, occupational therapist and clinic nursing coordinator discussing potential designs.**

floor houses the Cancer Center executive offices and the building's mechanical space.

New services include an Urgent Care center for cancer patients. This resource is currently only available for a very small number of patients during the weekdays, leaving the emergency department as the only option for many cancer patients often leading to admission. The new Urgent Care center will provide 24/7 access, with many patients being treated and released without need for an inpatient stay. Also new to the Cancer Center is a space dedicated to outpatient bone marrow transplants. This newly emerging therapy allows patients to receive a transplant or other cellular therapies in a safe, intensive, outpatient setting, reducing or eliminating inpatient stays.

The design of the new facility began with an Immersive Design Event (IDE). Hundreds of staff, not only from the Cancer Center, but from Operations, Housekeeping, Materials Management, Food Services, Laboratory, Pharmacy and many others, formed multidisciplinary teams and were each assigned different areas to design. These teams discussed, negotiated, and created optimal patient and staff workflows. Cancer Center patients and family members also participated, contributing their unique and essential ideas and perspectives. The design team transformed the teams' workflows into floor plans, presented the plans to the larger group for feedback, and then revised them all within three days for presentation. This process allowed the many stakeholders to have a voice in the final design of the building.

UMMC has selected Clark Construction to build the Cancer Center with a start date of June 2022. The full project will take approximately three years to complete. ♦

**Above left: View of a new patient room in the new Cancer Center Left: Stoler Pavilion clinical staff share ideas and receive feedback on new design concepts**

INSTEAD OF SITTING BEHIND A NURSING STATION TO DO TREATMENT PLANNING, DOCUMENTATION, AND PHONE CALLS, NURSES DO THIS WORK IN AN OFFICE - "OFF-STAGE"...

# New Child & Adolescent Psychiatry Unit Eliminates Nursing Station



Patient care and clinician documentation areas in the new Child and Adolescent Psychiatry Unit



By Anne Haddad,  
UMMS Publications  
Editor

The new Child and Adolescent Psychiatry Unit on 11 West opened this summer after nearly five years of planning that included input from the clinical team. Inside the 14-room, 16-bed unit, children and adolescents ages 5 to 17 find a calm environment with nature themes and lighting that mirrors their natural circadian



Communal activities area for patients

rhythm. In-room music control and dry-erase boards give patients control over their environment. Cross-corridor doors allow flexibility in managing the space for activities, as well as enhanced safety.

One of the most significant changes with this new unit is the elimination of a nursing station, said **Kimberly Sadtler**, MSN, RN, PMHCNS-BC, nurse manager for the unit, as well as for the child and adolescent psychiatry emergency services and partial hospitalization program.

A unit with no nursing station is unique at UMMC, Sadtler said. For the Child and Adolescent Psychiatry Unit, it's working very well, she said.

Instead of sitting behind a nursing station to do treatment planning, documentation and phone calls, nurses do this work in an office – "off-stage" – borrowing a term from Disney management terminology.

On-stage, nurses are fully engaged with patients. They can be alert to subtle shifts in behavior or potential disputes, which allows them to intervene and de-escalate the situation.

"When nurses are sitting behind a nursing station," Sadtler said, "it's seen as separation from the patients, and we didn't want to have that separation."

"The choice to have no nursing station inside the unit was very intentional," said **Jill RachBeisel**, MD, chair of the Department of Psychiatry at University of Maryland School of Medicine (UMSOM). "It helps us maximize interaction with our patients."

Planning for the new unit began in 2016, and included Sadtler, **Sarah Edwards**, DO, assistant professor of psychiatry and director of the Division of Child and Adolescent Psychiatry at UMSOM, and **Katherine Webster**, OTR/L, psychiatric occupational therapist. They wanted flexible and open space, and private patient rooms that looked more like a teen bedroom than a hospital room.

"We were really trying not to have such an institutional feel," Sadtler said. Colors include light blue, orange, lime green, yellow and white. The doors have the look of wood for a more home-like appearance.

Doors, in fact, are another key feature of the unit. Nurses wanted the flexibility to close off spaces when needed for safety and privacy, or open them up for activities such as hopscotch. A system of cross-corridor doors allows the team that flexibility.

