



Ten Trauma Nurse Speak at NTI

Each year the American Association of Critical Care Nurses (AACN) holds its annual National Teaching Institute (NTI) and Critical Care Exposition in May alternating between the east and west locations. At this year's NTI, held in Anaheim California this past May, over 7,000 nurses attended many of whom heard speakers from our Shock Trauma Center (STC).

Among the Shock Trauma presenters at this prestigious conference were **Suzanne**

Sherwood and **Lynn Gerber Smith** who presented a full day pre-conference titled "Trauma Secrets Revealed" to rave reviews and requests to return next year. While Suzanne is faculty at the University of Maryland School of Nursing and Lynn is the Clinical Education Coordinator at the STC, both work part-time in the Trauma Resuscitation Unit (TRU). **Karen McQuillan**, Clinical Nurse Specialist in the NeuroTrauma Critical Care Units, unraveled the mystery of "Acute Cervical or Upper Thoracic Spinal Cord Injury" to an enthusiastic audience.

Milo Frawley, Acute Care Nurse Practitioner (ACNP), wowed the crowd with his interpretation of "Airway Pressure Release Ventilation: Fixing How We Ventilate". The questions came fast and furious and Milo was, as usual, his inventive self. **Trish Martin**, ACNP, was on hand at the KCI booth and used her expertise on soft tissue injuries to add to the audience's knowledge on wound management. **Penny Andrews**, per-diem nurse in the NeuroTrauma Unit, illustrated "Airway Pressure Release Ventilation:



Eight nurses from the Shock Trauma Center and the School of Nursing who spoke at the latest NTI sponsored by the American Association of Critical Care Nurses. They are (left to right), Kathryn Von Rueden, Janice Delgiorno, Karen McQuillan, Karen Johnson, Trish Martin, Milo Frawley, Lynn Gerber Smith, and Suzanne Sherwood.

Optimizing Mode Effectiveness" to an interactive crowd.

Ellyn Tennyson, ACNP, presented her well researched lecture "Managing Complex Pelvic Fractures" for the first time and was thrilled with the audience's response. Assisting Ellyn with her first NTI talk was **Ellen Plummer**, Senior Partner in the TRU, whose professional assistance encouraged Ellyn to submit her abstract.

Janice Delgiorno, newly hired Clinical Specialist on the new Intermediate Care /Acute Care Trauma 6, lent her expertise to the NTI on elderly trauma with "Trauma In The Golden Years: The Geriatric Trauma Patient". A large crowd was on hand to expand their knowledge on this relevant topic. **Kathryn Von Rueden** divides her time as a Clinical Nurse Specialist in the TRU and faculty at the University of Maryland School of Nursing and kept busy presenting two lectures: "Quality of Care: Is It As American As Mom and Apple Pie?" and "Achieving Great Gains: Leading An Improvement Team". Both lectures were well received and the participants walked away with resources to improve quality patient outcomes at their home institutions.

In addition, over 50 of the concurrent sessions at this year's NIT were presented by current University of Maryland School of Nursing faculty or alumni of its Trauma, Critical Care, and Emergency Nursing master's program.

The Care Box

The death of a patient and working with families who have experienced the death of a family member is very difficult for staff members and, of course, the bereaved family. However, even in those circumstances, support can be provided to both family and staff that will sometimes ease this most difficult experience.

The *Care Box* was developed based on needs identified by families and health care professionals (HCPs) who care for families suffering the sudden death of a family member, including potential donor families for transplant or research. The International Institute for the Advancement of Medicine (IIAM), is pleased to sponsor the *Care Box* at the UMMC where the following designated units: Pediatric Intensive Care, Medical Intensive Care, Neurotrauma Critical Care and Multitrauma Critical Care Units, have been provided in-service education.

The following items are included in the *Care Box*:

- Supplies to clip a lock of hair including scissors, ribbon and an envelope.
- Supplies to make a handprint including Crayola Model Magic™, an easy to use medium that dries within 24 hours.
- Note cards - Many families appreciate a note from one of the professionals who cared for their family member. The note cards can also help bring closure to the HCP's experience.
- Butterfly or Memory bags to hold the hair lock and handprint.

Many feelings occur when patients die including the frustration of not being able to save the patient, inadequate

time to support the family, and an inability to bring resolution and closure after the death for the HCP and the family. Because of these feelings, some HCPs detach from families and peers. In addition, their ability to support families effectively and participate in the donor process is impacted. The *Care Box* provides the professional with the opportunity to support the family in a unique way.

Families who generally leave the hospital “only with their grief” are supportive of measures to provide tangible mementos of their family member while participating in a ritual. Rituals help people integrate loss and connect with others to help validate the reality of what has happened. Rituals can use emotion, creativity, practicality, and thinking. One young widow expressed her appreciation about having a handprint of her husband, “I can’t tell you how many times a day I hold his hand.” Many families make several handprints to share with family members and friends.

The *Care Box* offers families an opportunity to make a decision about a ritual and to leave the hospital with something meaningful. The *Care Box* provides the HCP with the opportunity to help make the death the “best it can be” and bring some ending to the experience for themselves.

For more information about the *Care Box* or research donation, please contact IIAM at 800-486-IIAM or karen_holmes@iiam.org or Tyree Nutter, RN, MA UMMC InHouse Coordinator for the Organ/Tissue Donor Advocate Program at ext 8-8441, ID# 1048 or tnutter@umm.edu.

UMMC Will Choose New PCA/PCEA Pumps

The five hospitals in the University of Maryland Medical System will be changing their Patient Controlled Analgesia (PCA) and Patient Controlled Epidural Analgesia (PCEA) pumps so each hospital will use the same pump. The goal of this standardization is to provide staff with pumps that will be easy to use and reduce the risk of medication errors. Two pump vendors, Alaris and Smith, demonstrated their pumps in early May when staff could watch the demos, ask questions, and have hands-on experiences with each pump. Staff completed an evaluation of each pump demonstrated. We will keep you updated as the selection process continues.



SAVE THE DATE for *Special Topics in Trauma*

The date for 2006 *Special Topics in Trauma Care* has been changed to **Tuesday, October 31, 2006**. It was originally scheduled for Tuesday, November 14, 2006, but we changed it because larger conference space is available and there are fewer speaker previous commitment conflicts on the new date. Opening and closing sessions and workshop speakers and their topics will be printed in a forthcoming issue of *News & Views*. If you want a copy of the brochure for the 2006 *Special Topics in Trauma Care* conference sent or faxed to you, call 410-328-6257.

October						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Adult Echo Lab Granted Accreditation

As of May 16, 2006 the Adult Echo Lab was granted accreditation by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories. The laboratory is one of the first one thousand echocardiography laboratories in the United States, Canada and Puerto Rico to be so recognized for its commitment to high quality patient care and its provisions of quality diagnostic testing imaging.

Thank You -

UMMC Clinical Faculty

Our Patient Care Services (PCS) staff can choose from over 40 clinical courses or workshops taught by our own Medical Center Staff, all of which are free of charge. In addition to these clinical courses, staff also can choose from over 60 other career development courses offered through our Human Resource Development Office and also taught by our own Medical Center staff.

The range of topics offered in these 40+ clinical courses is huge. Staff can choose from a *Nursing Assistant & Patient Care Technician Skills Training and Competency Assessment Course* to the *Understanding Leukemia and Bone Marrow Transplantation* course or the *Critical Thinking* workshop.

Over ____ staff from our own UMMC clinical staff teach these courses. Over the past year, our clinical instructors have supported over _____ hours of clinical instruction in job-related or competency preparatory classes ranging from single-day to multiple-day courses. Data from past years shows that over 5000 staff have attended one or more of our clinical courses.

We are proud of our clinical staff who teach here. We have listed their names here to recognize them and thank them for helping other staff learn as well as further their professional development. Thank you for your time, energy and willingness to share.

Acute & Critical Care Courses Combined

In the past, new staff working in acute care units took our core Acute Care Nursing Course, and staff working in ICUs and IMCs took the core Basic Critical Care Nursing Course. Together these courses provided essential content to help staff develop and demonstrate competency in their respective practice settings.

An analysis of both courses showed considerable overlap of content, which was frequently presented by the same speakers in either course. The Clinical Practice & Professional Development office has combined the core Acute Care and Critical Care Courses into one core course called Integrated **Acute & Critical Care Nursing Course**, which they will pilot this coming August.

Combining these two courses into one course should:

- Clarify the common knowledge bases staff share in both practice areas;
- Provide a forum where common care issues are openly discussed among novice acute and critical care staff laying the ground work for staff networking;
- Decrease exposure to redundant content when staff change practice areas;
- Decrease training costs by eliminating staff attending repetitive content when they change practice areas;
- Increase the number of times the course is offered throughout the year;
- Decrease faculty teaching burden;
- Standardize the testing and evaluation of similar content; and
- Reduce demand for large teaching spaces which are currently hard to find.

In the past, both courses had different approaches to testing and evaluation of learning. Our experience with both approaches has shown that testing students each morning on content they learned the previous day significantly improved their test scores. This daily morning post-testing approach will be used in this new combined course.

New Dates of Combination Courses

August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

In the combined pilot course, much of the first four days will have common material for both groups of nurses. On day five, the groups will break into separate acute care and critical care sessions. Day six remains a separate skills day for both practice areas. The pilot begins **August 7-11** and ends on **August 14th** (see dates below). The course schedule of shared content and separate sessions content is shown here.

Combined Fellowship Courses

Day One

Relationship-Based Care in Action-
Stories from the Bedside
Compassion Fatigue
Infection Control
Patients on the Go

- Hand-off Communications
- PACU patients
- Pre-op Checklist

Pain Management
Risk Management
Substance Abuse

Day Two

Quiz and Review
Glucose Testing
Turning Patients into Teachable
Moments...Diabetes Survival
Skills
Fluid and Electrolyte Assessment
Renal Failure
Gastrointestinal Assessment
Nutrition
Organ Donation

Day Three

Quiz and Review
Neurological Anatomy and
Assessment
Seizure Management
Stroke
Lunch
Pulmonary Anatomy and
Assessment
Airway Management



Day Four

Quiz and Review
Medication Management
Arterial Blood Gas Interpretation
Cardiac Anatomy and Assessment
Myocardial Infarction
Heart Failure

Day Five

Quiz and Review
Family Teaching and Cultural Awareness
Patient Deterioration
Pressure Ulcer Prevention and Wound Care
After lunch critical care and acute care staff attend separate sessions:
Critical Care Staff Attend:
ICP Monitoring
Hemodynamic Monitoring
Acute Care Staff Attend:
Venipuncture
Nurse, Nurse Thyself
Glucometer Competency

Day Six –

Separate session continue
Critical Care Staff Attend:
Ventilator Management
Critical Care Skills
Acute Care Staff Attend:
Acute Care Skills

Pizza Winners

Congratulations to the following nursing areas who had a response rate of 80% or better on the 2006 RN Demographic & Recognition Survey in April. Nursing managers for each area will be notified about where and when they can pick up their unit's Subway/Ilardo's coupons. Thanks to everyone who completed the survey this past year!

