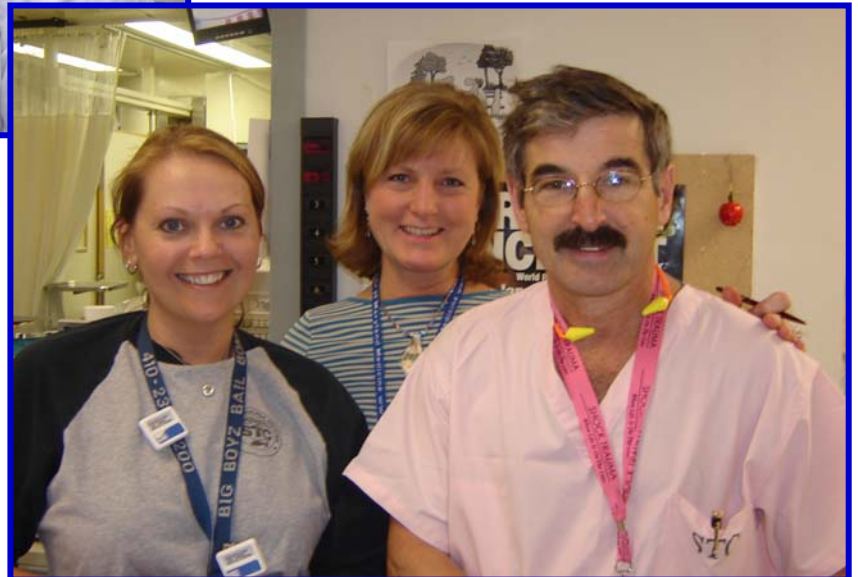




University of Maryland Medical Center

Nursing Year In Review

July 2005 – June 2006



We heal,

We teach,

We discover,

WE CARE...

We touch Maryland's life everyday.

Living Our Vision

From the CNO's Desk

Welcome to the inaugural edition of the *Nursing Year in Review* which spans the period from July 2005 through June 2006. It has been a time of great change and great progress in our nursing strategic plan. The strategic plan includes seven core areas of focus: Patient Care Delivery Model, Professional Nurse of the Future, Nurse as Leader, Collaborative Practice, Clinical Practice and Innovation, Systems Support and a Culture of Learning. In this edition of the *Year in Review*, you will find highlights of our progress in each of these areas.

One of our major and most visible accomplishments this year has been the introduction of Relationship-based Care (RBC) as our nursing care delivery model. A team of 45 nurses, represented by mostly direct care nurses, led the design and introduction of this model of care, which we introduced Medical Center wide in March 2006. One key aspect of RBC is the role of the Primary Coordinating Nurse (PCN). As of June 2006 between 95 and 100% of patients had a PCN identified. This is extraordinary in such a short period of time and sets the stage for RBC Phase II.

The Patient Care Services governance structure is the foundation of professional practice at UMMC, and this year we saw expansion of our councilor structure. The Clinical Practice Council, Professional Development Council, Documentation Council and PCS Board continued to lead practice change throughout the Medical Center. This year, we added two new councils, the Staff Nurse Council and the Nursing Research Council; both groups have made great progress this year.

The recruitment and retention of an exceptional group of nurses is crucial to the care we provide, to creating a great work environment, and for the organization to meet its mission of healing, teaching, discovery and caring. In FY 06, we recruited a record number of nurses: 271 nurses were hired during FY 2006 and an additional 160 nurses started over the summer.



Mary Beth Esposito-Herr, PhD, RN
Interim Senior Vice President for Patient Care Services & Chief Nursing Officer

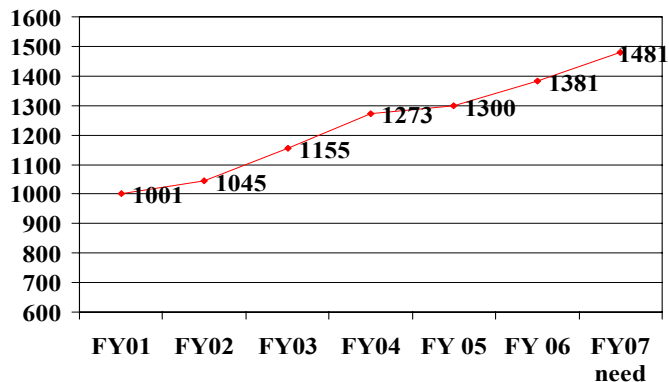
During this same period, our voluntary turnover rate for nurses was 9.6%, far lower than the national average. For FY 07 (July 2006 to June 2007), we have added 100 new bedside nurse positions to accommodate the growth in our clinical programs and the changing acuity of our patients. Recruitment and retention of our nurses will remain a key priority for us all in the future.

Clinical and operational support services have worked collaboratively with nurses throughout the medical center. These include Respiratory Therapy, Clinical Nutrition, Environmental Services, Pharmacy, Clinical Engineering, and Food Services. The results of the Maryland Hospital Association Retention survey, which you completed in May, show improvement in several of these areas.

The pages of this *Nursing Year in Review* are filled with the accomplishments of individual UMMC nurses, teams of nurses and our nursing organization as a whole. It is through the involvement of each of you that we have been able to achieve this level of progress and success.

By The Numbers

Direct Care Nursing Growth at the Unit Level



UMMC Quick Stats

6,325	Employees
665	Total Licensed Bed
224	Intensive Care Beds
34,448	Total Admissions
18,430	Total Surgeries
165,468	Total Outpatient Visits

UMMC RN Quick Stats

1,806	Total RNs
1,450	Direct Care RNs
123	Advanced Practice Care RNs
124	Specialty Care RNs
50	Management RNs
59	Other RNs
90 %	Women
10 %	Men (National average 5%)

RN Demographics at UMMC *

Basic Nursing Degree

Diploma	10 %
AA	28 %
BSN	62 %

Highest Degree Attained

Diploma	4 %
AA	20 %
BSN / Bachelors	59 %
MSN / Masters	16 %
Doctorate	1 %

20 %	Asian
20 %	Black
1 %	Hispanic
1 %	Other
58 %	White

RNs Currently Enrolled in School 11 %

Current Educational Goals

Bachelors (other than Nursing)	6 %
BSN	23 %
Masters (other than Nursing)	13 %
MSN	52 %
Doctorate (other than Nursing)	3 %
PhD Nursing	3 %

Professional Organization Members 35 %

Specialty Practice Certifications 26 %

* Statistics from Spring 2006 RN Demographics & Recognition Survey, Clinical Practice & Professional Development, UMMC

Care Delivery



Relationship Based Care Delivery Model Implemented

A 45-member Care Delivery Model (CDM) Design team was formed last fall and was tasked with exploring various care delivery models and to select one that met the goals of patient care at UMMC:

- Maximizes patient and family involvement in their care;
- Can be successfully implemented in various clinical settings;
- Improves specified outcome measures (i.e. patient / family / health care team satisfaction);
- Improves continuity of care; and
- Maximizes collaboration and communication between health care team members.