Most of the patients are between 12 and 16, and this age group tends to prefer having a private room. The old unit on the fourth floor of the hospital did not have private rooms, so this is a major improvement for patients, Sadtler said. Two more semi-private rooms are available for children in latency (ages 8-11) who don't mind sharing a room with a peer.

"This new unit communicates a sense of hope to the youth we serve," said Edwards. "It offers a warm and welcoming environment that helps promote health and healing. It tells adolescents that we respect them. It assures them that their mental health is as important as their physical health." ♦



Examples of graphics and colors used to brighten the patient environment



UMMC


 The graphic for 'iNnovation' features the word 'iNnovation' in a mix of colors (orange, grey, green, purple, blue, black, green). The letter 'O' is replaced by a yellow circle containing a chalkboard with a hand-drawn lightbulb. A large red lightning bolt strikes the letter 'A'.
 

# iNnovation

CHALLENGE

**Do you have a great innovative idea that would help patients and staff at UMMC?** Your fellow UMMC colleagues have already begun solving problems and implementing solutions through an exciting initiative. The Innovation Challenge is a new program that highlights the incredible ideas and problem-solving ingenuity of team members at the UMMC downtown and midtown campuses. **This past March 2021, Bert W. O'Malley, MD, UMMC president and chief executive officer, launched the Innovation Challenge to capture novel ideas and concepts, and to harness an innovative spirit at UMMC.** The program is open to anyone to apply, as long as one member of the team is employed at UMMC. Nearly 100 teams applied in the first round. From those applications, a total of six awards were given; three each for \$25,000 and \$125,000.

*By Victoria Francies,  
MPH, MBA-HA  
Innovation Center  
Project Manager*

We are so proud to highlight the awardees of our inaugural  
**INNOVATION CHALLENGE FOR 2021**

**Agitation Management Algorithm**

**Karen McQuillan**, MS, RN, CNS-BC, CCRN, CNRN, TCRN, FAAN, *Shock Trauma Center*

This team is developing and testing an algorithm to standardize care for patients with traumatic brain injury who show signs of agitation in the Trauma Center.

**Website for CAR T Therapy Drug Choice**

**Tracy Douglas**, DNP, RN, *Greenebaum Comprehensive Cancer Center*

This team is developing a mobile optimized website to standardize assessment and emergency treatments for patients receiving CAR T therapy drugs.

**Radiotherapy Prototype**

**Jeremy Polf**, PhD, *Radiation Oncology*

This team is building a prototype that will combine multiple radiotherapy assurance measurements into a single device.

**Simulation to Improve Interprofessional Response to Patients**

**Samuel Tisherman**, MD and **Nicholas Morris**, MD, *Surgery and Neurology*

This team is developing an app-based game and simulation training that will prepare inter-professional bedside teams' response to subtle changes in rapidly deteriorating patients' conditions.

**Pinless, Non-invasive Ultrasound Treatments**

**Dheeraj Gandhi**, MD, *Radiology*

This team is building a prototype for a new MR-guided, focused ultrasound device that will replace the industry standard for brain penetrating procedures.

**Pharmacy Drug Spend Optimization**

**Joshua Denford**, CPHT, *Ambulatory Pharmacy*

This team is developing a retail and inpatient app that will be used to identify drug purchase cost savings for 340B drugs.

The Innovation Challenge awards go to projects that will take 12-18 months to complete. All six teams that were given an award have successfully identified markers for success and are working towards bringing their innovative solutions to life.

We know that the next great innovation is out there waiting to be implemented. Could you be the one to push forward patient care and medical breakthroughs? We are excited to offer another Challenge in 2022, with applications opening on January 3, 2022. Applications will be received in a two-step online application process. The Intent to Apply deadline is due on March 1, 2022. Applicants who qualify will be invited to complete the full application by March 31, 2022. The Challenge will include three categories of awards; the first, for awards up to \$25,000 and the second for awards up to \$125,000. The third category of awards will go to one innovation that uses technology-based solutions in health care and grants up to \$125,000.

