



CE Benefit Expanded to Include Travel and Lodging

For years, the Medical Center has supported employees' professional development with two educational benefits. One benefit is the Employee Tuition Reimbursement program that covers college tuition. The other benefit is the **Employee Continuing Education Benefit** that covers expenses related to certifications, job-related conferences, and other professional development opportunities not related to college tuition. Recently, the Medical Center approved the expenses for travel and lodging when attending a job-related seminar or conference are also eligible for coverage by this **Continuing Education Benefit** benefit.

Benefit Amount

All Medical Center regular full-time (working 36 or more hours per week) employees are eligible for up to \$500 per calendar year (January through December). All Medical Center regular part-time (working a minimum of 20 hours per week) employees are eligible for up to \$250 per calendar year (January through December).

Eligible Expenses

Seminars, conferences, advanced certifications, professional dues and continuing education courses must be related to the employee's current job. Expenses covered include:

- Registration fees for an in-state, out-of-state and international annual conference or seminar that is attended for professional development in the employee's current job.
- Subscription to professional journals related to one's practice.
- Books approved for continuing education credit or designated as self-study prep certification exams.
- Fees for certification exams, certification review courses, and courses that offer contact hours, and

professional dues. Up to \$250 of the annual amount an employee is eligible for can be applied to professional dues to one professional organization that pertains to their current job.

- Expenses for travel and lodging when attending a seminar, conference or a professional meeting for development in the employee's current job.

Eligibility and Employee's Responsibility

A full description of who is eligible and their responsibility once they receive this benefit is fully explained on the Intranet. To access it, click on the Benefits link in the **Employee Links** section of Intranet Home page (below the photo of the Employee of the Month). This link take you to a large page listing all of the employee benefits and you should click on the **Educational Assistance Program** link in the bottom right section of this page. Or, key in: http://intra/ummc/employee/benefits/educ_assist.htm.

How to Apply for the Employee Continuing Education Benefit

Application for this benefit should be made prior to registering for the continuing education course or seminar. It requires the employee to submit an Application for Employee Continuing Education (form #3257). This form and the complete details on how to apply are described on the above Web site.

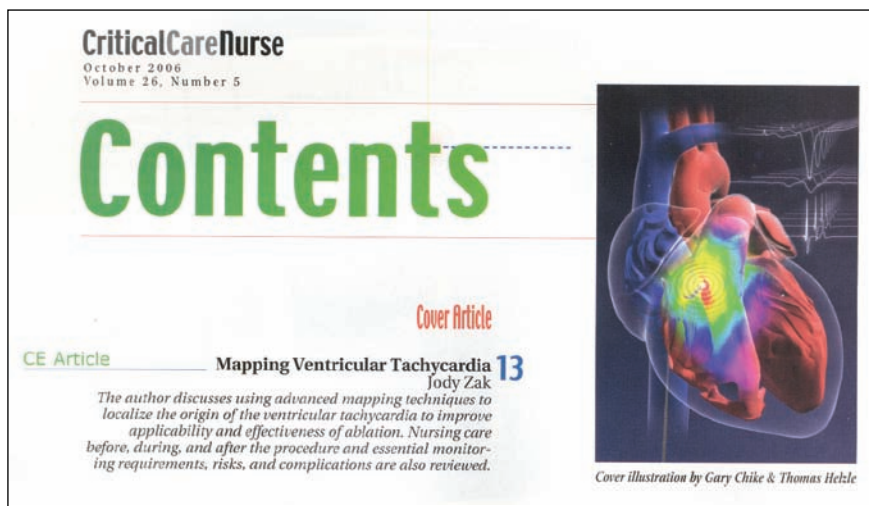
Other Questions?

If you have other questions regarding the Employee Continuing Education Program, you can e-mail them to edbenefits@umm.edu or contact the Employee Educational Assistance Benefits hotline, 410-328-1392.

People

Jodi Zak, BSN, RN, Full Partner, in the Electrophysiology Lab authored the cover article on the October issue of *Critical Care Nurse*. Her article, shown in the journal's Table of Contents here, is also the journal's continuing education article which means readers can read the article, take a test that Jodi wrote, and earn continuing education credit. Jodi said she wrote the article because, "there is nothing out there on mapping techniques for nurses."