At the University of Maryland Medical Center, nursing care delivery is organized within a Relationship-Based Care (RBC) model. In RBC, we embrace the belief that the relationship between the nurse and the patient/family provides the foundation for the patient care experience. It is through this therapeutic and continuous relationship between the nurse and the patient/family that we coordinate care and achieve exceptional outcomes. We also recognize the centrality of our relationship with our interdisciplinary colleagues and the relationship with the self and how these shape and enhance the patient/family experienced.

We create a healing environment and understand that this is most effectively achieved when we know what matters most to each patient and family. To achieve this level of trust and knowledge of the patient/family, we strive for continuity throughout the patient admission or episode of care. This continuity fosters our ability to tailor care to meet the individual needs of the patient/family. An accountable nurse, called the Primary Coordinating Nurse (PCN), coordinates the care of each patient and has the primary responsibility for decision-making regarding that patient's care. Additionally, the PCN coordinates the efforts of a team of nurses and patient care technicians leading and orchestrating the patient care, which encompass both the medical treatment and the nursing interventions.



All of the nurses shown in this photo work in the Surgical Intensive Care Unit, and they are (from left to right) **Vivian Craft**, **Taasha Newman**, **Carol Chainey** (seated), **Kim Daymude** and **Patti Jones**.

Care Delivery

Perioperative Customer Service Team

Engaged in providing for better customer service, Perioperative Services staff got creative and borrowed from the efficiency of the restaurant industry by providing surgical patient families with beepers during their wait for surgical procedures to be completed. This simple innovation allows for family members to move about the hospital, visit the cafeteria, or gift shop, and still be alerted immediately for an update on their loved one, or meet with the surgeon after the surgery. Providing family members with a pager, and staff with enhanced skills, provided for improved customer service, increased patient satisfaction, and more effective communications for patients and families in Perioperative Services.



Customer Service Team members (from left to right) **Gladys Fields**, Full Partner, **Ryan James**, Family Liaison, and **Everlina Brigman**, Patient Care Technician.

Developing Our Staff

To ensure the best patient care, our staff are educated and skilled in best practices. As an academic medical center, we offer educational resources that support a continuous learning environment. Unique opportunities are presented by a teaching facility with faculty, staff, and students working together in a milieu fostering education and learning at all levels. Extensive emphasis is placed on fiscal resources for staff to pursue professional advancement through continuing education and professional activities, both within the facility and through professional organizations. Nurse educators collaborate with Human Resource Development staff and faculty at the adjacent University of Maryland School of Nursing, to provide advanced educational opportunities and unique programs for continuing professional education.

Multiple educational opportunities exist for staff of all levels through a variety of formal and informal training mediums, including:

- Our direct-care staff serve as subject matter experts for policy, procedure and competency development and faculty for centralized and decentralized courses;
- This faculty group of frontline clinical and educational support staff taught over 4,800 hours of courses to over 5,000 staff in the past twelve months;
- Our two-bed *Clinical Simulation Lab* was used by 8,000 staff in the last fifteen months;
- The annual calendar of educational courses lists nearly 50 entry-level and advanced courses, most of which are approved for continuing education units;
- Literature search and basic research tutorials are offered through the University of Maryland Human Services and Health Sciences Library; and
- Transitional programs are individually developed to address the educational needs for our international nurses, new graduate nurses, and nurses returning to the workforce after an extended absence from clinical practice and those changing clinical specialties.

Professional Nurse of the Future

Redefining the RN Role

In Their Own Words

In identifying the Relationship Based Care model of patient care delivery, the professional role of the nurse was examined and redefined. We included principles of professionalism from statements related to the American Nursing Association's practice standards and the Maryland Nurse Practice Act. The following is an excerpt from the team's overview of the Professional Role of the Nurse within the Relationship-Based Care Delivery Model:

We recognize the standards of professional performance to include:

- Evaluating the quality and effectiveness of care;*
- Evaluating our own professional practice;*
- Maintaining current knowledge and competence;*
- Acting as professional colleagues;*
- Acting within ethical principles;*
- Collaborating with patients, families, & the healthcare team; and*
- Participating in and utilizing research in our practice.*

“We base our Bone Marrow Transplant (BMT) patient education and unit clinical practice standards on the Oncology Nursing Society (ONS) Nursing Practice Manual. Nurses throughout the Marlene and Stewart Greenebaum Cancer Center have developed successful programs and protocols based on standards of the ONS. Direct-care nurses have led efforts to develop oncology non-medication order sets, chemotherapy checklists to improve nursing documentation, and patient discharge instructions and education materials.”

*Donna Huffer, RN, MS,
Senior Partner, BMT*

Charge Nurse Role Redesigned

The charge nurse role has existed for decades, but in this past year the Medical Center redefined it to standardize role expectations and performance. Traditionally, the charge nurse role has provided shift-based operational leadership at the unit level. In the redesigned role, the charge nurse expectations have been clarified to include:

- Ensures effective shift-to-shift coordination including managing patient flow and supporting the nurse care delivery model, patient safety, staff development, and an environment which is patient- and family-centric;
- Acts as a resource to staff nurses during their shifts to support independent problem solving; assesses unit staffing needs and coordinates efforts to staff the unit for unexpected staffing shortages;
- Actively shares knowledge and ideas at discharge rounds, daily rounds and other multidisciplinary collaborations as needed;
- Involves the physicians, staff, and other clinical team members to develop a plan to manage patient admissions, discharges, and transfers; and
- Continuously observes and assesses staff's implementation of strategies consistent with national patient safety goals and scans the unit environment for patient care or patient safety risks.

The charge nurse role requires demonstrated autonomy and organizational leadership behaviors to support the rest of the nursing staff so that each may be able to independently carry out patient care plans and treatments. Currently, the Medical Center is piloting the charge nurse “out of the numbers” 12 hours per day, 5 days week on selected units to determine what the actual outcomes are of this redesigned role on care delivery.