13 East Medicine
Acute Care Case Mgmt
Acute Care N10 E
Acute Care S5b
Administration
Adult O/P
Breath Mobile
Cardiac Care Unit 3w
Cath Lab EP
Clinical Effectiveness
Clinical Resource Mgmt
Core Pharmacy
Correctional Health
Quality Management
Edmondson
Fetal Diagnostic
Foreign Recruitment
Gamma Knife
Employee Health
HVS Clinic
I/P Perinatal Gyn

HIV/Aids
Infection Control
Joslin Diabetes Center
Labor & Delivery
Med & Psych Nursing Admin
Cardiac Cath Admin
Med Graphics Lab
Med Hepatology GI
Med Pulmonary Admin
Mobile Response Team
NeuroCare Step Down
NTCC-4S
NTIMC-4N
Nurse Disposition
Nursery S6BC
OB Gyn (TAB)
OB Gyn Administration
Outpatient
PCU
Pediatrics P4G
Peds

Peds Administration
Peds Cardiac Cath
Peds Hematology/Oncology
Peds SIDS
Pern Ambul Surg Care
Pern Gen Operations
Pern Minor Surgery
Pharmacy Admin
Pik Lines
PACU
Prep Center
Professional Development
Radiation Oncology
Senior Outreach Services
Shock Trauma ETOH
SICU Stepdown 7E
Surgical Oncology
UHC Administration
Vascular Surgery



Joyce Maslyk Retires After 30 years At The Shock Trauma Center

Joyce Maslyk was born and raised in a small town near Pittsburg in a home where her conservative and old-fashioned father, who didn't believe in "academics" for women. Instead he believed that girls should become "wives and mothers" as their profession. But, he felt nursing was an acceptable career due to its female dominance and the door to an "academic" education was opened for Joyce. West Virginia University in Morgantown, West Virginia was affordable and close to the family, so Joyce entered the Nursing Program in 1972 and she graduated in 1976.

Why Shock Trauma?

During Joyce's senior year of college, she did a Public Health Practicum in Montgomery County. She rode with EMTs at the Chevy Chase MD Fire and Rescue Center. Through the Fire and Rescue experience she landed a "full-day" observational at the Shock Trauma Center (STC)– she was assigned to Sue Blumenfield, RN, and had a share day with **Ben Grimes**. Ben, who was a technician at the time, and now he is a Senior Partner in the STC's Hyperbaric Chamber. Ben's medic role in Vietnam allowed him to function as a technician and to do everything an RN could do, except give medication. Joyce was "psyched" for action during her 11 am to 6 pm shift, but the only action she had was cleaning up from the previously hectic shift.

Joyce was quickly hooked on the action and applied to work on the STC's 4 C Unit in the old MIEMSS building, under the management of Pam Bell. The unit consisted of 23 beds and an ICU step-down. She remembers one of her first patient "combos" with 3-4 patients. Her patients included a quadriplegic, a severe head injury and a sociopath that was threatening her. Richard Nam, the floor coordinator, saved the day by protecting Joyce from the threatening patient. Teamwork has always been part of the STC culture especially in crisis. Staff frequently met after work to "blow off steam" and parties were prevalent. Joyce had a lot to learn as she was quite green when she arrived in the Baltimore's Shock Trauma Center.

Within 18 months, Joyce was ready for a change and was the youngest nurse hired in the Admitting Area (now called the Trauma Resuscitation Unit – TRU). She worked as a staff nurse until 1984. From 1984 until 1989 Joyce was the Nurse Manager of the TRU and worked for several years with **Sue Veiss-Berry** who was the Clinical Nurse Specialist and then **Robbi Hartsock** (now Trauma Nurse Coordinator). Sue, who was both a friend and colleague, introduced her to her future husband David Ash. Joyce



Joyce Maslyk as a new nurse in the TRU cleaning up patient belongings.

always called him "Mr. Ash" as he reminded her of a former school teacher. Their first date in the late 1980s consisted of a few drinks at the Owl Bar on top of the Belvedere in Baltimore and a concert seeing the "Manhattan Transfer".

When Shock Trauma's matriarch Elizabeth Scanlan, RN (who worked along side R A Cowley as they pioneered the Shock Trauma Center), decided to retire in 1989, Joyce assumed the position of Associate Director of Administrative Nursing and worked with **Ginny Cardona** who became the Associate Director of Clinical Nursing. **Angie Janik** was the Director of Patient Care Services for Shock Trauma. True to the 90's there was major hospital downsizing and Associate Director, Managers and Clinical Nurse Specialist positions were eliminated, and a unit was temporarily closed. When Angie Janik decided to leave, Joyce replaced her, taking on the Director position. Sometime later Joyce's role expanded and she assumed the Director position over NeuroCare and Surgery in the main hospital, but she reduced her span of control back to Director of the STC for the past several years before she retired.

Some Early Cowley Memories

Joyce who was a young, naive nurse noted an elderly man in a pink shirt and black pants walking down the hallway – she thought he was the maintenance man. She called to him and said, "Sir, we have some lights that are burned out



This photo taken in the Admitting Area in the old MIEMSS building shows Joyce Maslyk tied up with gauze dressings after joking with Admitting Area staff.

and need to be replaced,” he commented back, “Do you know who I am?” Then, he walked away. She went to the 4 C charge nurse who told her that man was not the maintenance man but the famous Dr. R Adams Cowley.

How Joyce’s Peers and Colleagues Describe Her?

First and foremost, Joyce is described by most as having an unwavering support for patient care and nursing practice. **Carla Middleton** indicated that she would miss “her laugh, smile, wit and unique insight related to nursing practice issues”. Similarly, **Gena Stanek** was always impressed with “Joyce’s genuine desire to hear the staff’s voice and her commitment to Professional Practice / Shared Governance despite budgetary crunches.” One of Joyce’s favorite meetings to attend was the Executive Council. This group has a staff representative from each unit and the staff chairs of each of the professional practice councils (Quality, Clinical, Education, Patient Family Education & Rewards & Recognition). Joyce had a standing agenda item that she always addressed which was “Staff Issues & Concerns”. Carla additionally, commented that “working with Joyce and seeing the passion she has for patients, families and especial-

ly nursing practice is very refreshing!” One can only hope that Joyce’s successor will have the same passion!

Robbi Hartsock said that “Joyce is the most humanitarian, compassionate boss I have ever worked for. That’s saying a lot since I had 9 jobs in 8 years before I came to Shock Trauma in 1987”. She further described a traumatic year when she was stretched with her father’s cardiac illness, working on her NP degree and trying to maintain a hectic work schedule. Faced with the prospect of quitting, Joyce supported her by saying “Go home, look after your father, finish school and do the best you can do with your job in the meantime.”

Where Will She Go From Here?

Joyce is looking forward to some much deserved “down time”. She has been telling friends and colleagues that she will enjoy being “pool mom” over the summer. Joyce will be engaging in some of her favorite pastimes: being with family, reading, collecting, and of course shopping. If she’s not at the pool don’t be surprised if you find her in her “vintage” home organizing and cleaning out closets. She jokingly mentioned that opening up a vintage clothing store might be in her future. In reality, she has not decided what she will do next but you can be sure Joyce will be remembered for her passion for quality nursing practice, her compassion with her staff and co-workers, her support of professional nursing practice and her commitment to quality patient care.



Joyce Maslyk retires from Shock Trauma after working there for 30 years in a variety of nursing roles.

Perioperative Customer Service Team Reaches Out to Families

By Randy Green, Manager of the General PACU



The perioperative Customer Service team includes (from left to right) Gladys Fields, Full partner, Ryan James Family Liason, and Everlina Brigman, PCT. Annette Edwards, Unit Secretary, is not pictured here but she is now part of this team and joined it since the photo was taken.

This year, UMMC nurses led the design and implementation of our new care delivery model called Relationship Based Care (RBC). RBC focuses on the relationship of the nurse with his/herself, the patient and family, and with other health care providers. Our intent is to create a healing environment, which is most effectively achieved when we know what matters most to each patient and their family. To achieve this level of trust and knowledge, we strive for continuity from the patient's admission throughout their episode of care. RBC focuses on continuity of care and practice necessary to achieve excellent patient outcomes and patient, family, and staff satisfaction.

Our challenge in the peri-operative setting, where patients may stay for one hour up to 23 hours, was to identify improvements in our current care delivery process. This setting has very high patient flow and high patient acuity. One of the major areas of dissatisfaction for staff in these areas, and the patients and their families who pass through them was the lack of communication between families and the healthcare team while the patient was in the operating room. Families and significant others of patients often got lost in our system and there was no formal communication process in place to meet their needs. They would find themselves waiting for long periods of time with little or no information about their loved one, sometimes waiting for the payphone to ring, leaving them frustrated and sometimes angry. This communication problem caused staff dis-

satisfaction and often created a situation where the nurse would be pulled between caring for patients and trying to effectively manage distraught family members and loved ones. During the initial implementation period of RBC, we decided to focus on family communication and develop a ***Perioperative Customer Service Program***.

The Perioperative Customer Service Program includes all areas within Perioperative services: Ambulatory Surgical Center Unit (ASCU) where most of our patients arrive the morning of their surgery; the Operating Room (OR), and Post-Anesthesia Care Units (PACU). Also, we decided to include clinical areas where the patient would be transferred to postoperatively. A team was designated that is composed of a nurse, family liaison, PCS Manager, and a PCT. These individuals are very customer service minded and their role is to talk with families about what to expect while their loved one is in surgery, anticipate and help problem-solve current and/or potential patient care issues, and facilitate families being able to see their loved one as soon after surgery as possible.