Badia Faddoul, MS, RN, Clinical Practice Coordinator in the Office of Clinical Effectiveness, **Muna Harris**, BSN, RN, Senior Partner in the CCU, and **Nilo Tiburan**, MS, RN, Senior Partner in the MICU conducted a simulation study in the MICU and CCU comparing the use of paper versus a computer-based protocol for tight serum glucose control. Sixty-two ICU nurses participated in a cross-over study design, using both protocols in a simulated clinical environment. The computerized protocol for tight glucose control resulted in a 20-fold reduction in dosing errors, saved time and improved user satisfaction. The abstract "Computerization of Insulin Protocol Reduces Errors in Simulated Tight Glycemic Control Scenarios" was accepted for podium presentation at the February meeting of the Society for Critical Care Medicine. It was also selected as recipient of one of the 2007 Educational Scholarship Awards. The award is a cash amount of \$500 and Plaque. **Vinay Vaidya**, MD, Assistant Professor of Pediatrics, was the principle investigator for this research study, and Dr. Vaidya mentored the nurses throughout the research. Other authors on this paper include Anthony Lee, MD, Fellow at DC Children's Hospital and **Azizeh Sowan**, PhD, RN, Nursing Informatics at the University of Maryland School of Nursing.



Two NPs at Shock Trauma present at the Royal College of Nursing in England.

Trish Martin, MS, CRNP for Soft Tissue Team, Division of Wound Healing and Metabolism, STC presented "A NASTI situation: Identifying and treating Necrotizing Acute Soft Tissue Infections." **P Milo Frawley**, MS, CRNP, Nurse Practitioner Trauma Specialty Group, presented on "The Times They Are a Changin': Growth of the Nurse Practitioner Movement at Baltimore's Shock Trauma Center, USA" and "All Squawk or Serious Talk? Potential Impact of the Bird Flu." The Bird Flu lecture, in a more detailed format, was part of the program for the "Special Topics in Trauma" day held on October 31st. The Annual National NP Conference was in Harrogate, England, about 200 miles north of London. This conference, which included over 40 presentations representing six countries, primarily from the United Kingdom, celebrated 20 years of NP practice in the UK. NPs in the USA have been in practice for about 50 years.

Connie Groves, BSN, RN, Full Partner in Interventional Radiology (IR), is the first nurse to receive the *Interventional Nurse of the Year* award from the Association of Vascular and Interventional Radiographers (AVIR). This award is a new award for this organization and Connie was the first nurse to receive it. It was presented to Connie at AVIR's International Meeting in Toronto, Canada last March. One coworker in IR thinks Connie is characterized by the three Cs: competence, compassion, and congeniality. This description of her and her award were announced in the *Interventional Informer*, AVIR quarterly newsletter. AVIR is the national Association of healthcare professionals who work in Vascular and Interventional Radiology and are involved in standard of care issues, continuing education and related topics.



Intranet Cancer Order System (ICOS): A Collaborative Effort to Improve Patient Care and Enhance Efficiency



UMMC is maximizing the use of technology to improve patient safety while maintaining optimal efficiency within the medication use process. An example of this innovative application of technology is the Intranet Cancer Order System: a system for ordering chemotherapy and supportive agents.

Chemotherapy orders were targeted for improvement because of the complexity of the medication regimens which include: drug, dose, method of delivery, diluting substances, duration of infusion, frequency, and multiple dates of administration. In addition, most doses of chemotherapy are calculated based on the patient's weight or body surface area. Therefore, the prescriber must perform one or more calculations. This process needs to be repeated several times because "combination therapy" is composed of multiple medications (often four or five). The high number of prescribing details involved complicates the procedure and heightens the risks caused by human error and miscommunication. The handwritten form of documentation increases the potential for error. If these medications are not ordered, prepared, and administered as intended, they often produce unwanted or more severe adverse effects.

The UMMC approach to ensure patient safety was to develop a series of pre-formatted chemotherapy order forms for commonly used chemotherapy regimens or "protocols" that are stored on the intranet. Physicians, nurses, pharmacists, and information technology professionals collaborated to develop the comprehensive array of order sets. As of September 2006, over 200 order sets have been assembled, reviewed, and posted on the Intranet. Each order set represents a protocol with information that details all the factors that compose a complete and accurate order, enabling the physician to manually calculate the appropriate dose.

A multidisciplinary chemotherapy committee oversees the ICOS to make sure the regimens are up-to-date and to ensure compliance. This multidisciplinary committee also oversees the creation of new order sets as medical care evolves. In addition, a new initiative has started preparing order sets for existing and new research protocols.