Interested applicants may send questions via email to Victoria Francies at [victoria.francies@umm.edu](mailto:victoria.francies@umm.edu) or [UMMC\\_Innovate@umm.edu](mailto:UMMC_Innovate@umm.edu). For more details, please check the *Insider*. ♦





# Code Simulations in the Bronchoscopy Suite

By Sue Breitenother, MS, RN, CCRN

The Pulmonary Procedure Unit cares for complex pulmonary and transplant patients undergoing diagnostic and interventional procedures, as well as pulmonary function breathing tests. Although providers and clinical staff are trained annually to address emergent situations and utilize resuscitation techniques, gaps can exist in the delivery of optimal clinical care in these situations. It is critical to continue to focus efforts on regular, consistent education and training for high risk, low frequency skills in order to optimize patient outcomes.

In August 2021, multidisciplinary code simulations with pulmonary staff and providers were conducted in the

bronchoscopy suite with the help of the MASTRI center simulation educator, **Katie Gordon**, MSN, RN, CNE, CHSE, and the *Sim-Man*. The simulated scenarios attempted to replicate a true emergency in the bronchoscopy suite with the objective of increased confidence in clinical emergency performance of the team. Gordon provided simulation scenarios over multiple days to maximize the exposure of the multi-disciplinary team members. This was very beneficial to the entire team because communication and engagement of staff can vary based on personnel present. The goal is to continue and expand these in-suite emergency simulations throughout the year with the intent of improving patient safety and clinical care. ♦

It is critical to continue to focus efforts on regular, consistent education and training for high risk, low frequency skills in order to optimize patient outcomes.



A code simulation conducted in the bronchoscopy suite

# Mission to Zero: Steripath Use in UMMC's Midtown Emergency Department

By Tiarra Bynum, MSN, RN, Clinical Education Coordinator

Over the past year, the blood culture contamination (BCC) rates in UMMC's Midtown Emergency Department (ED) have been persistently high. The literature identifies that false positive or contaminated blood cultures leads to increased diagnostic testing, unnecessary antibiotic exposure, and increased hospital length of stay (Buzard et al., 2021). To improve this outcome, an interprofessional ED team was formed

consisting of **Silver Powell**, BSN, RN, ED clinical manager; **Trena Brown**, BSN, RN, ED, clinical assistant manager; **Tiarra McClarry**, MSN, RN, ED, clinical educator; **Anthony Roggio**, MD; and **Amit Chandra**, MD. Together they reviewed the literature to identify best practice(s) to reduce BCC rates and learned about Steripath, a device used for blood culture testing integrity. The team decided to try the device due to positive outcomes associated with its use; thus began their "Mission to Zero."

In March, the ED team, along with **Jonathan Baghdadi**, MD, infectious disease specialist, and Midtown's sepsis committee met with the Steripath's representative to learn more about the device. With everyone in agreement, the ED team began the evaluation of the Steripath device in May of 2021. The trial began with a "Mission to Zero" kick-off party that included hands-on and module education for all the ED staff.

At the outset of the testing, the ED had a BCC rate of 5.1%, which is significantly higher than the <3% contamination rate recommended by the Clinical and Laboratory Standards Institute. With this standard as the goal to achieve or outperform, the team reviewed the contamination rate each month and worked diligently to increase compliance with the Steripath device.

By September, all the hard work of the ED staff paid off as the ED's BCC rate dropped to 0%. With the "Mission to Zero" trial a success, the ED team decided to move forward with full implementation of the Steripath for routine blood culture collection. Through November 2021, Midtown's ED BCC rate has remained at 0%. The ED staff are proud of achieving this important patient safety outcome. ♦

## REFERENCE

Buzard, B.A., Evans, P. and Schroeder, T. (2021). Evaluation of an initial specimen diversion device (ISDD) on rates of blood culture contamination in the emergency department. *Kansas Journal of Medicine*, 19 (14), 73-76. doi: 10.17161/kjmvol14i3804.



From left: Trena Brown, BSN, RN; Benjamin Scanga, RN; Tennifer Birden, PCT; Rachel Ionata, BSN, RN; Susan Kim, RN; Silver Powell, BSN, RN

# Team Nursing in Midtown's Emergency Department

By Raven Bethea, RN  
Midtown Emergency  
Department

In November 2020, charge nurse, **Raven Bethea, RN**, Midtown Emergency Department (ED), observed that some of the newer staff members did not feel supported or a part of the team while at work. She explored the literature to investigate options to address this issue and identified team nursing as a potential solution. Although not a new concept, team nursing is a system of integrated care delivery that was developed during the 1950s by Eleanor Lambertson at Teachers College, Columbia University. It incorporates the use