Monday through Friday, the Customer Service Team meets with families/loved ones in the morning on the day of the scheduled surgery, and discuss the care of the patient throughout the day. Questions are answered and information is distributed to each family. A communication log of each family is maintained for contact purposes, and the family is reassured that they may contact the Customer Service Team for any customer-related issue. Throughout the day, the family is updated about the progress of surgery and patient's condition. This update is coordinated by the Family Liaison located in the waiting area in the Healing Garden. OR nurses are responsible for establishing contact before and during the operation. Physicians are responsible for speaking with the family after the procedure, and PACU nurses are responsible for contact with the family within one hour of the patient arriving to the PACU. Visitation is encouraged and determined on an individual basis depending on the situation. The family is allowed into the PACU, ASCU, or clinical care area as soon as possible after the operative procedure is complete. Also, the team helps physicians find families so they can speak with them about the procedure and answer any medical questions. Finally, team members go to the PACU or clinical area where the patient

was transferred and provide follow-up with the family about how the experience went, and if there was anything they could have done differently to keep them well-informed and comfortable while they waited. These initiatives have significantly increased staff and family satisfaction.

This team has the authority to involve other members of the patient's health care team, or act on behalf of the patient to rectify situations as they arise. All members of the health care team are encouraged to notify the Customer Service Representative early in the event a potential situation or problem may develop. Follow-up visits with the families can be expected within 24 hours by a member of the team.

Over the course of one month we have gone from 10-15 complaints daily about communication problems to virtually none. Our families are constantly seeking out members of our team to thank them for their personalized attention. This process has not only helped us exceed the needs of our customers, but it has also helped educate us as healthcare providers on what is important to our patients and their families.

Resources Used to Evaluate Program Effectiveness

- Patient and family satisfaction surveys
- Communication among staff
- Staff satisfaction surveys
- Input from Periop customer service group

Cost of Project

- Beeper \$100.00
- Salary of staff \$0
- Business cards \$20
- Customer satisfaction- Priceless

The Customer Service Team may be reached via the hospital paging system, 8-2337, beeper 8-7119. For any questions about the program, please contact Randy Green, RN and Manager General PACU, rgreen@umm.edu.



Night Shift Journal Club Pilot Successful

The first Night Shift Journal Club occurred on May 12, 2006 and it was a complete success. There were two sessions at which a total of 38 nurses attended with participants from the Shock Trauma Center, Adult ED, PACU, as well as acute and critical care areas.

This first journal club focused on how to critique research. **Barbara Brady**, Full Partner in the CCU, facilitated both sessions at 12:30 am and 2:00 am while dinner and coffee were provided.

After both sessions, some of the participants' comments were:

- "Excellent! Barbara did a great job of reviewing the article and encouraged discussion".
- "Enjoyed the opportunity for night shift Journal Club".
- "Barbara was great! She really involved the staff and provided 'open ended' areas for discussion".

If you missed the first one, make sure you come to the next one on July 18 – staff working Tuesday night shift from 7 PM to 7 AM. Two sessions will be available: 12:30 and 2:00 AM, in the Learning Center. The topic, suggested by participants at the first night shift journal club, will be research articles on fall prevention. **Cindy Bauer**, from the CCU, will be the facilitator.

Check your email and/or ask your manager and Senior Partners for details about July Night Shift Journal Club or call Luiza Lima at ext. 8-6257 or llima@umm.edu.



Improving Patient Safety With More Effective Hand-Offs

By Angie Amig, PCS Manger, PCU/CCU

According to the Institute of Medicine's 1999 report, 98,000 patients die annually due to medical errors. Greater than 50% of these errors result from a breakdown in communication. Our Office of Risk Management confirms communication is one of the top three contributors to adverse events at UMMC. JCAHO has responded by establishing a new patient safety goal requiring us to "implement a **standardized approach** to hand-off communication, including the opportunity to ask and respond to questions".

Hand-offs are the verbal and/or written information from one healthcare provider to another so that pertinent care, treatment, current condition, and any recent or anticipated changes are accurately communicated. This information includes report from one unit to another when admitting or transferring a patient, shift report, coverage for a nurse when she/he is off the unit for any reason, and any other time when care of a patient is being handed off to another care provider.

Members of the Clinical Practice Committee and Patient Safety have worked together to develop guidelines and a documentation tool for managing hand-offs. These guidelines were approved by the Patient Care Services Board and now apply to all inpatient units at UMMC (effective since April 3, 2006). There are broad organizational efforts working with leaders and physicians in the outpatient areas to develop strategies to improve the effectiveness of hand-off in those arenas.

The guidelines and form contain general elements regarding effective communication for safe hand-offs of care. These general guidelines apply to all situations when care is being transferred from one individual to another. Nurses will complete the new Communication hand-off form (PG23) for patients who are being physically taken to another site for care (transfer to another unit/UMMS facility or to a test/procedure area). An example of how this form is to be completed is shown on the following page. For additional information, contact **Ann Regier** at ext. 8-6257 or **Angie Amig** at ext. 8-5993.

Are hand-offs a problem at UMMC?

The 2006 Patient Safety Survey of UMMC staff showed that front-line staff surveyed believe there are times when handed off care is not optimal.

- 58% think "things fall through the cracks" when transferring patients from one unit to another;
- 44% believe shift changes are problematic and important information is lost; and
- 48% feel problems occur in the exchange of information across hospital units.

What can we do to improve hand-offs when we send a patient off the unit:

- Send the patient's medical record, including the latest flow sheet and MAR; and
- Provide pertinent safety information to the transporter (or other personnel) who is taking your patient to their destination.

What can we do to improve hand-offs on our unit/department:

- Minimize distractions during report;
- Provide a verbal report, and a face to face report is ideal;
- Allow an opportunity for the receiving care provider to ask questions or clarify information; and
- Evaluate your unit's current method for report and make revisions to meet this patient safety goal;

When should I use the Communication Hand-off Form?

Use it when sending a patient **off the unit** to a test, procedure, **transfer to another unit/department**, **discharge to a post-acute care UMMS facility**, **admission to unit from ER**, and **transfer to OR**.

Who completes the form?

Nurses who are transferring the patient or sending the patient off the unit complete the form. If the patient's assigned nurse is staying with the patient, the form does not apply.

Who uses it?

- All inpatient units in UMMC
- Ancillary departments receiving patients are responsible for updating the form upon receiving the patient and add comments post-intervention/visit as necessary;
- Primary areas where the patient is returning; and
- Transportation personnel.

What information should I give the transportation personnel if they are transporting the patient to their destination?

Review the highlighted safety information with the transporter, especially focusing on mental status, fall risk and isolation status.

Does this form replace another?

Yes, this new form replaces the current transfer form that many units are using, form # EP18, as well as the ER report form, the PACU transfer form, and any other unit-based form designed for communication during hand-offs in care.

What about change of shift report?

The form is not required for change of shift report. However, change of shift report should be interactive, face to face, and contain the following elements:

- Pertinent patient demographic data;
- Brief history of current illness and hospitalization;
- Abnormal assessment findings;
- Recent changes in condition;
- Planned procedures, tests, interventions and any pending orders; and
- Other significant information (per clinical assessment of the nurse).

How long can I use the same form?

The form can be used for 24 hours if there are multiple hand-offs for the same patient, as long as the overall patient condition is essentially unchanged and information has been updated.

Where do we place the form?

Place form in front of the chart when sending a patient off the unit. It is a permanent part of the medical record so file the form in the progress notes section upon return to the unit.

Do I complete the entire form for all transfers?

Complete the form when sending a patient to another unit, UMMS facility, or procedural area. For those patients that are going to a diagnostic area where care is not being delivered by a nurse, complete only the highlighted information (e.g. xray).

Does sending unit complete any documentation when test/procedure is complete?

There is a box at the end of the form for additional hand-offs. The person completing the procedure, test, etc should make a quick note here regarding pertinent information or any change in the patient condition.

Based on staff feedback, this form is currently being revised to make it more streamlined.

University of Maryland Medical Center
Communication Hand-Off Progress Note

Complete entire form for patients being admitted, transferred to another unit/facility, or going to a procedural area.

Complete grey highlighted areas only for patients going to diagnostic testing sites (radiology, CT scan, MRI, etc.)

PATIENT IDENTIFICATION

TRANSFER FROM: _____ TRANSFER TO: _____ SERVICE: _____
DATE/TIME OF TRANSFER: _____

Verbal Report Checklist

BRIEF HISTORY (Including reason for admission)

REASON FOR TRANSFER: Admission Change in status Change in service Other _____

ASSESSMENT OF PATIENT CONDITION: Patient condition: Improving No change Worsening

ALLERGIES: None known Medication Food Latex

SAFETY: Isolation Contact: MRSA VRE Other organisms Airborne Droplet High risk fall precautions: Yes No DVT risk

PRECAUTIONS: Sitter with patient: Yes No Restraints in use: Yes No Type: _____

CODE STATUS: Full/limited resuscitation Do not resuscitate Do not intubate

ASSESSMENT: Nursing assessment complete: Yes No Comments: _____

VITAL SIGNS: Most recent VS: BP _____ HR _____ RR _____ SpO2 _____ Temp _____ O2 sat _____

PAIN: Present Not present Pain score: _____ Route: _____ Time: _____ Effective: Y N

NEUROLOGICAL: Neurological status (check all that apply): Alert Lethargic Comatose Anxious Agitated Irritable Depressed Seizure Tremor Ataxia Slurred speech Incontinence Other: _____

ACTIVITY LEVEL: Independent with self-care: Yes No Up w/ assist Up w/ assist Bed rest

CARDIOVASCULAR: Pulse monitoring: Yes No Arhythmias (specify): _____

RESPIRATORY: Breathing device (specify type and parameters): _____

NUTRITION: Present Absent Comments: _____

SKIN: Intact Most recent Braden score: _____

ELIMINATION: Wound (specify type and location): _____ Last dressing change (time): _____

Voids: Incontinent Foley substitute of insertion: _____

Hemostasis: Present Absent Comments: _____

Bowel sounds: Present Absent Comments: _____

Tachecardium (specify): _____

See Back for Additional Information

PG23 (rev. 02/06) Page 1 of 2

Patient Name: _____ MR #: _____

PSYCHOSOCIAL: Significant history: _____

DISCHARGE PLAN/ PATIENT EDUCATION/ PLAN OF CARE: Services involved: PT OT Social Speech Diet Case manager Case manager Patient education up-to-date: Yes No Plan of Care up-to-date: Yes No Core measures (specify): _____ Pneumonia/vaccine needed: Yes No

MEDICATIONS: Diabetic: Yes Insulin: _____ Last blood glucose: _____
 See MAR New antibiotic started (drug/dose/time): _____
 Drug levels needed (type and time): _____
 Recent isolation (drug and time): _____

IV FLUIDS/INFUSIONS: Disposition: Hold Rate: _____ Amount in hr: _____

TRANSFUSION: Type and cross specimen sent (date/time): _____
Blood product transfusions within last 24 hours: Yes No Date/time: _____
History of blood product reaction: Yes No (specify): _____

LAB RESULTS: Abnormal results (specify): _____
Interventions (if applicable): _____

EQUIPMENT: Special equipment sent with patient: _____
Equipment needed for patient upon arrival: _____

TRANSFER TASKS: Medications: Sent with patient Sent to pharmacy Other: _____
Belongings: Sent with patient With family Security Other: _____
Lab records: Sent with patient Subject of belongings

OTHER PERTINENT INFORMATION: Additional Comments: _____

See progress notes/notes for further information.