The potential for incorrect transcriptions, incomplete orders, omissions, and misinterpretations of handwriting has been virtually eliminated by the new process. Over 80% of the Cancer Center's orders are now written on the pre-formatted order forms. The ICOS pre-formatted ordering system is an example of how technology can be applied to medical care to improve efficiency, patient safety and the quality of care.



Update on Our Magnet Application Status

By *Mary Beth Esposito-Herr, PhD, RN and Anne Naunton, MS, RN*



On July 28th, 2006, the Medical Center submitted our 4000 page Magnet written submission to the American Nurses' Credentialing Center. It was a hallmark event for nursing at UMMC representing three years of strategic planning, data collection, and writing that is referred to as our Magnet journey. In this document, our commitment to excellence in patient care, nursing practice, and the profession of nursing is explained in great detail.

We have been notified by the Magnet program office and received very positive feedback on our written submission. Our Magnet appraisers have requested additional information about our current nursing senior leadership group, with emphasis on the interim CNO, Mary Beth Esposito-Herr. Many organizations are asked to provide additional evidence prior to a site visit being scheduled. We plan to submit the new information they requested by March 1, 2007. The table on the next page shows what we have done so far and what we plan to do by March 1st.

This second submission provides us with more time to get the word out to all our colleagues both within nursing and across the other clinical and operational support disciplines about our journey to Magnet status. This includes physicians, unlicensed nursing personnel, housekeepers, administrative assistants, and all members of the health care team. In addition, direct care nurses will receive targeted education on topics such as nursing-sensitive quality indicators, performance improvement initiatives, and involvement in nursing research.

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association, to recognize health care organizations that provide the very best in patient care. Magnet designation is a significant honor and accepted nationally as the gold standard in nursing. A Magnet institution is considered the most desirable for nurses to practice, and this is one of the primary benefits of Magnet recognition.

The Magnet Recognition Program® recognizes excellence in:

- Nursing philosophy and practices;
- Adherence to evidence-based standards for improving quality of patient care;
- Leadership to support professional practice, competence of nursing personnel, and involvement in nursing research; and
- Understanding and respecting the cultural and ethnic diversity of patients, their significant others, and the care providers in the system.

Organizations must apply to the American Nurses Credentialing Center (ANCC) and undergo an extensive evaluation. This is followed by the submission of written documentation that addresses each of the 165 Magnet standards that are organized in 14 forces or chapters. Today, more than 216 health care organizations have achieved Magnet designation. This number accounts for about five percent of the nation's hospitals. Magnet organizations must submit status reports annually and reapply for Magnet status every four years.

Further information about Magnet status at UMMC can be obtained from Anne Naunton, RN, MS at anaunton@umm.edu or by calling the office of Clinical Practice and Professional Development at extension **8-6257**.

UMMC Magnet Update

	Original Written Submission	Updated Written Submission
Completion Date	July 31, 2006	March 1, 2007
Document Content	<ul style="list-style-type: none"> • UMMC Organizational Profile • Information and evidence to describe how we meet the standards required for the 14 Magnet forces • Received very positive feedback about contents from Magnet Program Office • Request from Magnet Program Office for additional information related to interim CNO and PCS VPs. 	<ul style="list-style-type: none"> • Same content as original • Will include information about the current Interim CNO, Mary Beth Esposito-Herr, PhD, RN • Will include additional information ON PCS VP leadership group: <ul style="list-style-type: none"> • Ed Streyle, MS, RN • Sherry Perkins, PhD, RN • Will provide updated content and data where applicable to strengthen our evidence.
Potential Site Visit	Fall 2006	Spring 2007
Communication and Education	<ul style="list-style-type: none"> • Content related to 14 Magnet forces and status • Unit education and communication through Magnet Champions • Involvement of health care team and UMMC staff 	<ul style="list-style-type: none"> • Same as original • Will continue to focus on areas where there is an identified opportunity to expand knowledge of direct care nurses <ol style="list-style-type: none"> 1. Nurse Sensitive Quality Indicators 2. RN involvement in decision making 3. Performance improvement activities at the unit level • Will increase communication and involvement of health care team and UMMC staff • Additional time to prepare and involve all staff

New Compliance Hotline Available to Staff

The University of Maryland Medical System has adopted a third party anonymous hotline to assist employees in communicating concerns. This service is confidential and risk free.