From left: April Brilata, BSN, RN; Raven Bethea, RN; Marite Ardiente, BSN, RN; Krista Lee, PCT; Rachael Hawkins, RN; Natarsha Snowden, PCT; Shane DeGannes, BSN, RN; Mozetta Smith, Unit Clerk; Corey Duggan, BSN, RN (kneeling)

The ED unit-based Charge Nurse Council decided to implement team nursing in 2021. The Council developed the design to have the charge nurse assign teams at the beginning of each shift, with each team comprised of two nurses and one patient care technician.

of a team leader and team members to provide various aspects of nursing care to a group of patients (Cioffi and Ferguson, 2009).

After reviewing this model of care delivery, the ED unit-based Charge Nurse Council decided to implement team nursing in 2021. The Council developed the design to have the charge nurse assign teams at the beginning of each shift, with each team comprised of two nurses and one patient care technician. Natasha Snowden, patient care technician shared, "I know who my nurses are and I know who I am working with." In addition, **Natalie DeLucia, RN**, a new graduate nurse in the ED stated, "I really like team nursing."

Before implementing this care delivery model in April 2021, the ED staff participated in a pre-survey about team nursing. They took the survey again at three months (June) and six months (September). Three months after the first survey, the percentage of staff feeling "extremely supported" increased from 35% to 50%; the percentage of staff who felt "moderately supported" increased from 40% to 50%; and the percentage of staff who "did not feel supported" at all decreased from 25% to zero.

Due to recent staffing issues, the ED has experienced challenges with implementing team nursing. The six-month survey results conducted in September 2021 reflect these challenges. Staff feeling "extremely supported" decreased to 25% from 50%; however, 66% still felt "moderately supported." In addition, only 8% responded "not feeling supported" which is still a marked improvement from the pre-implementation data of 25%.

Based on the survey results, the Charge Nurse Council will continue to work toward fully implementing team nursing as designed to improve future survey results and staff satisfaction. The plan is to re-survey in December 2021. ♦

#### REFERENCE

Cioffi, J. & Ferguson, L. (2009). Team nursing in acute care settings: nurses' experiences. *Contemp Nurse*, 33(1), 2-12. doi: 10.5172/conu.33.1.2



# NOTE *the* NUMBERS

NEARLY  
**\$5,000**

was raised during the Thanksgiving food drive, which **provided for over 1,000 gift baskets**. These baskets were distributed through partnership schools and community organizations and included a full Thanksgiving meal of turkey, fruits, vegetables, and healthy recipes.

In *US News & World Report's* 2021 Best Hospitals rankings, UMMC is ranked as

**#2**

**both in the state of Maryland and Baltimore metro area.** UMMC is also ranked #28 nationally for Ear, Nose, and Throat (ENT) and as “high performing” in Cancer, Gastroenterology and GI Surgery, Orthopaedics and Urology.

*U.S. News & World Report* ranked the University of Maryland School of Nursing's Bachelor of Science in Nursing (BSN)

**#10**

**out of 694 nursing schools in the U.S. as one of the top baccalaureate programs in the nation.**

**1,676**

new pairs of socks were donated to the Maryland Center for **Veterans Education and Training, a housing facility that helps veterans rejoin their communities.**



UMMC is now home to almost

**4,000**

**bees in three hives.** The bees will support the flora and fauna across the downtown and midtown campuses, as well as UMMC's sustainability mission.

The DAISY Award for Extraordinary Nurses is a national recognition program to honor exemplary nurses. Patients, their families, and UMMC team members submit nominations, and the UMMC DAISY Committee chooses one nurse each month to receive the DAISY Award.

Nomination forms are available in all nursing units and on the *UMMC Insider* and website – [umm.edu/DAISY](http://umm.edu/DAISY).

# DAISY Award

## DOWNTOWN



JULY

**Jocelyn Hahn**, BSN, RN  
*Labor and Delivery*

Jocelyn saved me. At 26 weeks pregnant, my water broke prematurely, and I was rushed to the hospital.

My first night in triage was scary and I wasn't sure I could handle what was to come. The next morning, Jocelyn was my triage nurse and that was the first day of what turned into what I know will be a lifelong friendship, as I will never forget the unwavering physical and emotional care she provided me during my month and a half hospital stay. Jocelyn was the perfect balance of friendly yet not overbearing, reassuring but realistic, and she was an incredible expert in her field, yet still able to relate and explain to the non-medically proficient patient.