SIGN OFF: Transferring RN/MD: _____
Accepting RN/MD: _____
Time: _____
Unit: _____

Use the space below to communicate changes from the above documentation (for instance, if there are changes since adding care team of the patient's care to transfer to another area).

Additional Hand-Offs: _____

Signature: _____ Date/Time: _____ Unit: _____

Additional Hand-Off: _____

Signature: _____ Date/Time: _____

PG23 (rev. 02/06) Page 2 of 2

Who Are We?

Take a minute and describe the typical RN at UMMC. Not an easy task. We are as diverse as the scrubs we wear. Review the demographics that were calculated from the recent recognition survey and see if a "typical" UMMC RN is easy to describe.

What was your basic nursing degree?

Diploma	10.0 %
AA	27.5 %
BSN	62.5 %

What is your highest attained degree?

Diploma	4.5 %
AA	19.8 %
Bachelors	5.6 %
BSN	53.0 %
Masters	4.0 %
MSN	11.9 %
Doctorate	0.6 %
PhD in Nursing	0.4 %

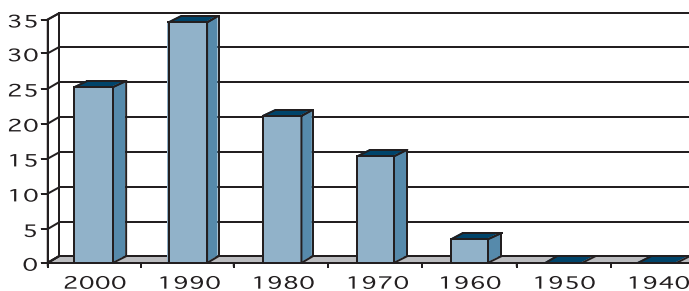
Are you currently in school?

Yes	11 %
No	89 %

What degree are you currently working towards?

Bachelors in field other than Nursing	6 %
BSN	23 %
Masters in field other than Nursing	13 %
MSN	52 %
Doctorate in field other than Nursing	3 %
PhD in Nursing	3 %

What decade did you graduate with your basic nursing degree?



Where did you go to school?

In Maryland	62.6 %
Out of State	21.6 %
Foreign Country	15.8 %

Do you belong to a nursing professional organization?

Yes	35 %
No	65 %

Out of the 65 different professional organizations, which were the 5 most popular?

- American Association of Critical Care Nurses
- American Nursing Association
- Oncology Nursing Society
- Emergency Nurses Association
- Maryland Nursing Association

At which Maryland School did you receive your basic nursing degree?

University of Maryland	23.5 %
Catonsville Community College	4.6 %
Anne Arundel Comm. College	4.6 %
Baltimore City Comm. College	3.5 %
Howard Community College	3.0 %
Essex Community College	3.5 %
Towson State University	2.7 %
Johns Hopkins University	2.3 %
Coppin State College	2.2 %
Villa Julie / Union Memorial	1.6 %
Harford Community College	1.5 %
Union Memorial Hospital SON	1.4 %
St. Joseph Hospital SON	1.1 %
Prince George's Comm.College	0.8 %
Allegany Community College	0.8 %
Salisbury State University	0.1 %
Montgomery Comm. College	0.5 %
Maryland General Hospital	0.5 %
Frederick Community College	0.4 %
Wor Wic Community College	0.3 %
St. Agnes Hospital SON	0.3 %
Mercy Hospital SON	0.3 %
MacQueen Gibbs Willis SON	0.3 %
Church Home & Hospital SON	0.3 %
Sinai Hospital SON	0.25 %
S. Balt. General/Harbor Hosp.	0.20 %
Cecil Community College	0.20 %
Villanova University	0.13 %
Hagerstown Jr. College	0.006 %

Do you have an advanced nursing certificate?

Yes	26.1 %
No	73.9 %

What are the top 4 advanced nursing certificates, in order of popularity?

- Critical Care Nursing
- Oncology Nurse
- Registered Nurse, Certified
- Certified Nurse Operating Room

Which are the top 10 States contributing to the education of our RNs?

Delaware	Ohio
Florida	Pennsylvania
New Jersey	Virginia
New Mexico	Washington, DC
New York	West Virginia

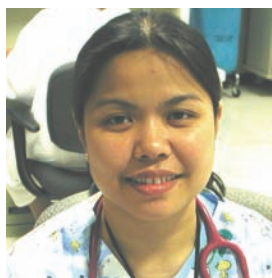
Which foreign countries have educated our RNs?

Australia	Iran	Russia
Brazil	Jamaica	Scotland
Canada	Lebanon	Sierra Leone
China	Nepal	South Korea
Denmark	New Zealand	Trinidad Tobago
England	Nigeria	Zambia
Ghana	Philippines	
India	Puerto Rico	



Celebrating Our Unsung Heroes of Nursing

Nurses Week 2006 was a celebration of excellence in nursing; a celebration of the nurses that capture the essence of the UMMC's Nursing Vision, making it a reality in their practice through their commitment and compassion. While the faces featured here may not be familiar house-wide, and their names may not be familiar out of their services, they are well known and well respected by staff and patients on their units and in their department areas. They are the unsung heroes that provide the foundation of our patient care, making the strategic plan of nursing a reality, living and breathing day-to-day on the units. They go about their jobs daily, doing their best without asking for recognition or reward. We celebrate these individuals as a representative of the hundreds of unsung heroes that are here at UMMC.



Cherry Agor, RN
10 West

Not only is Cherry a new nurse in the department of surgery, currently working on 10 West, but she is also new to the United States. Having 3 years experience as an RN in the Philippines, Cherry immigrated in November of 2005. She has earned the title of "Unsung Hero" by becoming a vital member of the clinical team, in a very short period of time. Cherry finished her orientation only eight weeks ago, and already she is a big contributor on our unit. She uses good clinical judgment and works well under pressure. She has quickly proven she is more than capable of managing the care of complex surgical patients. Cherry provides a boost to the morale of her colleagues by displaying a positive attitude in the work place. She is kind and good natured and is always considerate of both her clients and her co-workers. One thing is certain, Cherry is well-liked and respected by all.



Lisa Aiken, RN
AeroDigestive Center

Lisa is always putting the patient first no matter how busy and crazy it gets in here. She has a great relationship with all patients that walk through our front door. She goes above and beyond in any situation to be sure that the patient experience here in the AeroDigestive Center is the best for them. When a patient gets admitted from the clinic Lisa will go the extra mile to check to see how they are doing and when she has time she will go to visit them on the floor. This just reconfirms that we care about the patients here in the AeroDigestive Center.



Suzanne Alton, RN
Labor & Delivery

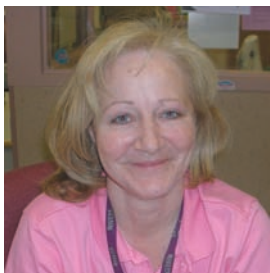
For the past several years Suzanne has only worked weekends in Labor and Delivery. Some staff would really separate themselves from the rest of the unit by doing so, however, Suzanne helps keep the unit functioning by just being here 2 days a week. She is one of the best preceptors in the unit and is always volunteering to take new staff on the weekends to orient. She orients all new staff to the L&D OR's and sets up classes as needed. She is constantly notifying BioMed and unit staff of broken equipment. Suzanne keeps management abreast of any issues that happen during the weekend and often leaves long messages to be followed up on. She will then call during the week to see what has been done and what has been the follow-up on some patient care issues. Suzanne is truly an unsung hero.

Unsung Heroes



Michele Bennet, RN
Pain Service

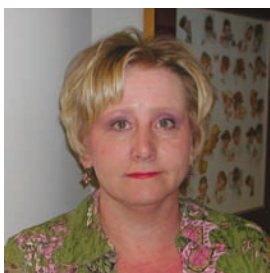
Michele volunteers to do extra projects for the Pain Service. She is always willing to attend meetings. She helps her co-workers and is flexible with scheduling. Michele has volunteered to take calls from home to cover nights.



Debbie Boyd, RN
Multi-Trauma CC & IMC

Debbie is a strong critical care nurse who has fifteen years of trauma experience. In recent months, because of changes to the Unit, Debbie has taken on the responsibility of senior partner and acting nurse manager. She has brought stability and pride back to the unit. She is well respected throughout the Trauma Center among physicians as well as nursing staff. Nurses are no longer inquiring about positions on other units but rather they are recruiting for the 5th floor because of the support and knowledge that

Debbie brings to the unit.



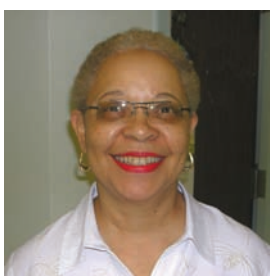
Cynthia Burton, RN, CCM
Quality Management

Cyndi meets the criteria for an unsung hero: Someone who has made significant contributions to improving communication collaboration among healthcare team members. Many members of the cardiac surgery Omega team have complimented Cyndi for her effective facilitation of their processes as the team struggles to address many challenges. Cyndi has received the same commendation from Shock Trauma in her support of their quality processes even though this is a temporary assignment for her.



Estrell Cabebe, RN
NeuroIMC/G4

Estrell is the most easy going flexible staff member. Nothing is too much for her. She willingly changes patient assignments and her schedule without any hassle. She assumes the role of charge or preceptor when the "regulars" are not available. Estrell assists others before they know it or before they ask for assistance with an assignment. She always responds with a "no problem" attitude. She is our mother hen, always checking up on us.



Joyce Campbell, CDE
Joslin Diabetes Center

Joyce has played a major role in coordinating and improving diabetes education for inpatients this year. She has done this through communication and teamwork with inpatient nurses and physicians, other Joslin educators, and Joslin's front desk staff. She has increased the quantity and quality of referrals, the efficiency of the referral process, diabetes case management, and discharge planning. This has improved the outcomes for patients and created a stronger link between inpatient and outpatient diabetes care delivery.

Joyce also spent many hours working with the inpatient nurses, individually and in groups, to increase their understanding of the current standards of practice in diabetes care and concepts in diabetes self-management for patients."