Call **1-877-300-DUTY (3889)**
or use the Internet



Go to www.reportit.net

- Click on "Report it Online"
- Click on "report it now"
- Enter user name and password (see below)
- Click on "I Accept and Agree"
- Enter information- be clear and add as much detail as possible
- Click submit

User name and password:

- UMMC employees- UMMC, UMMC
- Kernan employees- Kernan, Kernan
- USH employees- USH, USH
- MGH employees- MGH, MGH
- BWMC employees- BWMC, BWMC
- MWPH employees- MWPH, MWPH

Questions or concerns, please feel free to call **Joan Johns**, Compliance Coordinator at **410-328-5357**.



School of Nursing Faculty Collaborates with UMMC on Study of Nurses' Sleep

Do nurses get enough sleep? Most nurses now work 12-hour shifts and then go home to care for their families, and may not achieve enough sleep when working consecutive 12-hour shifts. In the short term, sleep deprivation can result in accidents and errors, and long-term sleep deprivation is associated with obesity, insulin-resistance, depression, and cardiovascular disease.

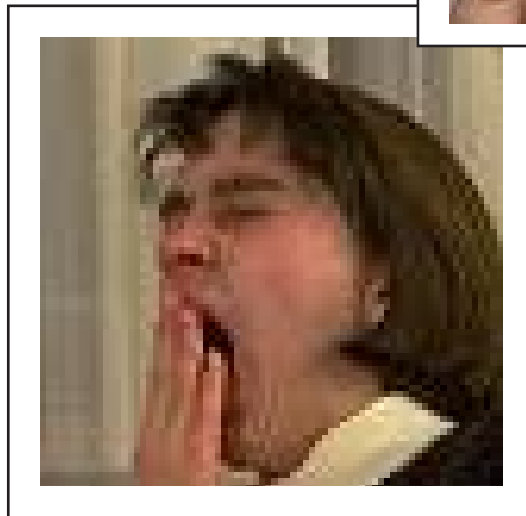
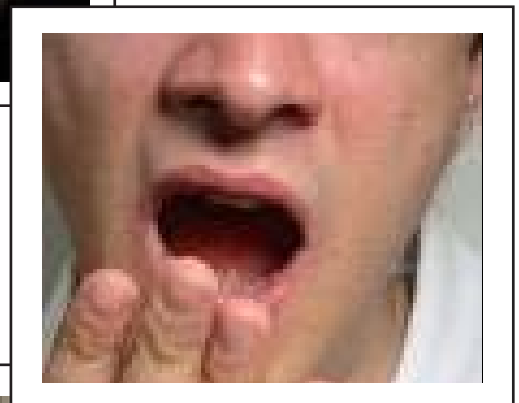
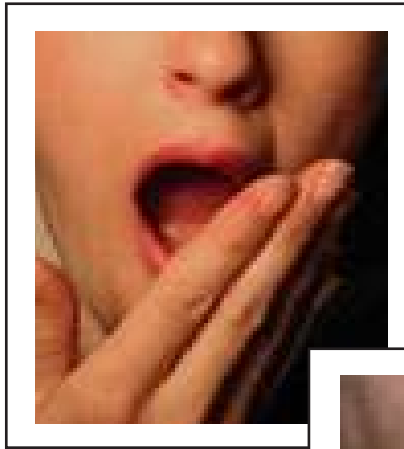
Dr. Jeanne Geiger Brown is a nurse researcher with an interest in sleep and how it influences workers' health and safety. Dr. Geiger-Brown will collect data from Registered Nurses who work 3 consecutive 12-hour shifts to discover:

1. how much sleep they achieve between shifts;
2. how fatigued or sleepy they feel during their workday, and
3. how successive 12-hour shifts influences their neurocognition.

In this phase of the study, Dr. Geiger-Brown is looking for 100 female RNs between the ages of 20 and 65 who work in critical care environments, who are not pregnant, and not taking prescription stimulants or sedatives. The study requires that the nurse wear an Actiwatch (a wristwatch-like device that measures motion) for four days, and do neurocognitive tests (similar to a video game) on a Personal Digital Assistant (PDA) after the work shift is over. Research participants are compensated for their time (\$100). The Institutional Review Board approved the study and five nurses from the CCU have already provided pilot data. Once additional funding is obtained, an additional 120 nurses will be recruited to participate.