Nurse As Leader

Professional Practice Governance

The Patient Care Services (PCS) governance structure is our mechanism for orchestrating the professional practice of nursing and other clinical support practices. This structure creates a decentralized forum where shared decision-making processes prevail. Nurses—direct-care as well as advanced practice nurses—lead and/or participate in a variety of governance councils and staff forums within PCS.

Why a “Board” Structure?
The governance structure has evolved over the years from a nursing-only governance structure to an interdisciplinary governance structure. This structural change was made in recognition of the synergies between professional disciplines necessary to achieve exceptional patient outcomes.



The PCS Board is the organizing body for the PCS governance structure and all PCS councils report in through the Board. Direct-care nurses represent over 50% of the membership on any PCS council. They play an active role in decisions that affect patient care and professional nursing practice. At the PCS divisional level, all levels of nurses are involved in decision-making through a variety of management and professional governance groups and councils.

Meetings of the PCS Nursing Leadership Group and the PCS Manager Group are two examples of management-related meetings in which nurses have decision-making authority over nursing operations. The PCS Governance structure is the means through which we operationalize the involvement of nurses at all levels in decisions related to clinical and professional nursing practice. It is a structure — with the PCS Board as the highest decision-making body for decisions influencing PCS practice — that has interdisciplinary membership and is chaired by our CNO.

There are six standing councils of the PCS Board and direct-care nurses represent at least 50% of the membership on all PCS governance structure groups, including the PCS Board, PCS Councils, and PCS Council subcommittees.

Nurse As Leader

Clinical Practice Council

CPC is a forum of clinical experts, PCS Managers, Practice Coordinators, and interdisciplinary members that are charged with managing clinical practice across all care delivery sites within UMMC to improve patient outcomes, promote customer satisfaction, and maximize the efficient use of resources. The Council provides leadership in identifying, describing, analyzing, and recommending interventions in all aspects of patient care and clinical practice. This council is co-led by two direct-care nurses, Susan Dayhoff, RN, Senior Partner Transplant, and Jeffrey Ross, RN, Senior Partner, Adult ED. Staff support is provided by the office of CPPD, Carla Middleton, RN, MS, Professional Development Coordinator.

Outcomes

- Updated and approved clinical standards;
- Collaborated with Clinical Engineering to deploy new IV pumps;
- Developed new Hand-off Communication Tool to improve patient safety;
- Revised *Intake/Triage* and *Plan of Care* forms in the electronic medical record;
- Redesigned and implemented narcotic tracking forms; and
- Implemented new urine collection system and new blood culture kits.

Professional Development Council

The Professional Development is charged with: creating educational and developmental strategies to ensure clinically competent PCS staff; assist in developing and supporting a work environment that will attract and retain the best and the brightest nursing talent; and positioning the Medical Center as a leader in training innovation and education. The Professional Development council is chaired by Tom Crusse, RN, BSN, Senior Partner, Adult ED, and staff support is provided from the office of CPPD, Robert Welton, RN, MS, Professional Development Coordinator.

Outcomes

- Revised Human Resource Competence Policy to comply with JCAHO's approach.
- Developed and approved eight new clinical competencies.
- Designed and delivered two new clinical courses- Medication Management & Critical Thinking.
- Collaborated with the Patient Safety Team in developing a Patient Safety Ed. Plan for all staff.
- Continue ongoing evaluating vendor-produced online and Web-based continuing education.

Nursing Research Council

The Council exists to promote opportunities for PCS staff involvement in research and incorporate evidence-based practice into the professional and clinical environment at UMMC. The Nursing Research Council is co-chaired by Ingrid Connerney, DrPH, MPH, RN, Director of Quality and Safety and Robert Welton, RN, MS, Professional Development Coordinator.

Outcomes

- Created research linkage with School of Nursing (SON) at the University of Maryland.
- Created Cardiology Nursing Research Sub-committee with PCU / CCU nurses.
- Approved plans for *Nursing Research Website* on the UMMC Intranet.
- Recognition of UMMC nurse with assistant professor status can be PI on an IRB application.
- Collaborated with SON on a Robert Wood Johnson grant application.
- Conducted *Nursing Research Education Learning Needs Assessment*.

Nurse As Leader

Staff Nurse Council

This Council provides two-way communication between direct-care nursing staff and the Chief Nursing Officer on professional practice issues. It is co-facilitated by Chris Byerly, BSN, RN, Senior Partner in the NICU and Kathy McCullough, our CNO. The staff nurse council includes staff from all direct care areas where nursing is practiced.

Outcomes

Established open communication between nursing leaders and nursing staff with staff recommendations on:

- Potential monetary and non-monetary nurse recruitment and retention ideas;
- Branding concept for nursing at UMMC;
- Updates on our evolving care delivery model;
- Collaboration and teamwork issues with our new CMO & COO; and
- Selected support services issues within Environmental Services.



Todd Milliron, RN, PCS Manager.
BMT/Infusion Center/Stoler Pavilion

Documentation Oversight Council

The Documentation Oversight Council is charged with overseeing the process to ensure that all patient care documentation is properly reviewed and approved before being utilized by healthcare providers. It is chaired by Ann Regier, RN, MSN, Director CPPD, and Eugene Jones, Director, Health Information Management (HIM) Department, and has interdisciplinary membership from nursing, HIM, our forms vendor, and Information Technology Group.

Outcomes:

- Designing process to transition all in-patient med. orders to electronic format.
- Collaborating with Design and Support Team in developing our computerized physician order entry (CPOE) system.
- Continuing with consolidations, revisions and standardizations to current paper medical record documentation in the ambulatory setting.

Advanced Practice Nurse Council

The Advanced Practice Nurse Council is charged with overseeing advanced practice at UMMC specifically related to nurse practitioner practice. It is expanding to include the practice of CRNAs and CNMs. The council is chaired by Kim Reck, MSN, CRNP, Clinical Program Manager in Cardiology Services, and is open to all APNs practicing at UMMC.

Outcomes

- Conducted comprehensive survey of UMMC NPs to identify strengths, resources and needs
- Implemented hospital-wide approach to evaluating service requests - matching need with NP skill set
- Improved structure for NP recruitment incorporating improved HR awareness.
- Delivered regional educational events to increase awareness about UMMC NP practice.
- Developed NP Program office as a professional resource for NPs
- Developed and delivered 1st Annual UMMC NP conference.