Unsung Heroes



Jia Conway, RN
Ambulatory Infusion, Stoler Pavilion

Jia Conway is an exceptional nurse clinician. She is currently employed full time as an Ambulatory Interventional Nurse, as well as a full time student, pursuing an advanced practice degree in nursing. She is a role model for her colleagues and readily shares information that enhances standards of practice. Despite the increased demands of completing school assignments, Jia readily accepted additional responsibility and assisted with 2 projects this past year in the Ambulatory Infusion area which has allowed us to initiate changes in our nursing documentation and orientation/precepting processes. Jia will graduate this May and will become a Family Nurse Practitioner. Her contributions to this unit have been invaluable during her tenure.



Nancy Corbitt, RN, OCN
Inpatient Cancer Center/N9W

Nancy has been with the UMMC's Cancer Center for 16 years, starting on the night shift and transferring to days. Her fellow staff members describe her as professional, approachable and always ready to help. The Cancer Center patients describe Nancy as caring, pleasant and frequently return after discharge and ask for Nancy.

She is a member of the UMMC Pain Task Force and has recently agreed to be a member of the Staff Nurse Council. She is a member of the Oncology Nursing Society and has recently passed her OCN exam. She is a strong proponent of membership and certification, encouraging other staff members to sit for the test and assisting with their preparation.



Shanna Coyle, RN
SICU

Shanna is the SICU rep for the Staff Nurse Council. We asked her to assume this position, because of the very positive way in which she presents issues for resolution. She assures that appropriate attention is paid to issues that affect patient safety, patient satisfaction, and staff satisfaction. Shanna is an excellent clinician who promotes high standards for clinical practice, for patient/family satisfaction, and for teamwork in the unit. She encourages others to aspire to high standards as well, because she is so positive about her job, and is really fun to work with!



Gina Curtis, RN
Mother/Baby Unit

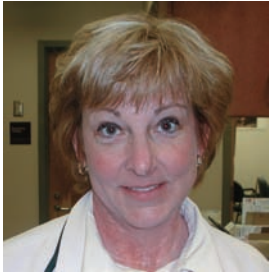
Gina has demonstrated the role of relationship based care for all the years I have known her. Gina puts her patients and families first and foremost in all things. Gina has a nurturing quality about her. Her patients trust her to give them the best care, teaching and preparation for discharge. Gina is one of our breastfeeding champions and she works diligently with the patient and families to have a positive and successful outcome. Gina walks the walk and talks the talk; she is a nurse that all staff members should emulate.



Paula Dobromilski, RN
Trauma Acute Care/6TAC

Whenever Paula is working, she gives 100% to ensure the care of all patients on the floor is optimal. Paula has developed into a unit leader through her involvement as a preceptor and through her interest in the overall functioning of the unit. While precepting, she ensures the orientee has a thorough understanding of UMMC standards of care. She led the effort to organize staff to interview prospective PCS managerial candidates. She is dedicated to continue as a leader during the transition of 6TAC to an IMC/ICU.

Unsung Heroes



Jane Exner, RN, CRNP
Evelyn Jordan Center

Jane is a talented educator and preceptor. Her talents include emergency care, primary care and women's health. Jane is a source of comfort and hope to her patients. Jane is a great clinical resource in the Evelyn Jordan Center's multi-disciplinary setting. She keeps the nursing staff up to date on clinical practice. She is bilingual and an international health worker. Her quality and quantity of patient care is unprecedented. She truly has a heart of gold.



Gladys Fields, RN
PACU

As part of our new relationship-based care model we implemented a new service called the Perioperative Customer Service Team. Gladys' title was changed to Perioperative Customer Service Rep. The program is responsible for identifying and resolving family care issues prior to problems arising. She works with a team to compliment her role. She was charged with implementation and development of the program which she is still in the process of finalizing. I am however requesting that the entire team be recognized for this honor, since it is a team focused improvement."



Deborah Galloway, RN
11 East

A nine-year veteran on 11 East, Deborah is dedicated to her fellow colleagues, even in periods of transition or high staff turn-over, due to patient acuity and staffing issues. Deborah has persevered through stressful times, providing support, guidance, and leadership by mentoring newly-hired nurses. Other nurses often comment on the encouragement, and guidance Deborah has provided throughout the years as a mentor and preceptor. She has been described as "our bridge in communicating our needs with the senior partners and management".

Deborah serves as chair to the Clinical Practice Committee at the divisional level, and exemplifies dedication to this role by implementing clinical practice initiatives at the unit level, as well as working to implement the Relationship Based Care model of nursing. Her collaboration and contributions have provided a positive transition as we define the role and practice of the professional RN on our unit. As a member of the Staff Nurse Council, she seeks feedback from her colleagues regarding pertinent issues and collaborates with them to develop strategies to make improvements to our profession. She advocates the needs of her nursing colleagues from the unit level.

Last, but certainly not least, Deborah exemplifies dedication and skills to serving our diverse patient population. She continually seeks to broaden her knowledge and skills in patient care through conference participation. As a charge nurse she goes above and beyond to meet the needs of her patients and families. She understands the true meaning that "total" patient care does not begin and end with just passing medications; but to be an advocate, communicator, collaborator, coordinator, and facilitator of meeting her patient and family needs. Deborah you are my unsung hero....your humbleness and benevolence are traits that make you such an admirable colleague!



Wilhemenia Greer, RN
Child Psychiatry

Ms. Willie, as she is fondly known by her peers, is the cornerstone and historian of the unit. She has worked there for 19 years and has seen many changes. Through it all, she has helped the unit maintain a sense of priorities, and high nursing standards. She has a strong background in pediatrics and is always an advocate for the patient and families. Her assistance in the daily operations of the unit is invaluable. Her total time with the Medical Center is 35 years, which I think is amazing and honorable.

Unsung Heroes



Jacqueline Gregory, RN
Orthopaedic Clinic

Jackie exemplifies excellence in nursing practice and patient care on a daily basis. Even in the fast-paced outpatient setting, Jackie finds a way to connect with her patients to meet their care needs, as well as to boost their emotional well-being. By remembering their name, asking about their family or activities, Jackie personalizes patient care and promotes positive customer relations.

Jackie is constantly striving to enhance clinical operations and collaboration among the healthcare team. She thinks “outside of the box” to come up with innovative ideas for improving patient care. She recently initiated a work process that enables better access for the nurse to provide patient/family education, and improves communication with the doctors in the clinic. The changes have improved nursing documentation outcomes, while also promoting partnership with our physicians. Jackie works to develop better communication tools for patients and staff, such as a revised patient questionnaire and creative information signs in the patient waiting area. She is self-directed and tackles projects that provide a more efficient and productive workplace. Jackie takes time to mentor new staff and develop a cooperative team spirit. She approaches each day with an optimistic attitude, a story to make us laugh, and the goal to make each task a job well done. These are only a few of the accomplishments that exemplify Jackie’s nursing leadership for which she deserves recognition as an outstanding team member. They cannot fully represent her significant contributions and value to the Orthopaedic Clinic. Jackie is to be commended for all her efforts!



Jennifer Hale, RN, CCRN
PICU

A nurse in PICU since July of 1998, Jennifer came to us from within the Hospital, looking to grow as a nurse and “try something new”. She fell in love with Peds and ICU nursing and continues to be a dedicated and productive member of our team. She earned her CCRN certification and received a deserving promotion to senior partner, and has now been recognized as our “Unsung Hero”. Jennifer comes to work every day with a positive attitude, and despite a hectic environment, she continues to work to her fullest potential, without complaint. She is flexible and accommodating, and is always helpful to her peers, even with the less “glamorous tasks”. She is a willing preceptor to new staff and will spend tireless hours explaining the most basic concept to those who are eager to learn. She is able to share a personal mistake with others so that they may also prevent the same error and grow from the experience as she did.

Jennifer comes in on days off to attend meetings and help with nursing education and competency training. She has helped with the Relationship Based Care effort, offering suggestions for improvement despite staff unwillingness to change practice. She is our new unit representative for Magnet, as well as our unit’s “Health Champion” for the Step up to Good Health Program. She goes above and beyond in all aspects of the job, and will do almost anything asked of her if it will benefit the patients or the unit in any way. Above all, Jennifer maintains personal integrity as well as a sense of humor that are essential in a rapidly changing, often hectic environment. She articulates her love for her job and it clearly shows on a consistent basis. Jennifer will never toot her own horn, but she will always acknowledge and appreciate the work and nursing accomplishments of others. Jennifer Hale deserves to be the Unsung Hero in nursing.



Maureen Hanold, RN
Radiology

Maureen has worked for the University for more than 25 years and is highly regarded by her peers and physicians in Radiology. Her leadership and excellent critical care skills make her one of the strongest resources in radiology nursing. Her problem solving ability, flexibility, teamwork, and “can do” personality provide the department with great opportunity to complete all the cases during the day, while ensuring a positive flow of patients through the department. She routinely volunteers to stay late when needed, as well as, champions change to benefit patient care. She works hard with the staff to try new ideas for the improvement of processes in Radiology.

Unsung Heroes



Brenda Jackson, RN
NICU

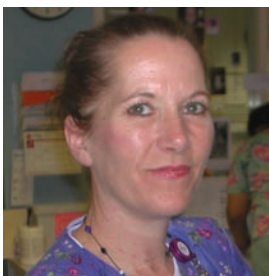
NICU's RN, Brenda, is definitely considered an unsung hero, going about her business achieving greatness without boasting or loud self recognition. Everyday, Brenda achieves greatness in her work with the infants and their families in the NICU. It has been a privilege to know and work with Brenda for the past 17 years. As a quiet and reserved leader in the satellite practice of the NICU, she is always calm and able to handle the most challenging and demanding assignments with grace and dignity. Brenda is always willing to take the heavier assignment or accept another patient without complaint or voicing frustrations. She is often the first to volunteer to help the unit with overtime or stay late when we are short staffed. Brenda has quietly added extra responsibilities to her daily tasks, including her involvement in the Car Seat Safety Program as a certified technician. She completes the paper work for the Healthy Start Program for infants requiring additional developmental follow-up of rehab services and works with the Western High School students, precepting them throughout their school year. She willingly provides the basic foundation of neonatal theory, clinical skills, and time management for new RN's and NA's starting in the NICU.

Brenda is our unsung hero. She may not win any awards or expect recognition; she does what she does for the love of her patients and families. This is why she is often remembered days, weeks, and years later by her NICU graduates. She is respected and admired by her peers and we want to say "Thank you".