Throughout my stay, she continuously educated me on my condition. As things were always changing and, as it is a teaching hospital, there was a stream of different doctors managing my care. She was a constant and confident presence. She would always go through any changes and review my chart, not just to provide medical care but to then help translate for me. She gave me options when possible and was the best advocate for me the entire stay. In fact, Jocelyn even caught a mistake – a resident had prescribed a medication for me that the doctor had previously said not to give.

When she wasn't assigned to be my nurse, she would always try to come in to see how I was. She just went so far above and beyond, and I know she does it for all of her patients. Due to COVID my young son was unable to visit. After being together every day and every night for the past year, the hospital stay was incredibly stressful and sad as I longed to be with him and he with me. My husband had to virtually stop working as we did not have childcare for my son. I had no clue if I would go into labor at any moment or be stuck on bed rest away from my family, with limited visitation allowed, for two more months.

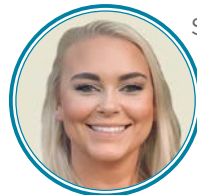
Needless to say, I was stressed, sad, and scared. When Jocelyn was my nurse, my anxiety went down and my vitals were better. I felt comforted knowing I was in the best hands medically speaking and also would be taken care of emotionally too. If every patient had a nurse like her, patient outcomes would be significantly improved. While there, I also got to witness her teaching other nurses and training new hires. As with her patient care, she taught in the most patient, thorough, yet expert manner. Not only was she a triage nurse who onboarded other nurses, she also was responsible for the safety certification of their unit by a third party (during the time of COVID.) I constantly witnessed her putting her head down and getting the work done. ♦



AUGUST

**Jasmine Tewell**, BSN, RN  
*13 East/West Medical Telemetry*

My mother was hospitalized with a severe infection that was affecting her eye. Besides her illness, she had been suffering from anxiety and depression since my father died of cancer and my uncle (her brother) died of a heart attack. My mother doesn't speak English and was very nervous before being admitted to the hospital. Jasmine was the nurse in charge of taking care of my mother. She was extremely attentive and made my mom feel secure and comfortable that she was going to be well taken care of. She was constantly checking on her and was able to transmit a sense of warmth and tranquility. One of the things that I noticed about Jasmine is that she is always smiling. Besides being very professional and staying on top of things, she is empathetic and demonstrated that she cares about her patients. We are very thankful that my mother received medical attention from a team of very knowledgeable doctors and amazing nurses. ♦



SEPTEMBER

**Heather Anderson**, BSN, RN  
*Surgical Intensive Care Unit (SICU)*

I'd like to express my sincere gratitude and appreciation for a nurse that was assigned to me during my stay in the SICU at the University of Maryland Medical Center. Heather is a nurse, let alone a human being that I will never forget. I will never forget and will always remember her kindness and humanity in my time of need while under care.

While I cannot speak for others, I know that being in the hospital has always been an intimidating time for me. The pandemic has only made it worse. I had to undergo an intensive operation and couldn't have been more terrified. The night that Heather was my nurse, a lot of those feelings and emotions went away. She introduced herself with such gentleness, and while in a hospital bed, completely swollen and filled with fluids and in so much pain, a patient cannot ask for more. I felt as though we made a quick connection, which is another thing that a patient really needs and craves when they cannot care for themselves.

When Heather would examine me, she did so with such gentleness. We sparked up non-medical conversations to help pass the time, or simply to take my mind off of the pain I would feel during the examinations. Knowing of the pain I would feel during the bath, or changing my sheets on the hospital bed, Heather gathered two other nurses who she knew would help in every way possible.



Check out the full-length nominations submitted for each DAISY Award winner on UMMC *Insider*, at the addresses below:

DOWNTOWN – <http://intra.umms.org/ummc/nursing/daisy-award>

MIDTOWN – <http://intra.umms.org/midtown/nursing/daisy-award>

She walked me through each step so there'd be no painful surprises, and made me smile often. Heather knew just the right way to help me (as her patient) and did it without any hesitation. A bath and changing of sheets that could have been an extremely painful and lengthy process, Heather did it with such delight. I could instantly tell that she is one of the best of what she does, and that she is extremely passionate about what she loves to do. In my opinion, that's the best kind of nurse there could ever be – a truly genuine medical professional.