Nurse As Leader

Mary Beth Esposito Herr, PhD, RN -The Daily Record, Nurse Hero, 2006 Healthcare Heroes Winner

Interim Senior Vice President of Patient Care Services and CNO Mary Beth Esposito-Herr was chosen as a Nurse Hero for the 2006 Healthcare Heroes Awards by **The Daily Record**. As a survivor of cancer, she uses her own battle to inspire and lead others. While recuperating at home following chemotherapy & a bone marrow transplant for cancer, Mary Beth continued to work for the Medical Center. Returning to work in 2005, she led our efforts to achieve Magnet designation, as well as oversaw the development of the role of professional nurse in partnership with our Relationship Based Care delivery model. Mary Beth continues to use her personal experiences as a patient to provide caregivers added insight into patient care.



Mary Beth Esposito Herr, PhD, RN

Interim Senior VP for PCS and CNO

Shirley Tindal, RN – Regional Finalist, Nursing Spectrum’s Nursing 2006 Excellence Award

As a Senior Partner on the NeuroCare Step down unit, Shirley Tindal piloted a new charge nurse role on night shift during a recent performance improvement project when performance issues were identified on the shift. She demonstrates respect for others’ beliefs, opinions, and work needs. She models coaching and feedback skills, clarifies expectations through examples and demonstrations, and adapts her style to create positive outcomes and build trust. She has a strong sense of personal accountability while she models initiative, critical thinking, and flexibility in the role of a professional nurse.



Shirley Tindal, RN

Senior Partner, NeuroCare Step Down Unit

Nurse As Leader

Unsung Heroes of Nursing

Excellence in nursing is our goal. We celebrate the nurses that capture this vision - the unsung heroes of nursing - making excellence a part of their practice through their commitment and compassion. 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.

Amy Madren, RN, NTIMC
Ariel DeVera, RN, 3D
Carmen LeCompte, RN, OR
Christina Gazaway, RN, 3D
Darlene Shutt, RN, WOC, Wound Ostomy
Continance Nursing
Deborah Juarascio, RN, BMT/9W
Diane Pannullo, RN, Palliative Care
Estrell Cabebe, RN, Neuro IMC
Gina Curtis, RN, Mother/Baby
Jacqueline Gregory, RN, Ortho Clinic
Jane Exner, RN, CRNP, EJC
Jennifer Hale, RN, CCRN, PICU
Joanne Kozlowsky, RN, Gudelsky 6
Joyce Campbell, CDE, Joslin Diabetes Center
Karen Price, RN, Radiation Oncology
Kristin Seidl, PhD, RN, Surgical Critical Care
Lillian Lopez, RN, Peds ED
Lorraine Newborn-Palmer, RN, Neurocare ICU
Marcia Assanah, RN, MICU
Marilyn Mongilio, RN, Pediatric Sleep Study
Program
Maureen Hanold, RN, Radiology
Michele Emerick, RN, MICU
Mona Bahouth, RN, NP, Cancer Center
Nadene Engel Olivia, RN, STC OPC
Neesha Patel, RN, TRU
Patty Brehm, RN, Same Day Surgery
Sara Joshua, RN, C5 Gudelsky
Suzanne Alton, RN, Labor & Delivery
Thankamma Pallikal, RN, 10 East
Wrisk, RN, Supplemental Staffing
Wilhemenia Greer, RN, Child Psych

Ann Scanlan, RN, 11 West
Brenda Jackson, RN, NICU
Cherry Agor, RN, 10 West
Cynthia Burton, RN, CCM, Quality Management
Debbie Boyd, RN, MTCC/MTIMC
Deborah Galloway, RN, 11 East
Debra Johnson, RN, CCU
Erin Ruark, RN, Adult ED
Francisca Nwugwo, RN, Gudelsky 8/Transplant
Gladys Fields, RN, PACU
Jada Tiglao, RN, 13 E/W
Jean Holzman, RN, Supplemental Staffing
Jia Conway, RN, Ambulatory Infusion/ / Stoler
Pavilion
Karen Cossentino, RN, CCU
Katherine Shortt, RN, 4STA
Laura Cabahug, RN, OR
Lisa Aiken, RN, AeroDigestive Center
Lynn Sdanowich, RN, Supplemental Staffing
Maria Ordaniel, RN, NTCC
Mary McQuaige, RN, Supplemental Staffing
Mary Thacker, RN, MICU
Michele Bennet, RN, Pain Service
Michele Zimmer, RN, PCU
Mytha Macabata, RN, SIMC
Nancy Corbitt, RN, OCN, N9W
Pamela Watkins, RN, STC-PACU
Paula Dobromilski, RN, 6TAC
Shanna Coyle, RN, SICU
Tammi Williams, RN, General Peds
Todd Milliron, RN, Ambulatory Infusion / Vicki
BMT / Stoler Pavilion
Yvonne, Sheppard, RN, Case Management

Collaborative Practice

Nurse Practitioners & Physicians

Collaboration is the means by which Nurse Practitioners provide care to patients. It is the respectful cooperation between disciplines and between different levels of practitioners within each discipline. Collaboration has an active, assertive agenda that promotes the achievement of mutually agreed upon goals. It assumes a level of competence and professional credibility that earns the respect and deference of other disciplines.

Keeping with this mission statement, Nurse Practitioners collaborate with physician colleagues in a variety of ways. At the most basic level, every NP enters a collaborative agreement that is reviewed and approved by the Maryland State Board of Nursing. This document summarizes the responsibilities of each party and the structure by which meaningful collaboration for patient care can occur. In the individual units, there is ongoing collaboration through daily rounds and discussions about the individual patient cases. These discussions allow for the delivery of comprehensive care to the patient by merging the science of medicine (disease management) and nursing (health promotion).

An example of such collaborative practice can be seen in any unit at UMMC. One example is the surgical intermediate care unit. Here, two nurse practitioners provide care for a group of critically ill, postoperative patients across a variety of surgical subspecialties. Communication between the NP and the surgeon is ongoing in order to facilitate the patient's most rapid recovery with the fewest complications.