Sara Joshua, RN
Gudelsky 5

Sara Joshua, RN, has been a dedicated employee for over 25 years. She is an outstanding mentor, preceptor, charge nurse and direct care provider. She is considered a leader amongst her peers, and role model for expert clinical practice. Sara is a remarkable bedside nurse who is compassionate and humble in nature and inspiring to those who know her. You can always count on her to do her very best, and patients frequently comment on her wonderful and calm nature. It is a joy and privilege to be her colleague. She especially enjoys caring for complex ENT patients and you can always count on her to be "looking out" for them whether she is their nurse or the charge nurse. Sara is truly an "unsung hero": always caring for others first, offering assistance to her peers, and always meeting the challenge of everyday practice with excellence. Sara: C5 Gudelsky is so proud to call you our own unsung hero.



Deborah Juarascio, RN
BMT/Gudelsky 9W

Debbie demonstrates a passion for nursing excellence, patient safety, customer service and quality patient education every day she works on BMT. It does not matter if she is decorating the unit for Valentines day, ordering us all to wear red scrubs or shepherding pharmacy students through the rigors of safe medication administration, Debbie is excited about nursing. Come to BMT, we have fabric birds everywhere for spring!

Debbie has a high standard for her own practice and works fervently to provide staff with current education materials to use in their practice. She has been a champion for relationship based care and a strong advocate for implementation of a chemotherapy administration safety checklist. Our orientation materials for patients and visiting staff have recently been updated, thanks to Debbie and she has been instrumental in preparing discharge materials for our patients. The "Eveready Bunny" has nothing over Debbie. Her energy and productivity is amazing!

Unsung Heroes



Joanne Kozlowsky, RN
Neurocare/Gudelsky 6

Joanne Kozlowsky, as I have known her for the past many years, is an excellent bedside nurse. She is very dedicated to her work of taking care of patients while working in harmony with her co-workers and has gone above and beyond the call of duty to work extra hours when there is an acute care shortage to make sure that her patients are getting the care that they deserve. Joanne has a soft heart and is a conscientious care giver that would make the patients feel safe and at home. With all my heart I nominate her for the

“Unsung Hero” award.



Carmen LeCompte, RN
General Operating Rooms

Ms. LeCompte is an excellent Periop nurse and truly is the GOR's unsung hero. Although she can be assigned to any surgical service, her speciality includes Oral Max, ENT, and PEDS. She is dedicated to service excellence for each and every surgical patient that rolls through our doors. She is a patient advocate, especially when our patients are most venerable, under anesthesia. As her patient's PCN, Ms. LeCompte, meets the needs of her patient balancing both the patient, surgeon and anesthesia requirements. Ms.

LeCompte also works collaboratively with ASCU, PACU and all her colleagues in the GOR. In addition, she is well respected by our surgeons, anesthesiologists and residents. She was the first to volunteer to represent the GOR with Relationship Based Care and has done a tremendous job. The GOR PCS Managers have all agreed to nominate Ms. Carmen LeCompte as our "GOR Unsung Hero".



Lillian Lopez, RN
Pediatric ED

Lillian is a silent, strong leader for the Peds ED. She displays incredible dedication to nursing, as an excellent preceptor, over and over. She is always ready and willing to support unit change that will improve patient care or efficiency, and exhibits excellent communication skills. Lillian is an Air Force Reservist, who helps transport our wounded soldiers from around the world to medical facilities in the USA. Lillian also has achieved many advanced certifications; Pediatric Advanced Life Support, Trauma Nurse Critical

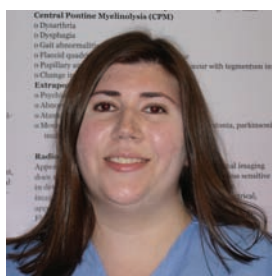
Care, Emergency Pediatric Nurse and ACLS.



Mytha Macabata, RN
Surgical ICU

Mytha has been invaluable to the unit since she came to this country and began working on the unit 5 years ago. Since that time, she has served as an excellent preceptor to many of our nurses, and continues to mentor new RNs ensuring that they get an excellent overall experience on our unit. She has been a valuable member of our team during the PACE project. Mytha also reached another milestone in 2005, when she became a United States citizen. Mytha is a delight to work with, and we consider ourselves extremely lucky

to have her on the Surgical IMC.



Amy Madren, RN
NeuroTrauma IMC

Amy has actively embraced the relationship based care delivery model, working as a member of the design team. She exemplifies the role of PCN with her patients, and provides outstanding education and direction as a mentor to new staff. She has offered her abilities as a mentor and teacher in promoting good nursing documentation, too.

Unsung Heroes



Todd Milliron, RN
Len Stoler Pavilion
Outpatient Cancer Center

Todd has been observed on several occasions taking the lead in situations where patients have needed urgent medical assistance. He is able to quickly take control of a situation and guide others to ensure the patient gets the best care available. He remains calm while speaking quietly to the patients. The patients frequently remark that they feel great comfort with Todd as their nurse even during times of anxiety, and when he pays close attention to not only patient needs, but family needs, as well. Todd has worked diligently to provide a positive working environment for the staff. He stays aware of staff concerns that may impact patient care and works with them to move forward to resolution. When there are staff-related issues, Todd always takes time to listen and make every effort to resolve the issue.

Todd is someone whom we as the staff feel honored to follow. As a senior partner for almost 2 years, Todd has shown tremendous growth in his leadership skills. His attention to detail is impeccable as evidenced by the hours he spent researching and determining the type of problems that were impacting the BMT infusion schedule, and working with the practice manager to resolve each problem. Todd's enthusiasm for the BMT program and caring for oncology patients is apparent each and every time you speak with him. To ensure that his patients get the best care available, Todd participates on five committees/councils within the hospital. He is an excellent role model for new graduates and an extremely hard worker who leads by setting high standards for himself and living up to them. He is dedicated to improving the quality of care for his patients and the working relationships of his team.



Marilyn Mongilio, RN
Peds Sleep Study

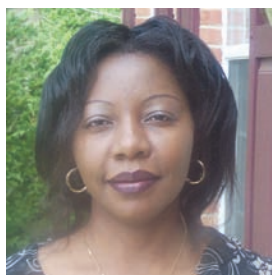
Marilyn is such a trooper! As the only RN in the Peds Sleep Study Lab, Marilyn works independently with a polysomnographer. Without the luxury of ancillary support or other peers to run things by, she is "it". She is dedicated and she adapts her schedule to meet the needs of the patients. The Peds Sleep Study "Team of Two" in tight quarters. Due to renovations they have been moved and are currently working in shared quarters. Marilyn made the physical move and adapted to the new space with nary a complaint and maintains a smile despite the space limitations. She exemplifies professionalism and dedication to this small, but important program.



Lorraine Newborn-Palmer, RN
NeuroCare

Lorraine is dedicated to improving the education of RN staff, providing continuing education via neuro-related lectures and in-services several times each year. We nominated Lorraine because of her work with the Basic ICU nursing course over the past several years, providing lectures on neuro-related diagnostic testing and seizures. She has also participated and taught a great neurocare 1-day course for the last several years to improve the skills and knowledge base for ICU and IMC RNs throughout the hospital. Lorraine is also our Magnet champion for the unit and is always striving to exemplify the best practices in nursing. As a masters-prepared RN, Lorraine continually strives to further the knowledge of her coworkers with new practice information she has learned at the many conferences she attends.

Unsung Heroes



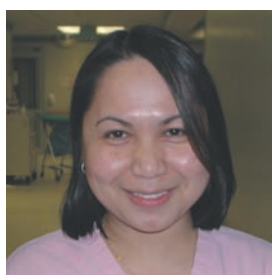
Francisca Nwugwo, RN
Transplant Unit

Francisca has embraced the philosophy of Relationship Based Care and been a champion and leader in its evolution on the Transplant Unit on Gudelsky 8. As a night nurse she has willingly participated and lead key initiatives to operationalize the concepts for relationship based care on Transplant. She has come in on the dayshift to attend meetings and act as a facilitator for small group work initiatives. She has spent time individually with staff members assisting them in the understanding and benefits of RBC for the patient as well as the professional nurse. She is now part of the hospital's design team and further embraces this aspect of professional nursing as part of the preparation for the attainment of Magnet status at UMMS



Nadene Engel Olivia, RN
STC Out Patient Center

Dee was recently promoted to nurse manager in the STC Outpatient Clinic. Since then, she has become extremely active on the Intra-system Quality Forum, a team that is currently composed of representatives of the STC, USH and Kernan and working to improve quality of care in rehab patients transferred between our 3 facilities. Dee has worked tireless hours in improving the process of STC clinic visits for our patients at USH and Kernan. She has facilitated return visits through cohorting services, reducing patient visits to 1 day, rather than 3 or 4 visits in a single week. She has worked to smooth the process of ventilator patients coming from USH or Kernan for appointments at the STC. She has served as a constant resource to the nursing leadership at USH and Kernan to the point that they now rely on her on a consistent basis. Dee deserves special recognition for confronting some issues related to orthopedic care in both rehab facilities. She is truly the unsung hero of the STC patients at USH and Kernan.



Maria Ordaniel, RN
NTCC

"Sol", as Maria is more affectionately know, is a member of the STC Rewards and Recognition Council. She actively participated in Spirit Day, sharing her enthusiasm for recognition of co-workers. She helps lift staff morale by decorating the unit for the holidays. Sol is always willing to mentor students and new staff. She does a great job in welcoming new people and was the first to become a Primary Coordinating Nurse on our unit.



Thankamma Pallikal, RN
10 East

Thankamma have been employed by UMMS for over 20 yrs. She has served on the unit Clinical Practice Committee for many years and was instrumental in resolving many clinical practice issues. She is now working diligently with the staff on relationship base care and developing ways to make this model of patient care a reality on the unit. The first thing Thankamma does when she gets to work is to ensure that the patients are assigned a primary nurse.

She works many overtime hours to staff our unit. In spite of working short every night (3 nurses with 22 patients) she manages to provide good patient care, fitting in the RBC model. I know from working with Thankamma that when she is given a task to do you can be sure it will be completed in a timely manner. I have worked with Thankamma for ten years and in that time I have watched her dedication to nursing grow and feel as though she exemplifies a real unsung hero.

Unsung Heroes



Diane Pannullo, RN
Palliative Care

Diane is always patient/family oriented, adjusting her schedule or working additional uncompensated hours to accommodate their needs. She is a wonderful patient advocate. Diane ensures that patients and families with special needs have contact numbers so they can get in touch with her at critical times if she is not at the hospital. She is supportive to other staff and works with them to increase their skill set in palliative care.