Heather's bedside manner is one of a kind. There was a moment during my stay that I had lost blood and had to have a blood transfusion. These are very scary words to hear while trying to recover from a long, complex surgery where I had already lost so much blood. Heather was extremely quick with action and knew just how to handle this scary situation. She handled it with such calmness; it was so impressive and she made me feel safe. We held conversations afterwards just to keep me calm, and at the same time she monitored me every moment. There will never be a way that I could thank her for everything she has done for me – let alone all of the other patients I am sure feel the same way as I do. ♦



OCTOBER

**Alexandra Huntress-Reeve, BSN, RN**  
*Pediatric Intensive Care Unit*

Our four-year-old daughter was transferred to the University of Maryland Medical Center and had to undergo surgery to insert a chest tube to recover from complex pneumonia and stayed in the PICU. Our daughter had never been admitted to the hospital and the care that Alexandra Huntress-Reeve provided as her nurse for four days of our stay made a lasting impression. For a four-year-old, our daughter is very astute and quite mature. Alex treated her with the respect and honesty that helped beyond just medicine. Our daughter was not honestly describing her pain and Alex took the time to sit at the edge of her bed and explain how she could and would help her. Our daughter was struggling to take oral medicine and Alex took the time to draw up a medicine chart to use a sticker system. Our daughter was afraid of the parade of "strangers" coming into her room poking and prodding her. Alex drafted a sign to signify that anyone entering needed to respect the patient and explain why they were there and what they were doing prior to doing anything. Alex went above and beyond her job to connect with our daughter and make a scary experience one that she has memories to treasure. ♦



NOVEMBER

**Jessica Bosse, BSN, RN**  
*13 East/West Medical Telemetry*

I wanted to take a little time to describe a situation that really touched my heart! I have a nurse who is very new to me and just recently off of orientation – Jessica Bosse. She is mastering the very difficult challenges that acute medicine entails. She recently worked a shift caring for 4-5 patients before driving home. As she was on an exit ramp, she was passed by a motorcycle and witnessed the driver crash. She immediately pulled over to the side of the road and carefully headed towards the injured motorcyclist. Another motorcycle rounded the ramp and lost control. The second rider fell off of her bike which hit Jessica. Jess was brought to Shock Trauma, where she spent the night in the TRU, having sustained a sacral fracture. She was scared and in a lot of pain when I saw her the next morning, but was able to go home. Of course, knowing we are in a staffing crisis, she was worried about the unit and how her absence would affect patient care. I feel blessed that Jess has chosen our team in acute care for this step in her career, and also that she chose being a nurse. Only a nurse would feel compelled to stop at nine o'clock after a long shift, on a busy road, to help another person. ♦



DECEMBER

**Nikki Rudacille, RN**  
*Gudelsky 8, Transplant*

I came to the Medical Center around the end of October where I was being treated for possible cancer. I wasn't sure how my visit would go and I was doubting everything. Nikki could feel the pain I was in. She gave me the comfort that I needed. I've never in my life cried a lot but Nikki gave me her shoulder to cry on. She showed so much love without hesitation. She gave me reason to believe in the doctors. No words can actually describe how much she means to me. The compassion she showed is what nursing should be. I'm forever grateful. I was treated for two weeks and if I had to do it again, I would. ♦



## MIDTOWN



JULY

**Bryanna Sanderson, BSN, RN**  
*ICU*

The UMMC mission states that the hospital should be known for providing high value and compassionate care, improving health in Maryland and beyond, educating future health care leaders and discovering innovative ways to advance medicine worldwide; when I think of who best embodies these qualities, the first name that comes to mind is Bryanna Sanderson.

This nurse, in addition to having excellent clinical skills and judgment, is integral to the unit's culture. Having been at Midtown for over a decade, she has trained countless employees to exacting standards in a manner that is empathetic to newer nurses' anxieties, while still firmly impressing the necessity of safe clinical practice. She is always looking at the bigger picture, both clinically and socially, a practice that enables her to be a strong and fair patient advocate. She is constantly looking for ways to better incorporate both new and traditional evidence-based practices on the unit, and the hospital is a better and safer place for it.