NPs also collaborate with colleagues on outcomes research and the development of clinical programs. Both NPs and MDs participate in formal and informal committees charged with the advancement of hospital programs to meet the changing needs of our patients. This multidisciplinary approach allows for the development of meaningful and effective systems of care. Some examples of committees that benefit from the collaborative relationships of NPs and MDs include the Ethical Advisory Committee, the Institutional Review Board, the Medical Care Policy Committee, Trauma Outcomes Review Committee, and the Medical staff Credentialing and Privileging Committee.

Under the leadership and planning of our Advance Practice Registered Nurse Council, the first UMMC annual NP conference was held in Baltimore, Maryland, in March 2006. The day-and-a-half event attracted nearly 80 nurse practitioners from UMMC.

Featured workshops for this event included:

- Managing Cardiac Emergencies
- Chest X-Ray Interpretation
- Managing Immunosuppression
- Brain Imaging Evaluation and Proper utilization
- Using Antibiotics for the Critically Ill Patient
- Managing Anticoagulation

Clinical Practice & Innovation

Maryland Safety Initiatives – *Best Practices in Action*

Medication Safety: Concentration Optimizer

Responding to JCAHO's requirement for the elimination of the "rule of six" method for calculating dose for pediatric drips, a multidisciplinary team in our Pediatric Department developed a scientific computerized algorithm. Based on objective parameters (dose range, lowest acceptable infusion rate, lowest patient weight), the software is able to instantaneously generate 2-4 standard concentrations for any one of 40 drugs. This software was incorporated into the unit's computerized order entry module resulting in 100% error free, complete and legible orders for pediatric drips vs. 6.5% calculation error rate and 40.5% orders missing important parameters such as weight, dose and rate for handwritten orders. This approach has been shared nationally through a website which is routinely referred to by other experts in the field.

Partnership with Patient and Family

Partnering with the patient and their family is widely recognized as an important patient safety practice. In our Cardiology Service, staff nurses implemented a partnership with their patients and families to participate in their safe care by ensuring that their caregivers wash their hands and appropriately identify them prior to any medication, treatment or procedure. Preliminary data demonstrate that patients and/or families observed an increase in the following practices: hand washing, explanation of tests and medications, immediate response to call light and nurse introduction.

A similar initiative in General Pediatrics involves the child's parents during morning rounds so that they actively participate in determining daily goals and monitoring progress towards discharge goals. The child's parents are encouraged and supported to make follow up appointment with their pediatrician prior to discharge. The team is currently measuring the impact of this initiative on time of day discharge. This initiative has so far resulted in 57 minute improvement in the discharge time of patients. As the initiative matures, it is expected that further improvement will be realized.

"Most of us have no idea how often we profoundly affect others with our nursing care. That is why we need to stop periodically and take account. Sometimes someone we touched tells us how we affected them. It is important that we accept that we are responsible for this significant event. Never say, 'It was nothing,' because it is not so. Allow yourself to bask in the sunshine of knowing that you have made a difference."

Linda A. Carpenito, RN, MSN, CRNP
Another opportunity to change the odds.
Nursing Forum, 34(1):34, 1999

Collaborative Practice

Maryland Safety Initiatives – *Best Practices in Action*

Evidenced Based Practice: ICU Collaboratives

Our Intensive Care Units focused on three practices with significant evidence for best practice. These areas are decrease in blood stream infections (BSI), spontaneous breathing trials and weight based heparin protocol.

Blood Stream Infection

By instituting strategies such as line carts, a central line checklist, use of “site-rite” for insertion and immediate discussion about each newly acquired BSI, by May 2006, our MICU and NeuroICU have achieved three consecutive months of **zero** BSI rate, our Multi Trauma ICU has decreased their BSI rate by 50% and while our SICU achieved a 40% decrease in their BSI rate.

Spontaneous Breathing Trial

Collaboration between surgical and medical critical care services with respiratory therapists saw the development of a standardized documentation form that incorporates each step of the Spontaneous Breathing Trial (SBT) protocol. From January to May, 2006, 82% of SICU vented patients have undergone SBTs and as of May 2006, 65% of MICU patients have undergone daily SBTs.

Weight-Based Heparin Protocol

Implemented in mid December 2005, the weight based heparin protocol was based on the “Chest” guidelines and was translated into a computerized program. It includes calculations for initial loading doses and maintenance infusions. At baseline only 62% of patient with heparin drips achieved therapeutic blood levels within 24 hours. By March 2006, 85% of patients on heparin achieved therapeutic blood levels within 24 hours.

Nursing Journal Club Topics 2005-2006

- Guidelines for Critiquing Research
- Pain management for Chest and Postoperative Tube Removal
- Falls Prevention
- Critical Thinking and Nursing
- Heparinized vs. Non-heparinized Flush Solutions on Maintaining Patency of Arterial Lines
- Heparinized vs. Non-heparinized Flush Solutions on Maintaining Patency of Central Lines
- Thromboembolism and Implications to Patient Care
- Family Presence During Invasive Procedures and Resuscitation
- Magnet Hospital and Job Satisfaction
- Noise Reduction in the Hospital Setting
- Professional Burn Out

Clinical Practice & Innovation

A Few Performance Improvement Initiatives Around the House

Adult Mobile Practitioner Team

The need for a mobile practitioner team (MPT) was identified in nurse satisfaction and retention surveys when nurses expressed dissatisfaction with increased workload and the impact on patient care associated with escorting patients to diagnostic and procedure areas. The CNO convened a nurse-led multidisciplinary team which recommended developing an MPT. The group described the staffing compliment, roles, responsibilities, reporting structure, recruitment and implementation plan for a mobile practitioner team. Funding was secured and this newly formed service, consisting of a critical care nurse and two patient care technicians (PCT) was launched.

The MPT was piloted on the Neuro ICU to determine the frequency and duration that critical care patients were transported to diagnostic and procedure areas with data showing positive staff acceptance of this service. In April 2006, the MPT began a multi-phased implementation, which includes:

- Transport of ICU and IMC patients to diagnostic and procedure care areas;
- Rapid response to non-ICU patients experiencing clinical deterioration;
- Transport of monitored (non-ICU/IMC) patients;
- Staffing support with moderate sedation in diagnostic and/or procedure areas; and
- Respond to medical codes as part of the resuscitation team.