Karen Price, RN
Radiation Oncology

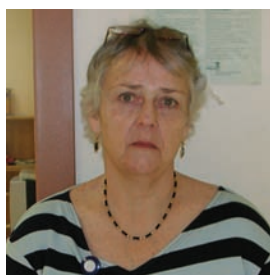
Karen came to the University of Maryland from Johns Hopkins Hospital. She is currently working at our Columbia office. She went to the office in the midst of staff turn over and she made a commitment to help make changes in that office. She has worked extra hours when needed, researched new techniques and skin care protocols for her population. Even though she had no Radiation Oncology experience, she used her personal time and money to improve her knowledge, hoping to improve patient outcomes. She has implemented several new teaching tools and has made unbelievable improvement in skin toxicities in that office. I have never seen a nurse with so much drive to improve patient outcomes. She is wonderful all around.



Erin Ruark, RN
Adult ED

Erin goes above and beyond every day. She works for her patients as well patients of her colleagues. She is aware of the many resources here at UMMC and utilizes them daily to improve the patient's episode of care. She involves herself not only in her patient cases but frequently intervenes with other patients making suggestions to their care providers regarding resources, such as her advocacy for the use of Palliative Care. Another example was the care she extended to a psychiatric patient who had an unusually long stay in the ED. She brought him in special food, games, cards and books, took him on walks throughout the day to break up the monotony of being here for 5 days and convinced her colleagues to continue the extended care delivery throughout the other shift. She has intervened on numerous occasions when a patient wanted to leave prior to completing care and was able to encourage them to stay by discovering what the underlying situation was.

She was instrumental in working with dietary not only to decrease the cost of food to the ED but to provide all the patients with timely meals and make sure that the psychiatric patients received two hot meals per day. She is an advocate for early intervention in pain management. She is the first one to take responsibility for the unit operations making sure equipment is working properly and ensuring the unit has what it needs to function. Her peers recognize her as an excellent charge nurse, clinical resource and preceptor. She recently precepted a new grad who is now thriving and showing excellence in practice which she attributes to her orientation with Erin. Erin was recently nominated by her peers for Employee of the year.



Ann Scanlon, RN
11 West

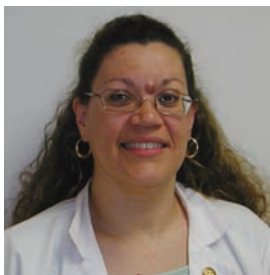
Ann Scanlon has promoted the new care delivery model on her unit with the entire treatment team. She has facilitated the learning and education of the physicians as to the role of the Primary Coordinating Nurse. She was instrumental in having the PCN identified for patients as well as other treatment team members on the treatment team board. She is an outstanding nurse, always going that extra step to insure that her patients receive individualized care that is focused on patient needs.

Unsung Heroes



Kristin Seidl, PhD, RN
Clinical Effectiveness

Kristin is very involved in the design of tools and processes for making medication reconciliation successful. She is very energetic and very motivated to work with. She is enthusiastic when she teaches, infusing her orientees with her dedication and commitment to the best practice care.



Yvonne Shepard, RN
Case Management

In the past 6 months, Yvonne has been called on in a multitude of roles for the case management staff. With several staff out on medical leave, and changes due to the split of the CDI project from Case Management, the department was left with some vacancies. Yvonne has filled in superbly wherever she was asked to without the slightest hesitation. She has the gratitude of her peers for being able to float wherever needed and to be able to handle the different services with ease.



Katherine Shortt, RN
4STA

Katie is a new nurse who will complete her first year at STC in June. She has worked very hard to learn the "STC way". She sets a standard of care for her patients, by what she would expect for herself or her family members. She has developed into a competent charge nurse who is able to keep a global understanding of, not just the unit, but Shock Trauma as a whole. She is definitely an asset to 4STA and UMMC.



Darlene Shutt, RN, WOC
Wound Ostomy Continence Nursing

Darlene Shutt is being selected as an unsung hero for her dedication and commitment to WOC Nursing and integrating her role into "relationship based care". She continues to strive for excellence as a team member, and to enhance the quality of life for patients with ostomies and complex wounds. Darlene serves as a role model for promoting a caring and healing environment and continues to inspire the staff to strive for evidence based care.

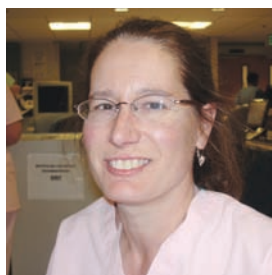


Jada Tiglao, RN
13 East/West

Jada took on the role of Charge Nurse just as the new units on 13 East/West needed her the most. She was able to assess the state of the units and implement strategies and processes that organized and streamlined the patient flow in to and out of the units. She participates fully in the PACE project as well as other teams such as the DVT Taskforce, and the Medication Reconciliation Team. She has also been instrumental in building a solid working relationship with the new DASH Service physicians and PA's.

Jada supports the staff on the unit by giving her time, and energy to making the units a great place to work. Her kind and soft-spoken manner helps her to move people in the right direction. She has worked very hard to bring the two units together as one. Jada has a way of working the staff through even the most difficult situations or processes. Jada deserves to be recognized for their hard work, and strong commitment to the unit and the organization.

Unsung Heroes



Pamela Watkins, RN
STC PACU

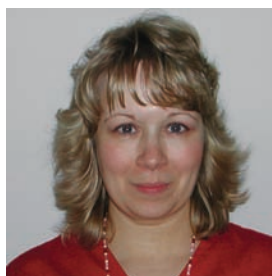
Pam is an excellent clinician, who is very compassionate to all patients and families. She is always helping others with their assignments and willingly stays over or picks up an additional shift for the betterment of the patients and team. She is truly a great asset to the Trauma PACU.



Tammi Williams, RN
General Pediatrics

Tammi has been a nurse in General Peds for over 20 years. She is truly dedicated to our patients and families, as well as a valuable support to her coworkers. Tammi frequently volunteers to work overtime to address the overall unit needs. Tammi does an exceptional job of translating her knowledge base to newer nurses. She is an expert at providing care to a variety of patients, and is a great resource for other RNs to provide care for our most complicated oncology patients. Tammi has also made herself available to her night coworkers by phone if they had particular questions about an oncology patient's care or treatment regime.

She is an excellent preceptor who seeks appropriate opportunities for her orientees. Tammi recently oriented an experienced RN when the pediatric unit had lower acuity patients. Tammi volunteered to float with her orientee to the pediatric IMC for 3 shifts in a row to provide the orientee with a more challenging assignment that would give the nurse additional experiences of caring for acutely ill oncology patients. In addition to being a great experience for the orientee, it provided continuity for the patient and a familiar nurse who cared for her intermittently over the past few months. Tammi's approach to delivering patient care has reflected the role of the PCN, long before the concept was formally introduced at UMMC.



Michele Zimmer, RN
PCU

Michele has independently worked as a lone senior partner on the unit implementing all changes with relative ease and working hard to build team spirit. She has done this for the last three years without a complaint. She keeps abreast of all changes and meets all deadlines. She continues to participate in Patient Safety initiatives, as well as running Clinical Practice on the unit. She uses creativity in her approaches for communication and change management. She has worked with others to implement Relationship Based Care on the unit and also to implement Shared Governance as a method to increase staff participation in decision making and to raise overall staff satisfaction. Michele drives most of the unit celebrations and works hard to make sure every prospective mother or bride gets a shower, as well as leading the efforts to host the annual CCU/PCU Christmas breakfast, unit Recognition events, Administrative Assistant's Day, etc. She is kind and compassionate, provides excellent patient care, and is a strong role model and teacher. Her leadership is a driving force for 0% vacancy rate on the unit.

Unsung Heroes



Supplemental Staffing - from left to right

Mary McQuaige, RN

Vicki Wrisk, RN

Lynn Sdanowich, RN

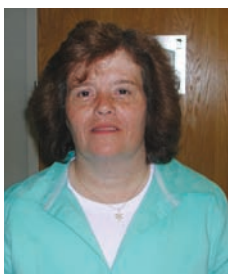
Jean Holzman, RN

I have chosen this team of nurses because they are the team that assist the Clinical Practice and Professional Development Office with the certified NA to PCT program, along with other employee training initiatives.

This group of ladies has over 40 years of dedicated nursing experience to the UMMC. At one time or another they were full time staff nurses on respective floors. They are currently committed to the supplemental staff and you will find them working and teaching throughout the hospital. To date they have assisted in the training of over 51 PCT (from the community IT-works program) with 49 of those trained employed to the hospital.

They have assisted in the in-house training of PCTs (PCT skills day), the Acute Care and Basic Intensive Care lectures and skills day, the Glucatorl marathon, the Blood culture marathon, and countless other educational training offered at UMMC.

They are dedicated not only to the UMMC but also to the professional and educational development of all staff members here at the UMMC. So, with that I along with the office of Clinical Practice and Professional Development salute this team of professional nurses.



Debra Johnson, RN - left



Karen Cossentino, RN - right

Debra (DJ), has been in the CCU for 20 years on the night shift and consistently is nominated by the staff for Employee of the Year for her excellent patient care and outstanding service to the unit. She has chaired the unit based Clinical Practice Committee for much of these years, actively participating to implement changes. Most recently, DJ was part of the group developing Relationship Based Care. She is an active member of the divisional CPC and is now one of the CCU's Magnet Champions. She has been managing equipment in the unit for many years and is steadfast in her search for missing equipment. She has developed many creative approaches to managing equipment and holds staff accountable for their part. She is always there to lend a hand in preparing the unit for JCAHO surveys (actual or mock ones) and can be relied upon to give 100% to any effort she is involved in. She is the one most remembered and requested by many returning patients – throughout it all, DJ remains humble, always wanting to give credit to everyone else besides herself. It is no wonder when our Director asked for a volunteer to lead UMMS efforts for the American Heart Walk, DJ immediately raised her hand and volunteered.

Karen, "KC", has also worked in the CCU for 20 years on the night shift. She and DJ have always provided such strength on the night shift. KC has been involved in Process Management for most of her years in CCU and chairs the unit's efforts. She oversees most of the unit's efforts in JCAHO readiness and continues to work with the staff to remain in that ready state. She is an active participant in the division's Process Management and consistently brings that information back to the staff. KC has been one of the stellar preceptors on nights and runs charge without really ever getting flustered. She is a great team player and readily adjusts her time to help her peers and/or her unit in times of need. Recently, KC has volunteered to help develop a new role in Cardiology that is aligned with the medical team (Patient Care Coordinator). She easily adapted to her new role and is applauded by the staff for her astute way of knowing what will be most helpful to the patient for preparation for discharge. She works very well with the nursing staff and ensures they are involved with the medical team's plan of care. She was eager in volunteering to lead the efforts for the hospital for the latest American Heart Walk and did a phenomenal job!