The Work and Health Research Center at the University of Maryland School of Nursing plans to partner with the UMMC Nursing on several initiatives to study work stress among nurses. This research will be important to reduce the health risk of work stress on nurses.

To volunteer, please contact Dr. Geiger Brown. You can call her (410-706-5368) or leave an email message at jgeiger@son.umaryland.edu. Flyers will be posted in critical care unit locker rooms. In addition, Dr. Geiger Brown will be meeting with RNs during staff meetings, shared governance council meetings, and other forums to further explain the study.



Unclean Hands: A System Problem or Personal Accountability

A recent article¹ in the *New England Journal of Medicine* reports a new mother watching a physician touch her tiny, premature baby without first washing his hands or using the waterless, alcohol-based hand antiseptic just a few feet away. A few minutes later a nurse and another doctor failed to perform hand hygiene. When her baby had been admitted to the neonatal unit, the mother was told to remind caregivers to wash their hands, but only after witnessing repeated failures does she muster the courage to speak up about a practice she thought would be routine.

By then her baby had acquired a methicillin-resistant *Staphylococcus aureus* (MRSA) infection – probably transported on the hands of a caregiver who had been examining other babies who were colonized with MRSA. A few days later, MRSA invaded her baby's bloodstream and eventually proved fatal.

Preventable infections, caused by failure to practice simple hand hygiene are far from rare. And, they can occur in many of the finest ICUs and acute care settings in the United States. What can be done about these problems? Infections with antibiotic-resistant bacteria such as MRSA, which are difficult to treat, are transmitted primarily by the contaminated hands of health care providers who have touched a colonized patient or something in the patient's environment. Patients who are colonized or infected with resistant pathogens often have billions of colony-forming units of bacteria per milliliter of sputum or per gram of stool. Their skin and immediate environment may also be heavily contaminated. Caregivers who leave the bedsides of such patients without performing hand hygiene may carry thousands or even hundreds of thousands of colony-forming units of antibiotic-resistant bacteria on their hands. Even if the caregivers wear gloves while caring for patients who they know are colonized with resistant bacteria, they frequently contaminate their hands when they remove their gloves.

Fortunately, the remedy for this situation is simple. If every caregiver would reliably practice simple hand hygiene when leaving the bedside of every patient and before touching the next patient, there would be an immediate and profound reduction in the spread of resistant bacteria. The recent widespread deployment of waterless, alcohol-based hand antiseptics has made this task easier even for busy caregivers. Performing hand hygiene with these products kills bacteria (with the exception of *Clostridium difficile*) very rapidly, takes much less time than traditional hand washing, and is gentler on the hands than the repeated use of soap and water. Yet, compliance with hand hygiene remains poor in most institutions — often in the range of 40 to 50 percent.^{2,3} Overall compliance at UMMC for April through June 2006 was higher than these rates, but much less than our goal of 100%.

System Fix or Personal Accountability?

Patient-safety experts stress that complex, error-prone systems are at the root of most mistakes in health care. Poorly designed systems often undermine the best efforts of well-intentioned health care staff. The system may be partly to blame, but we have tried to address these issues at UMMC by educating staff and providing access to soap and alcohol-based antiseptics at the point of care. If you need more information, or if you have problems with unfilled soap or hand antiseptic dispensers, call **Libby Fuss** in Infection Control at **8-5757**.

When a doctor, nurse or other healthcare worker can reduce the spread of antibiotic-resistant bacteria by practicing simple hand hygiene, accountability should matter. Each caregiver has the duty to perform hand hygiene — perfectly and every time. When this widely accepted, straightforward standard of care is violated, we cannot continue to blame the system.

References

1. Goldman D. System Failure versus Personal Accountability-The Case for Clean Hands. *N Eng. J Med* 2006; 355, 121-123.
2. Pittet D, Mourouga P, Perneger TV. Compliance with hand washing in a teaching hospital. *Ann Intern Med* 1999; 130:126-130.
3. Lankford MG, Zemblower TR, Trick WE, Hacek DM, Noskin GA, Peterson LR. Influence of role models and hospital design on hand hygiene of healthcare workers. *Emerg Infect Dis* 2003; 9:217-223.

Maryland Law Now Requires Hospitals To Report Healthcare-Associated Infections.

For several years the Maryland Health Care Commission (MHCC) has distributed a “hospital report card” that is available to the public at http://mhcc.maryland.gov/consumerinfo/hospital_guide.