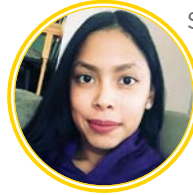
Bryanna Sanderson should have a garden of daisies. ♦



AUGUST

**Jamie Kirschner, BSN, RN**  
*Pre-Op/PACU*

I had outpatient surgery and was really nervous. Jamie met me as soon as the tech brought me to my room to get ready. She was so kind and compassionate and really put me at ease. Jamie knew I was nervous and spent time talking to me about everything to expect. She advocated for me with providers and made me feel so supported. I was more than just another patient to her. I felt that she truly cared about me having the best experience possible. ♦



SEPTEMBER

**Massiel Estrella, RN**  
*3 North*

Massi is truly the type of nurse I would want to care for my family member if they were in the hospital – she shows exemplary care in everything she does at the bedside. Even as a newer nurse, she consistently exhibits critical thinking skills and is always eager to learn and grow. Massi has the innate ability to communicate with even the toughest, most stubborn patients, advocating for them to comply with care and continue on their path of healing. We have had patients that may have been refusing their medications for a week despite persistent encouragement, and the day Massi is caring for them, she gets through to them. It is no surprise to see Massi getting each and every one of her patients out of bed to the chair before noon! She is focused, kind, and hardworking beyond measure. Her care often serves as an inspiration to me, even as a (slightly) more seasoned nurse. We all can learn by Massi's wonderful example of patient-centered care. I look forward to continue watching her grow and touch the lives of our patients! ♦



OCTOBER

**Robertlet Pindell-Jones, BSN, RN**  
*PACU*

Robertlet was caring for a patient who was scheduled for surgery. The patient had an ICD and was supposed to have it checked out (interrogated) before his surgery date. As she was reviewing the patient's chart, she noticed that the patient had not seen his cardiologist like he was supposed to. Robertlet reached out to the surgeon's scheduler to follow up. They sent her the paperwork but it was not the correct test. The patient's surgery had to be cancelled and re-scheduled. Before the patient left, Robertlet called his cardiologist and made an appointment for him to be seen. She also called the surgeon's office and got the date and time when they were going to reschedule. She gave all this new information to the patient so he would know what to do. The following day, Robertlet called the cardiologist to make sure the patient kept his appointment, which he did. Now that is what you call patient-centered care and going above and beyond. ♦



This is a great opportunity for an individual to take an active role in their career growth, whether they participate as a mentor and/or a mentee.

## The UMMS Mentorship Program Launch

By Karen A. McQuillan, MS, RN, CNS-BC, CCRN, CNRN, TCRN, FAAN, Lead Clinical Nurse Specialist, R Adams Cowley Shock Trauma Center

The UMMS Mentorship Program enables UMMS team members to be part of a collaborative and reciprocal 1:1 mentor/mentee relationship. These relationships nurture a respectful, safe, and open environment where the growth and development of both the mentor and mentee is promoted through mutual goals and shared accountability. The mentoring process energizes individuals to reach their full potential and meaningful fulfillment while enhancing team member engagement that fosters delivery of respectful and compassionate care to patients, families and colleagues. This is a great opportunity for an individual to take an active role in their career growth, whether they participate as a mentor and/or a mentee.

The UMMS Mentorship Program has already enrolled over 450 mentors and mentees from all UMMS facilities and many different services and disciplines. Mentors and mentees have provided positive feedback about the program. **Vania Segura**, BSN, RN, a nurse at the midtown campus describes her mentoring

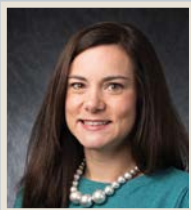
experience with her mentor, **Beth Cipra**, DNP, RN, APRN-CNS, CCRN-K from the downtown campus as “a wonderful experience.” For Beth, “serving as a mentor is personally rewarding and a very satisfying experience. I love experiencing when nurses, like Vania, realize their potential.”

All employees are invited to visit the website at [umms.org/mentorship](http://umms.org/mentorship) to learn more about the program. If interested, please complete an interest form to serve as a mentor and/or mentee. In response to the interest form submission, an individual will receive an invitation to enroll in MentorcliQ, the award-winning software platform that has been selected to help manage the program, which includes scientific matching and great resources to help an individual along the way.