Orthopaedic Total Joint Surgery Post Operative Order

The Orthopaedic Surgery department recruited a new department chair who initiated a joint replacement program and a spine surgery program. A nurse-led multidisciplinary committee was formed to develop a care delivery program to address the needs of the joint replacement patient and the spine surgery patient populations. Also, a nurse with expertise in the care of orthopaedic surgery patients was hired to mentor and develop the competency of unit nurses caring for these specialty populations. The orthopaedic committee, facilitated by nurses, developed and implemented pathways, order sets, and patient education processes and tools. The hip/knee pathways and order sets aided nurses and doctors to achieve 100% compliance with the surgical infection prevention.

Executive Patient Safety Rounds – *Suits Meets Scrubs*

Executive Rounds are conducted by a Vice President and a Director in PCS and include the quality department, the PCS Manager of the unit, unit staff nurses. Goals of executive safety rounds include:

- Establishing open-ended communication between nursing leaders and unit staff;
- Learning from practitioners about facilitators and barriers to high quality, safe patient care;
- Developing partnership between leaders and unit staff in addressing patient care issues;
- Recognize and celebrate unit achievements.

Regardless of the process, rounds include a plan to address at least one issue that is within the unit staff's ability to control and one issue that the leaders accept responsibility to address, for example, problems that cross departments or may have hospital wide implications. Future rounds provide the structure to monitor success (on either part) in removing or decreasing the barrier or problem.

Outcomes of these rounds have improved care delivery locally and center-wide and the empowerment of staff to speak up and have their opinions count.

A Culture of Learning

Presentations

We have an active pool of nursing professionals, who enthusiastically share their knowledge with other professionals in healthcare, knowing that the process of sharing expertise increases learning for all.

Cotterell, Dianna, BSN, RN, MLA, MEd, CDE, Certified Diabetes Educator, Joslin Diabetes Center

- Teaching Strategies That Meet the Needs of Diverse Learners, Joslin Diabetes Center Affiliate, National Convention of American Association of Diabetes Educators, Washington, DC, August 2005
- Teaching Strategies That Meet the Needs of Diverse Learners, Maryland Chapter of the American Association of Diabetes Educators in Baltimore, MD, February 2006

Dayhoff, Susan, MSN, RN, Senior Partner, G8/Transplant

- Poster: When do we cut the cord: patient independence, World Transplant Conference, Boston, July 2006

Esposito-Herr, Mary Beth, PhD, RN, VP, Patient Care Services

- Capture The Sun, 1st Annual Nurse Practitioner Conf., Baltimore, MD, February 2006
- Live, Learn, Lead, Acute & Critical Care Trends in Nursing Practice, UMMC, Baltimore, MD, May 2006

Herster, Mary, RN, PCS Manager, G8/Transplant

- Advocating for the APN role in the current healthcare environment, International Transplant Nurses Society, Orlando, Florida, September, 2005
- Mentoring and self-advocacy for the transplant nurse, American Society of Transplantation, Winter Transplant Forum, Cancun, Mexico, February 2006

Howard, Bettie Jean, RN, CGRN, Scope Coordinator, Central Sterile Processing

- Improving quality and performance practice - critical issues within perioperative areas when handling endoscopic instrumentation, World Congress of Gastroenterology, Montreal, Canada, September 2005

Kaiser, Karen, PhD, RN, AOCN, Clinical Practice Coordinator, Clinical Effectiveness

- Poster: Relationship Of Patient Characteristics And Process Of Care Characteristics To Post-operative Pain Outcomes In The Orthopedic Patient, American Pain Society 24th Annual Scientific Meeting, Boston, MA, March 2005
- Relationships Among Patient Characteristics, Care Process And Pain Outcomes In Post-elective Orthopedic Surgery: Implications For Health Care Professionals, American Society For Pain Management Nursing Annual Meeting, Orlando, FL, April 2006
- Poster: Relationship Of Patient Characteristics And Process Of Care Characteristics To Post-operative Pain Outcomes In The Orthopedic Patient. UM Aging Research and Women's Health Research, Baltimore, MD, April 2005
- Testing A Pain Outcomes Model In Elective Orthopedic Patients, Symptom Management: What Works, For Whom And At What Cost?, Fourth Annual Sigma Theta Tau International Chesapeake Consortium Research Conference, Baltimore, Maryland. March 2005
- Multidimensional Measurement Of Patient-related Pain Management Barriers And Pain Outcomes, 16th Annual Evidence Based Conference, Sigma Theta Tau International Honor Society Of Nursing Research Congress, July 2006 Society Of Nursing Research Congress, 2006

Keith, Tracy, BSN, RNC, Clinical Educator, Labor & Delivery

- Anesthetic Complications: The Nurse's Role, High Risk Obstetrics Conference, Maryland Perinatal Education Consortium, March 2006
- Terminology And Communication, Advanced Fetal Monitoring Conference, Maryland Perinatal Education Consortium, Fall 2005

Lesser, Sharon, RN, Pulmonary Clinical Nurse II, Pulmonary & Critical Care Medicine

- Basic Bronchoscopy. Maryland Thoracic Society's 46th Annual Meeting And Scientific Session, Baltimore, MD, March 2006

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Presentations (continued)

Martin, Patricia, MSN, RN, Nurse Practitioner, STC

- NASTI Situations: Diagnosis And Treating Necrotizing Acute Soft Tissue Infections: American Association Of Critical Care Nurses/NTI, May, 2005
- NASTI Situations: Diagnosis and Treating Necrotizing Acute Soft Tissue Infections: American College of Nurse Practitioners, October, 2005
- NASTI Situations: Diagnosis and Treating Necrotizing Acute Soft Tissue Infections, UMMC, Baltimore, MD, November, 2005