In the 2006, Maryland General Assembly passed a law that requires MHCC to include healthcare-associated infections (HAIs) in this report card. MHCC is currently in the process of determining exactly what types of infections will be reported and what data will be required from hospitals. **Elizabeth (Libby) Fuss**, RN, MS, CIC, Senior Infection Control Practitioner at UMMC serves on MHCC's Technical Advisory Committee for HAI Reporting.

As healthcare workers, we need to be concerned about infections for the safety and welfare of our patients, and now we need to be aware that the public will soon have access to our infection rates. Remember – the best way to prevent infections from spreading is **Hand Hygiene**.



New Link to Nurse Practice Act On The Intranet

The *Maryland Nurse Practice Act*, can be easily accessed from the *Clinical Resource* page of the Intranet. Follow the arrows below to see where you should click to navigate to the Maryland Board of Nursing Web site, and then where on their Web page you should click to go to the contents of the Practice Act.

New
Intranet
Link to
Nurse
Practice
Act

Clinical Resources

Special Topics in Trauma Care 2006

The brochure is now available. [Click here to print a copy.](#)

NEW from Infection Control: Training on preventing Central Venous Catheter (CVC) infections: required for residents, valuable for reference.

Patient Care

- Abbreviations and Symbols
- Antimicrobial Management
- Bioterrorism and Bio-events (Emergency Preparedness)
- Cancer Order System - ICOS
- Dangerous Abbreviations
- Diabetes Protocols
- Emergency Services
- Ethical Advisory Committee
- Formulary
- Infection Control
- **IV Push Manual** (Pharmacy Services)
- Lab Test Manual
- Micromedex
- Neurocare
- Pain Management
- Patient and Family Education
- • • **NEW** Multilingual Patient Health Information
- Patient Safety
- Perioperative Services
- Resuscitation Update

Policies and References

Commitment to Compliance


- Reminder on **protecting patient confidentiality**: Only share patient information with other staff for treatment, payment or operations. Keep faxes and medical records out of public view, face down, or covered. Log off computers when done. Questions or concerns? Call the numbers below or email
- For compliance information, call 8-5357.
 - To report questionable activities, call 1-877-300-DUTY (3889) or go to www.reportit.net

Policies and References

Manuals Available On-line

- Hospital Policies and Procedures
- AACN Procedure Manual for Critical Care
- Clinical Practice Manual
- • • Maryland Board: Nurse Practice Act & other regulations

Click this link and it takes you here



Maryland Board of Nursing

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Donna M. Dorsey, MS, I
Joan McGarvey-Hovatt

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Nursing Practice & Regulations

Maryland laws and regulations can be found in your local court library and public library or on the internet. The Board of Nursing does not fax or mail [Code of Maryland Regulations \(COMAR\)](#).

Nurses licensed in Maryland can receive a copy of the Nurse Practice Act Alford, Administrative Assistant, by [e-mail](#), [by fax](#), or [in writing](#). Nurses ne Maryland license number, and mailing address. All others can receive a c by writing your request to Ms. Alford and enclosing a check or money ord "Maryland Board of Nursing"

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Nursing Practice Regulations

[Maryland Nurse Practice Act](#) ← Click here

Kathy McCullough Leaves after 35 Years

Kathy McCullough started at UMMC as a staff nurse in Neurology in 1971. Thirty-five years later she left the Medical Center as the Senior Vice President and Chief Nursing Officer (CNO) at the end of September 2006. The intervening years hold a lot of memories for her and staff who have worked with her.

In 1971, after having just graduated from the Cornell University and New York Hospital School of Nursing, Kathy came to Baltimore with her first husband. Since she wanted to continue to work in an academic setting similar to the one she had just left in New York City she interviewed at the University of Maryland Hospital (UMMC's former name when it was a State hospital), and Johns Hopkins Hospital. She chose the University of Maryland Hospital, started here as a staff nurse and was promoted 10 times (see text box below).

Under Kathy's leadership, the Medical Center's clinical staff and its facilities have grown and evolved. Some of her major contributions at UMMC include:

- Expanded our governance structure and increased staff participation in decision-making;
- Using staff feedback, improved recruitment and retention in collaboration with Human Resources;
- Collaborated with architects in designing new patient care areas in the Gudelsky building that opened in 1994;
- Led integration of nursing with other patient care disciplines to improve patient care;
- Led initial work on the "Operating Room of the Future," which opened in 2003; and
- Initiated critical groundwork for the beginning of our journey to Magnet Designation.