If there are any questions, please contact [UMMSmentorship@umm.edu](mailto:UMMSmentorship@umm.edu). The program leaders are very excited to have individuals engage in this initiative and are looking forward to helping them get started on their mentoring journey. ♦

## We DISCOVER

### The New Inquiry and Innovation Oversight Council



By Jenni Day, PhD, RN

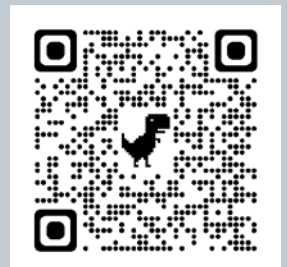
There is a new shared governance council at UMMC — the Inquiry and Innovation Oversight Council. Inquiry encompasses performance improvement (PI), evidence-based practice (EBP), and research and is essential to improving patient outcomes and nursing professional development. Within the shared governance structure, multiple councils separately provided support and mentorship

for inquiry projects. However, apart from the annual Clinical Practice Summit (CPS), UMMC did not have a formal process to share best practices and project outcomes.

Leaders from the Nursing Research & EBP Council (NREBPC) and Nursing Performance Improvement Council (NPIC) met to discuss both council and project-related challenges. They recognized that singular council oversight could facilitate the identification of duplicate initiatives and connect team members completing similar projects to improve efficiency and strengthen projects. The leaders decided that a combined council could support the continuum of inquiry at UMMC,

so a charter was developed to provide a framework for the purpose and scope of this new council.

The first Inquiry & Innovation Oversight Council meeting was held in April 2021, with a combined meeting of Midtown and Downtown NREBPC and NPIC. The first hour is dedicated to a consolidated meeting with all members and in the second hour, NREBPC and NPIC meet separately to discuss initiatives specific to their mission. The council also created a process to capture all new projects/project ideas through an online form that is accessible outside the intranet and via QR code and shortened URL – [umms.org/submitproject](http://umms.org/submitproject). All project submissions are triaged by council leadership and project ideas are presented at council meetings for review and discussion. The online submission process went “live” July 1, 2021. The Inquiry and Innovation Oversight Council meets every third Thursday at 8:30 AM.





## The NICU Gets Into the Halloween Spirit!

By Ann Lutrzykowski-Ford, Unit Secretary, Neonatal ICU

Our tiniest patients got a special treat this Halloween, thanks to months of preparation from our staff and a generous donation from **Live Like Lil Bill**, a 501c3 non-profit dedicated to helping children with chronic medical conditions have positive and inclusive life experiences.

Having a child in the NICU, especially during a global pandemic, is often extremely stressful for the families of our patients. With increased visitor restrictions in place for patient safety, parents often feel isolated and saddened that they can't bring family members in to spend time with their new baby. In an effort to bring some normalcy back into their lives, everyone was given the option of an Autumn or Halloween photoshoot. Costumes ranged from hand sewn pieces for our littlest patients, to **Build a Bear** outfits of princesses, pumpkins, doctors and superheroes donated by **Live Like Lil Bill**.

"The simplicity of this project surpasses the insurmountable joy and happiness that the parents felt with this experience of their little ones' first Halloween/first Thanksgiving!" said NICU nurse, **Jill Pobre**, BSN, RN.

A total of 35 families participated in the event, and everyone involved was very excited to get keepsakes to take home.

We would like to give a special thanks to our volunteers, **Jen Crouse Hood**; **Ann Lutrzykowski-Ford**, unit secretary; **Shari Wilkins**, patient and family care liaison; **Kailee Knight**, MS,RNC-NIC; **Jill Pobre**, BSN, RN; **Breyonna Hempfield**, patient admitting coordinator; **Elaine Clark**, BSN, RN; **Sarah Fox**, MS, RNC-NIC; **Chris Byerly**, BSN, RNC-NIC; and **Jane Munoz**, RN, IBCLC for their dedication and willingness to go above and beyond to make every day special for our babies and their families.





**A**dult Emergency Department team members save a bystander: **Pam Woodson**, patient care technician and **Cathy Henry**, BSN, RN recently took that to heart while out on their lunch break at Lexington Market. When they came upon an unconscious male, they jumped into action to perform life-saving CPR. Thanks to their heroic actions, the gentleman made a full recovery. Thank you, Pam and Cathy for your quick thinking and commitment to helping others!