McQuillan, Karen, MS, RN, CCRN, CNRN, Clinical Nurse Specialist, STC

- Acute Cervical and High Thoracic Spinal Cord Injury: Pathophysiology and Assessment, Acute Cervical and High Thoracic Spinal Cord Injury: Management and Multisystem Complications of Traumatic Brain Injury, 38th Annual Meeting of the American Association of Neuroscience Nurses, San Diego, California, 2006
- Panel facilitator and lecturer: Your Practice Based on Evidence: Essential Skills and Competencies National Conference, University of Maryland School of Nursing and Veterans Affairs Maryland Health Care System in Baltimore, Maryland, 2006
- The Neurologic System, Critical Care Registered Nurse Review Course, UMMC, Baltimore, Maryland, 2006
- Neurotrauma Overview, Trauma Conference, Suburban Hospital, Bethesda, Maryland, 2006
- Management of Refractory Intracranial Hypertension after Severe Traumatic Brain Injury: Use of Second Tiered Therapies, Special Topics in Trauma Care Conference, UMMC R Adams Cowley Shock Trauma Center, Baltimore, Maryland, 2005
- Neurotrauma: Current Management of Severe Traumatic Brain and Spinal Cord Injuries, Emergency Management Preparing Surgical Services for the Challenge Conference, Association of Perioperative Registered Nurses, Washington, D. C., 2005
- Craniocerebral Trauma, Intracranial Hypertension and Spinal Cord Trauma, Review Course for the American Board of Neuroscience Nursing Certification Examination, The National Institutes of Health Clinical Center Nursing Department, The National Institute of Neurological Disorders and Stroke, and the National Capital Chapter of The American Association of Neuroscience Nurses, Bethesda, Maryland, 2005
- Management of Traumatic Brain Injury: Current Trends and Controversies; and Spinal Cord Injury: From Resuscitation Through Rehabilitation, Twelfth Annual Neuroscience Conference, Milton S. Hershey Medical Center, Hershey, Pennsylvania, 2005
- Craniocerebral Trauma; and Spinal Cord Injuries, Neuroscience Nursing Internship Program, National Institutes of Health in Bethesda, Maryland, 2005
- Head and Spinal Cord Injuries: The Multisystem Effects of Neurotrauma, Special Topics in Trauma Care Conference, University Medical Center, Tucson, Arizona, 2005

Nieves-Khouw, Fe, MSN, RN, Director of Quality Management

- Quality Improvement & Patient Safety-university Of Maryland School of Physical Therapy, May 2005
- Getting Empowered As A Minority Nurse In The United States. Philippine Nurses Assoc., Regional Conf., Baltimore, MD, September, 2006
- Patient Safety Hotline - Lessons Learned. Maryland Patient Safety Conf., Baltimore, MD, March 2005

Perkins, Sherry, PhD, RN, VP, Clinical Effectiveness

- The Nurse Executives Role In Patient Safety, MD Patient Safety Conference, Baltimore, MD, 2005
- Executive Rounds Panel Presentation-blue Cross/Delmarva Foundation / Washington DC, 2006

Plummer, Ellen, RN, Senior Partner, TRU

- National Teaching Institute - Critical Care Nurses Conference, May 2005

Salmond, Cynthia, MS, RN, CRNP, Nurse Practitioner, Cardiomyopathy and Transplantation Program

- Intra-aortic Balloon Counterpulsation, Indications And Management, UMB School Of Nursing, March 2006

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Presentations (continued)

Schofield, Deborah, MS, CRNP, Nurse Practitioner, Neuradiology

- Contrast Induced Nephropathy: Future Directions. American Society of Interventional Neuroradiology (ASITN), 2005
- Contrast Induced Nephropathy: Future Directions. American Society of Neuroradiology, 2006
- Contrast Induced Nephropathy: Future Directions: 9th Annual Neuroscience Conference, Hershey Medical Center, Hershey, MD, 2006

Selekof, Joan, BSN, RN, CWOCN, Wound Ostomy and Continence Nurse

- Poster: Graft vs. Host Disease: A Innovative Approach Using Silver Plated Nylon Dressing To Manage Grade IV Skin Lesions, Symposium of Advanced Wound Care, San Antonio, TX, May, 2006
- Poster: What We Don't Know Can Hurt Us: Pilot Prevalence Survey of Incontinence And Related Perineal Skin Injury In Acute Care. Clinical Symposium On Advances In Skin & Wound Care, Las Vegas, NV, October, 2005

Sheldon, Sandra, MS, RN, CSP, Nurse Psychotherapist, Geriatric Psychiatry

- Depression & Anxiety in the Elderly, Catholic Charities, Balt., MD, April 2005
- Case Conference, UMMS Geropsychiatry, UMMC, Baltimore, MD, Sept. 2005
- Sexuality in the Elderly - UMMS Geropsychiatry, UMMC, Baltimore, MD, March & November 2005

Sherwood, Suzanne, RN, Full Partner, TRU

- Pre Conference: Trauma And Critical Care Nurses. National Teaching Institute (NTI), New Orleans, LA, 2006
- Historic Trauma Cases. Washington County Hospital, Hagerstown, MD, 2006
- Blunt Trauma: Famous Trauma Cases. Costal Trauma Conf., Gulfport, MS, 2005

Shutt, Darlene, BSN, RN, CWOCN, Wound Ostomy and Continence Nurse

- Graft vs Host Disease: An Innovative Approach Using Silver Plated Nylon Dressing. Symposium Of Advanced Wound Care, San Antonio, TX, May, 2006

Smith, Diane, MS, RN, Senior Partner, Cardiac Surgery Telemetry

- Ventricular Assist Device Presentation For Shore Home Health Nurses, Easton, MD, July 2005

Tlasek-Wolfson, Mary, RN, PCS Manager, Psychiatry Services

- The Effectiveness of an Educational Program with Community Providers on Mental Illnesses in the Elderly, Cherry Hill, NJ, April, 2006

Publications

One characteristic of a profession is that it has a special body of knowledge that is continually enlarged through research and publication. In the last 12 months, UMMC nurses have supported this belief by publishing 37 journal articles and book chapters. Publishing is one of the professional and scholarly activities that support building excellence in practice both within the walls of this Medical Center and in other centers across the globe.

Aresco, Carla, CRNP, Neurotrauma Nurse Practitioner, STC

- Trauma Chapter In: P. Morton, Et. Al. (Eds.), *Critical Care Nursing: A Holistic Approach*. Philadelphia: Lippincott Williams & Wilkins, 2005
- Co-authored Outcome Following Decompressive Craniectomy For Malignant Swelling Due To Severe Head Injury, *Journal Of Neurosurgery*, 2006

Barton, Kristen, RN, BSN, OCN, Greenebaum Cancer Center

- Oncology Nursing Forum, 2005, ONS 30th Annual Congress Podium and Poster Abstracts, 2005
- Co-authored: Integrating Oncology And Neurology Nursing To Care For Myasthenia Gravis Patients Treated With High Dose Cyclophosphamide, *Oncology Nursing Forum*, 2005

Blum, Quie, RN, CRNP, Nurse Practitioner, Medicine

- Co-authored: Medicare Coordinated Care Demonstration Project: Telemonitoring For Heart Failure Patients, *Circulation*, 2005

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Publications (*continued*)