They volunteered their time and creativity to co-chair the 2005 University of Maryland Heart Walk. Their planning efforts and fund raising activities help raise contributions to support the American Heart Association and positively represent the institution and the Department of Cardiology. It is an example of the positive force that nurses play in the community as well as providing care to critically ill patients in our CCU. Their enthusiasm and professionalism provided an example for other nurses to emulate.

Unsung Heroes



Christina Gazaway, RN
Ariel DeVera, RN

Christina and Ariel were chosen as the 3D charge nurses at the start of the PACE project in July, 2005. They have both taken the role very seriously, and each has brought energy beyond the expectations of the role. They have participated fully in the PACE project by helping to develop the CN role, collecting data, reporting out to the larger group, and implementing new processes on a continual basis. They work hand in hand with other

units, the case managers, and physicians to manage flow in and out of 3D at a very high level.

They support the staff as well, giving 100% every day they work. They are instrumental in managing the day-to-day business on the unit, from implementing and communicating new and changed policies, to RBC implementation, to conflict management. They do so much on the unit; it is hard to summarize! They deserve to be recognized for their hard work, and strong commitment to the unit and the organization.



MICU - from left to right
Michele Emerick, RN
Marcia Assanah, RN
Mary Thacker, RN

I am nominating these three individuals who have worked tirelessly to help build the MICU team over the last year. At the bedside, each of them demonstrates a technical and clinical excellence that all staff strive to meet. Each has contributed countless hours to the unit to mentor

staff to help develop critical-care skills. This has been an enormous undertaking especially as we prepared to open the new MICU. They have each showed incredible patience and creativity in this role. The move to the new unit has been three years in the making. They have each been involved in this process from the beginning. The new unit reflects each of them—both individually and as a team. They have each demonstrated the importance of teamwork and flexibility. They helped make the move seamless for the entire staff. In addition, each has been involved in various hospital-wide endeavors—Marcia—Nurse Council and Conference planning committee, Mary—Ethics and Resuscitation committees, Michele—Relationship Based Care and Clinical Practice. In their spare time, each of them attend school. They each deserve recognition for their commitment not only to the MICU but to excellence in nursing care.



Neesha Patel, RN
TRU

While working full time in the TRU, Neesha has completed the MBA program at Johns Hopkins University. She graduates this spring. Above and beyond working full time and taking classes, Neesha has worked on a couple of projects in the TRU to improve the unit's efficiency, cost effectiveness, and revenues. Using her knowledge in managing supplies and patient charges, Neesha is creating positive outcomes in TRU. Neesha's positive attitude and willingness to look for solutions to modern day health care costs and constraints, as they

relate to our unit, is helping the TRU establish automatic MW supply orders and develop a patient charge capture model. Her enthusiasm, positive attitude, and willingness to work with others to create solutions is greatly appreciated.

Nurses Leading Practice

Nurses lead and advance their practice by serving on one of the five standing committees of the PCS Board. The majority of the members and all of the chairs of these committees are staff nurses representing clinical divisions and specialty areas at UMMC. These committees are: Clinical Practice, Professional Development, Research, Retention and Recognition and Documentation Oversight.

Thank you to all of the following nurse members of these standing committees during 2005.

Amy Arnastead	David Alonsozana	Jeffrey Purvis	Luiza Lima	Sarah Donegan
Amy Thompson	Dawn Clayton	Jeffrey Ross	Lynn Armstrong	Sandra Kappus
Amy Wilson	Dawne Lazarek	Jen Shearer-Walsh	Lynn Klair	Sherrie Dixon
Andrea Morrissey	Debbie Brown	Jennifer Carandang	Lynn Freund	Sandy Lovelace
Angela Byrnes	Debbie Johnson	Jennifer Carter	Maddie Cook	Sandy Lovelace
Angela Horton	Deb Cooksey	Jennifer Perry	Magda Wardrop	Shane Ellis
Angie Amig	Deborah Peterson	Jennifer Tipton	Marcia Assanah	Shannon Greenwood
Anita Passman	Deborah Galloway	Jennine Engle	Margie Stickles	Sharon Isbell
Ann Regier	Deborah Juarascio	Jesse Lopez	Marianna Timm	Sharon Lesser
Ann Scanlan	Debra Roper	Jill Kirchoffner	Mary Agnes Seaman	Sharon Matheny
Anne Anderson	Deborah Williams	Joan Hebden	Mary Ann Grafton	Sharon Otto
Anne Johnston	Denise Choiniere	Joan Montanari	Mary Ellen Coyne	Shawn Travers
Anne Naunton	Dennis Brumbles	Joan Selekof	Mary Herster	Shereena Sorrell
April Bahruth	Diane Mackert	Joanna Chinquee	Mary Jenkins	Sherry Jones
Ariel DeVera	Diana Novak	Joanne Kozlowski	Mary Jo Simke	Sherry Perkins
Badia Fadoul	Diane Smith	Joanne McAuliffe	Mary Murray	Shirley Tindal
Barbara Bigelow	Digna Cloud	John Jacobs	Mary Tlasek-Wolfson	Stacey Trotman
Barbara Evans	Donald Bryant	John Preto	Melanie Matthews	Stephanie Tuszyński
Barbara Keyes	Donetta Brooks	Joy Apacible	Melanie Priest	Susan Dayhoff
Barbara Miller	Donna Huffer	Judy Carter	Melissa Choma	Susan Howes
Barbara Saia	Donna Mitzel	Judy Slide	Michael Houck	Susanne Anderson
Bea Draper	Donna Wooditch	Julie Caprio	Michelle Emerick	Susan Walker-Polling
Beth Collora	Donnabelle Go	Julie Ray	Mindy Matchik	Sylvia Daniels
Beth Sherfy	Donnica Major	Kathy Stagmer	Moji Fapohunda	Tammy Ernest
Betsy Parker	Dora Frank	Kandy Aboud	Monika Bauman	Tanya Icaza
Betty Howard	Doris James	Karen Cossentino	Muna Harris	Terrance Moody
Beverly Dukes	Ed Streyle	Karen Finnegan	Nancy Barczak	Terri Biggens
Beverly Marshall	Eileen Kavanaugh	Karen Hill	Nancy Nichols	Terri Green
Brett Anderson	Elenora Stumpfol	Karen Kaiser	Neshat Tebyanian	Tina Philhower
Brigid Blaber	Elizabeth Fitzpatrick	Karen McQuillan	Nicki Frazier	Tina Randall
Carla Middleton	Erika Winters	Karen Vaughn	Nilo Tiburon	Tom Crusse
Calvin Foots	Etta Brown	Karen Vojtko	Noel Corpus	Tonnette Branch
Candace Reynolds	Fatemeh Jorshari	Kate Bott	Nora Din	Tonja Bell
Carol Wolfe	Fe Nieves-Khouw	Kathe Campbell	Nydia Arjona	Tracey Heath
Carole Malinowski	Florife Lomat	Kathy McCullough	Odedia Skolnick	Tracy Mauritz
Caroly Ramos	Gena Tamberino	Kathy Ruehle	Pam Kyne	Tracy Seneca
Caryn Zolotorow	Gabriel Salgado	Kathy Wolfenden	Pam Scott	Treza James
Cathy Nacario	Gena Stanek	Katrice Royster	Patricia Lannon	Tyreeka Freamon
Cheryl Saintcross	Gerald Butler	Kayleen Ross	Patricia Wilson	Vicki Hodgins
Cheryl Sargeant	Gisele Stevenson	Kelli Simms	Peggy Torr	Victoria Sipes
Chris Byerly	Greg Truitt	Kendra Ellison	Priscilla Appleby	Visitacion Casal
Chris Helf	Gwen Williams	Kerry Sobol	Robin Haines	Vivian Waiters
Christina Gazaway	Hazel Page	Kerry Sue Mueller	Ray Cole	Vivian Vaughn
Cindy Bauer	Henry Allen	Kim Reck	Raquel Parrett	Wanda Bennett-Talley
Cindy Moul	Holly Thapar	Kontar Mosi	Regina Twigg	Weinshet Teklu
Cindy Rew	Ingrid Connerney	Kristin Pfeifer	Renee Plankeel	Wendy Luttrell
Claudine Palmieri	Irene Duerr	Laura Hearson	Renee Boblitz	William Brandt
Colleen Byerly	Jackie Parker	Laura White	Rita Herzog	William Canty
Crystal Evans	Jackie Prince	Lauri Demers	Rita Scheinin	William Janyska
Cynthia Fox	Jada Tiglao	Linda Byrne	Rita Teitelbaum	William Kinsley
Cynthia Miles-Becks	James Early	Linda Gregory	Robert Kaplan	Yemi Olalekan
Cynthia Salmond	Jane Aumick	Linda Lewis	Robert Welton	Yoon Gill
D Veronick	Jane Dyne	Linda McCormick	Rochelle Callelero	Yul Foster
Dana Kreiger	Jane Malone	Linda Zetter	Rosa Ragin	Zelda Falcks
Dana Dowdy	Jane Welch	Lisa Chin	Rose Muffolletto	Michelle Zimmer
Daniel Kopp	Jean Rochevot	Lisa Patterson	Ruth Parker	
Danielle Miller	Jeanette Keydash	Lora Cheek	Ruthie Edmonds	
Darlene Shutt	Jeanine Dyson	Lorraine Newborn-Palmer	Rita Handwerger	

Magnet Mock Survey Coming in August



- WHAT:** Magnet “Mock” Appraiser Visit
- WHEN:** Monday and Tuesday, **August 8 and 9, 2006**
- WHO:** Two consultants from the American Nurses’ Credentialing Center Magnet Recognition Program will be coming here to meet and talk with all frontline staff...
- WHY:** To prepare all UMMC staff for the actual Magnet appraiser visit in the fall 2006
- WHERE:** The consultants will randomly select inpatient and outpatient areas at UMMC to tour and talk with the staff.
- PREPARATION:** Education is occurring now at the unit level through the Magnet Champion Group. In terms of the “mock” appraiser visit, you do not have to prepare anything. Have a response ready for how we demonstrate excellence in care and why we are a Magnet facility. Show your pride, passion, and enthusiasm for nursing at UMMC!!!
- QUESTIONS:** Contact Anne Naunton at Ext. 8-8660 or anaunton@umm.edu.



News & Views is published bimonthly by the
Department of Patient Care Services

Robert H. Welton, *Editor*
Office - 410-328-6257 or Fax - 410-328-8258
Email: rwelton@umm.edu
Office of Clinical Practice & Professional Development
University of Maryland Medical Center
22 South Greene Street, Baltimore, MD 21201