When asked who or what was most helpful in her career, she credits Sharon O'Keefe, MS, RN, the former Senior Vice President for PCS before Kathy, and her post-graduate experiences at the Johnson & Johnson Fellows Program at the Wharton School at the University of Pennsylvania in Philadelphia.

When asked how she moved from staff nurse to Senior Vice President, she says taking advantage of opportunities, and also making it known she was willing to take on new challenges kept her moving upward. "Every time an opportunity became available I took it. This is one recommendation I would make. Take the opportunity when it comes along, even if it is not familiar territory."

Kathy's friends and colleagues at the Medical Center wish the best as she transitions to the next phase of her career.

This article was adapted from a recent interview with Kathy, and from an article "An Interview with Senior VP of UMMC" written by Jeffrey Knox, Cardiology Operations Manager, and Deborah Nolan Reilly, Senior Partner in the Electrophysiology Lab, for a graduate school project in 2005 at the University of Baltimore.

Katherine McCullough's Career History at UMMC

2004 – 2006	Senior Vice President, Patient Care Services & CNO
2003 - 2004	Senior Vice President, Patient Care Services & Operations
1999 - 2003	Senior Vice President, Patient Care Services
1994 - 1999	Vice President, Patient Care Services
1989 - 1994	Director of Nursing, NeuroCare & Surgery
1987 - 1989	Assistant. Director of Nursing, Neurosciences
1979 - 1987	Nurse Chairman (former title for Nurse Managers)
1978 - 1979	Neuromuscular Clinic – Myasthenia Gravis & Guillan-Barrie
1976 - 1978	Nurse Clinician II in Neurology
1975	Team Leader in Neurology (in Team Nursing)
1971	Staff Nurse in Neurology



The photo, circa 1980s shows Kathy McCullough as a Nurse Manager in her office on the 12th floor of the South Building.



Kathy (on the right) accepting the District 2 Maryland Nurses Association award for Recognition of Excellence in the Profession of Nursing, High Professional Standards and Service to the Community, taken on May 6, 1988.



Chuck Schevitz, then Manager of Human Resources, and Kathy McCullough at a staff focus group in the mid 1990s.



Kathy with Tim Babineau, MD, Chief Medical Officer, at her Farewell Reception on September 27th.

UMMC and Patient Care Delivery Orientations Expanded

Earlier this year, the Medical Center revised the centralized orientation experiences to allow more time to communicate important information to newly hired staff. Revisions included:

- ▣ Expanded both the Medical Center orientation and the PCS orientation, which were each a half day in length, to a full day each;
- ▣ Currently both orientations are **two consecutive full-days** with Day 1 for all new hires regardless of their hiring department, and Day 2 for only PCS staff;
- ▣ The PCS Orientation, called Patient Care Delivery, includes six areas of new content with the afternoon focused on both staff and patient safety;
- ▣ The PCS Orientation is designed for all patient care staff, which includes RNs, OTs, Pharmacy, Speech, PTs, RTs, Lab, Radiology, and clinical, hands-on staff in other disciplines; and
- ▣ Increased frequency from once a month to twice a month –
 - ▣ the Medical Center Orientation is on the 2nd and 4th Mondays of each month, and
 - ▣ the Patient Care Delivery orientation is on 2nd and 4th Tuesdays of each month to allow more interaction in smaller groups and with content presenters.

The content of both the Medical Center and PCS Orientations are shown on the facing page. Feedback from new staff who has attended both orientations is consistently good (see text box to the right).

If you have questions about the Medical Center orientation, call Ann Hampton at 8-3549, and for the PCS orientation, call Margaret Mickens at 8-6257.

Quotes from the Orientation Participants

- “I’m new in this place so it gives me a sort of a warm welcome!!! And I have a good feeling that this is a good place to develop myself as a good nurse.”
- “The speakers were excellent and very informative.”
- “Thanks for the warm welcome!”
- “Keep it up! Great program!”
- “This is the best orientation class I have ever been to since my 10 years in nursing. Thanks for this great orientation.”
- “I am a previous employee—this has been improved tremendously since I went through this in 1998!”
- “Most of the time orientations are a chore and boring. That was not the case this time, however. I found the presenters to be very knowledgeable, professional and their presentations were interesting and enjoyable.”
- “Great orientation design!”