Brady, Barbara, MS, RN, Full Partner, CCU

- Co-authored: Nurses' Inclination To Report Work-related Injuries: Organizational, Work-group, and Individual Factors Associated With Reporting, *AAOHN Journal*, 2005

Bridges, Dana, RN, Nurse Therapist,

- Behavioral Therapy For Treatment Of Stereotypic Movements In Nonautistic Children, *Journal Of Child Neurology*, 2006

Chapa, Deborah, MSN, RN, Nurse Practitioner, Transplant

- AACN Clinical Issues Media Review, Disease Manager's Handbook, 2005

Cooley, Marcia, RN, Pediatrics

- 3 Chapters In: Smith And Maurer, *Family Nursing In Community Health*, Elsevier

Cotterell, Dianna, BSN, RN, MLA, MEd, CDE, Cert. Diabetes Educator, Joslin Diabetes Center

- Safe Use Of Insulin In The Hospital-e Education Program, Elsevier Publishing, 2006

Dorr, Margaret, RN, Nurse Practitioner, Pediatrics

- 2 Chapters In: Verger & Lebet, AACN Procedure Manual For Pediatric Acute And Critical Care, Arterial & Venous Sheath Removal; Pressure Transducer Systems, Elsevier Publications

Fuss, Elizabeth, MS, RN, CIC, Senior Infection Control Practitioner, Infection Control

- Infectious Disease Chapter In: Nettina, Manual Of Nursing Practice, Lippincott, 8th Edition. Ed. S. Nettina, 2006

Gahres, Natalie, RN, Full Partner, STC

- Bortezomid, Thalidomide, And Dexamethasone For Relapsed Multiple Myeloma: Add It Up And Wait, *Clinical Advances Hematology Oncology*, 2005
- Phase II Study Of G3139, A Bcl-2 Antisense Oligonucleotide In Combination With Dexamethasone And Thalidomide In Relapsed Multiple Myeloma Patients, *Journal Of Clinical Oncology*, 2005

Hebden, Joan, MS, RN, CIC, Director, Infection Control and Hospital Epidemiology

- Methicillin-resistant Staphylococcus Aureus And Vancomycin-resistant Enterococci Co-colonization, *Emerging Infectious Diseases*, October 2005

Howard, Bettie Jean, RN, CGRN, Scope Coordinator, Central Sterile Processing

- Improving Quality And Performance Practices When Using Fiberoptic Endoscopes In Perioperative Areas Part I & II, *Gastroenterology Nursing*

James, Sherri, MHS, RN, Full Partner, Intensive Care Nursery

- Society of Trauma Nurses Position Statement on Screening for Alcohol Use in Adult Primary Care, *Journal of Trauma Nursing*, January-March 2006, Volume 13, Number 1

Kaiser, Karen, PhD, RN, AOCN, Clinical Practice Coordinator, Clinical Effectiveness

- Co-authored: Interpretation And Implementation Of Range, Titration And PRN Orders In Hospice, *Journal Of Hospice And Palliative Nursing*, 2005
- Testing A Pain Outcomes Model In Elective Orthopedic Patients, *Advanced Studies In Nursing*, 2005
- Relationship of Patient Characteristics and Process of Care Characteristics to Post-Operative Pain Outcome in the Orthopedic Patient, *The Journal of Pain*, 2005

Lesser, Sharon, RN, Pulmonary Clinical Nurse II, Pulmonary & Critical Care Medicine

- An Historical Overview of Tuberculosis Part I, *Infection Control Today*, July 2005
- An Historical Overview of Tuberculosis Part I, *EndoNurse*, August September 2005
- An Historical Overview of Tuberculosis Part II, *Infection Control Today*, September 2005
- An Historical Overview of Tuberculosis Part II, *EndoNurse*, October / November 2005
- Bronchoscopy Training In the 21st Century, *EndoNurse*, December 2004 /January 2005

Lovelace, Susan, RN, CRNP, Nurse Practitioner, Pediatrics

- HIV/AIDS Care Handbook for Nurse Practitioners and Physician Assistants, Pediatric HIV/AIDS, Glaxo Smith Kline, 2006

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Publications (continued)

McQuillan, Karen, MS, RN, CCRN, CNRN, Clinical Nurse Specialist, STC

- The Neurologic System. In Alspach, JA (editor) Core Curriculum for Critical Care Nurses (6th ed.), Elsevier, 2006
- Co-authored: Managing Traumatic Brain Injury, *Nursing*, 2005
- Volunteering with AACN: Hard Work Leads To A Rewarding Payoff, AACN News, 2006
- Co-authored: Continuous Renal Replacement Therapy in Patient Following Traumatic Injury, *The International Journal of Artificial Organs*, 2006.

Noll, Constance, MA, RNC, PCS Manager, Adult Psychiatry

- *Self Care And Care For The Caregiver Mental Health Aspects Of Disaster: Public Health Preparedness and Response*, Chapter 11, The Johns Hopkins Center For Public Health Preparedness/Johns Hopkins Bloomberg School

Plowden, Keith, PhD, RN, Full Partner, 11 East

- Co-authored: Sociostructural Factors Influencing HIV-risk Behaviors among Urban African Americans. *Journal of Nurses in AIDS Care*, 2005
- Co-authored: Exploring older adolescents' and young adults' attitudes regarding male hormonal contraception: Application for clinical practice. *Human Reproduction*, 2005

Reilly, Deborah, RN, Senior Partner, Electrophysiology Lab

- Chapter on Implantable Cardiac Defibrillator in *AACN Procedural Manual*, 2005

Selekof, Joan, BSN, RN, CWOCN, Wound Ostomy and Continence Nurse

- Chapter: Ostomy Care and Supplies in the 15th Ed., *Handbook of Non-prescription Drugs: An Interactive Approach To Self-Care*

Simone, Shari, MS, RN, CPNP-AC, FCCM, Peds Critical Care NP, PICU

- Platelet Course Predicts PICU Outcomes, *Critical Care Medicine*, 2005
- Vasopressin Level In Children Undergoing Cardiopulmonary, *Critical Care Medicine*, 2005

Vojtko, Karen, RN, Senior Partner, CCU

- Chapter in: *AACN Procedure Manual For Critical Care*, Implantable Cardioverter Defibrillators, 5th Edition

Willis, Michelle, CRNP, Nurse Practitioner, STC

- High Acuity Nursing, *Trauma*, 4th Edition(Module 36)



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