Newly Revised Orientation for Patient Care Delivery Staff



New Employee General Orientation

8:00 - 8:20	Registration – Continental Breakfast
8:20 - 8:30	Welcome and Introduction to New Employee General Orientation Ann Hampton, Training Administration Manager, HR Development
8:30 - 8:45	Executive Welcome
8:45 - 8:50	UMMC Video
8:50 - 9:00	Mission – Vision – Core Values Activity
9:00 - 9:15	Strategic Plan / Annual Operating Plan Executive/Strategic Planning Staff
9:15 - 9:45	Customer Service Member of Customer Service Team
9:45 - 10:00	Break
10:00 - 10:20	Employee Resources to Aid the Patient Susan Roy, Director, Pastoral Care Services
10:20 - 10:50	Patient Safety Overview Member of Patient Safety Team
10:50 - 11:05	Process Improvement Member of Patient Safety Team
11:05 - 11:30	<i>Through the Patient's Eyes Video</i>
11:30 - noon	Tour
noon – 12:45	Complimentary Lunch for New Hires
12:45 – 1	Parking
1 - 1:20	Corporate Compliance
1:20 - 1:40	Staff Safety Awareness - Security Security
1:40 - 2:00	Environment of Care & Employee Safety Henry Smith, Safety and Environmental Health
2:00 - 2:15	Break
2:15 - 2:30	Diversity Frank Moorman, Manager, Employee Communications
2:30 - 2:55	<i>Promoting a Respectful Workplace Video</i>
2:55 - 3:30	Human Resources Services Human Resource Generalist
3:30 - 3:35	Employee Assistance Program EAP Counselor
3:35 - 3:40	Wrap Up – Distribution of Certificates
3:40 – 4:40	*Benefits Orientation (For benefit-eligible employees) Human Resource Benefits



Orientation to Patient Care Delivery

October 24, 2006

8:00-8:05	Introduction to Orientation Program Margaret Mickens, Office of Clinical Practice & Professional Development
8:05-8:30	Welcome to Patient Care Service Department How the Nursing Strategic Plan Impacts All Patient Care Senior Vice President Patient Care Services
8:30-9:00	What is Our Governance Structure Anne Naunton, MS, RN, Professional Development Coordinator
9:00-9:30	How Does Our Self-Insurance Trust Affect You? Linda L. Gregory, MS, RN, Education Coordinator, Risk Management
9:30-10:00	Your Role in Organ and Tissue Donation Tyree Nutter, MA, RN, In House Coordinator, Organ & Tissue Donor Advocate
10:00-10:15	Break
10:15-12:00	Patient Safety Kristin Seidl, PhD, RN, Clinical Practice Coordinator
12:00-12:45	Complimentary Lunch with All New Employees
12:45-1:15	Using the Intranet – Finding Clinical Resources David Wong, BSN, RN, Senior Partner, STC PACU
1:15-2:00	Dealing with Infections Libby Fuss, MS, RN, Infection Control Practitioner, Infection Control Infectious Disease
2:00-2:30	Using Resources of the Ethics Committee Beth Wintermute, LCSW, Clinical Social Worker
2:30-2:45	Break
2:45-3:30	Emergency Preparedness James Chang, Emergency Response Manager
3:30-4:15	Employee Health Craig Thorne, MD, Director of Employee Health
4:15-4:30	Program Evaluation & Attendance Certificate Distribution



Submit a New Name for *News & Views*

We are changing the name and look of *News & Views*. Clinical staff is invited to help by submitting name change suggestions to Bob Welton. These names will be reviewed by the Staff Nurse Council which will choose the winning new name.

The person submitting the winning new name will receive:

- **tickets for two for a touring Broadway show** at the Hippodrome;
- **dinner for two at Maggie Moore's** opposite the Hippodrome the night of the show; and
- **free parking** at the Baltimore Grand the night of the show.

Staff who work in any of the clinical disciplines in Patient Care Services are eligible and may submit their suggestions to Bob Welton at rwelton@umm.edu. Deadline for submission is November 30, 2006

News & Views has changed little over the years since it first appeared in March 1987 (see original nameplate below). It changed slightly in the summer of 1991 (see below). Meanwhile, the Medical Center has grown and created the need for a publication of the Department of Patient Care Service that reflects a more contemporary and sophisticated look. So think about a new name for *News & Views*, send it to Bob and maybe you will be sitting at the Hippodrome. Deadline for submission is November 30, 2006.



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