

NEWS & VIEWS

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



20 Remembering
Esther McCready

22 Building A Medical
Neighborhood

24 Normalizing the
"New Reality"

26 Healing Arts
Exhibit

28 New Modular
Care Unit

END COVID



UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



It starts with **us.**

The COVID-19 vaccines are authorized by the FDA as safe and effective. Vaccination is the best tool for stopping the virus and helping us keep our patients, colleagues and communities safe.

Don't wait. Get the vaccine.

LEARN MORE:

intra.umms.org/vaccine





20 Remembering Esther McCready

Be moved by the unrelenting courage and tenacity of this pioneering African American nurse.



22 Building a Medical Neighborhood

Read about the new Outpatient Tower at the midtown campus.



24 Normalizing the "new reality."

Learn about a man's journey "to survive and fight to bounce back."



26 The 8th Annual Healing Arts Exhibit

Discover the many talented individuals that you work with every day at the Medical Center.



28 UMMC Opens the Modular Care Unit

Discover what it took to bring this important project to fruition in the midst of a pandemic.

ISSUE	SUBMISSION DUE DATE
Spring/Summer 2021	May 10, 2021
Fall 2021	August 9, 2021
Winter 2022	November 15, 2021
Spring 2022	February 7, 2022



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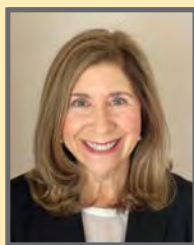
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Lisa Rowen's Rounding Report

Lisa Rowen, DNSc, RN, CENP, FAAN
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Statistics published by the United States Bureau of Labor inform us that workplace violence events in health care occur nearly three times as often as all other industries combined.

Workplace Violence Prevention Progress

If there is one topic that consistently arises in our safety conversations during the Staff Nurse Council, it is the topic of aggressive and assaultive actions and behaviors in our environment. Workplace violence is an ever-present reality in health care. In fact, statistics published by the United States Bureau of Labor inform us that workplace violence events in health care occur nearly three times as often as all other industries combined.

That is a staggering concept, but not one that surprises many health care givers. Why? Many health care workers have *normalized* workplace violence and think of it as part of the job. Our challenge is to move away from this normalization and think of workplace violence as something to immediately, safely and proactively address, report, and decrease.

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, colleagues, patients, family members, friends, vendors, clients, customers, and visitors.

UMMC's downtown and midtown campuses are not immune to workplace violence. In response to this and to the concerns raised by the Staff Nurse Council, the Workplace Violence Prevention Steering Committee was formed. (see membership roster on page 6). This team has implemented many actions to create a safer workplace. Read more about what our progress includes starting on page 6.

What's Great?

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

A total of 155 UMMC doctors were recognized as "Top Doctors" in the November 2020 issue of *Baltimore* magazine. On behalf of all of our patients and staff, we extend our congratulations on this well-deserved recognition!

In November, UMMC welcomed Bert W. O'Malley, Jr., MD, new President and CEO. In his welcome address to the organization, Dr. O'Malley expressed that he's excited to lead UMMC in its mission to provide high-quality, compassionate health care to the Baltimore community.

On November 10th, the UMMC Transplant Fast Check bus made its first trip into the community. Patients that visited the mobile clinic were evaluated for a kidney and/or pancreas transplant and met with a transplant surgeon and transplant nephrologist.

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

FEBRUARY

AMERICAN HEARTH MONTH

1-7

PERIANESTHESIA NURSE
AWARENESS WEEK

14

NATIONAL ORGAN DONOR DAY

MARCH

NATIONAL NUTRITION MONTH

8

INTERNATIONAL WOMEN'S DAY

14-20

PATIENT SAFETY AWARENESS WEEK

11

REGISTERED DIETITIAN
NUTRITIONIST DAY

18

JOURNAL CLUB

12pm - 1pm (virtual offering)
*"A Comparison of the Risks and Benefits
of Nursing Bedside Shift Report
vs. Traditional Shift Report"*

30

NATIONAL DOCTORS' DAY

APRIL

OCCUPATIONAL THERAPY MONTH

7

WORLD HEALTH DAY

21

NURSING GRAND ROUNDS

2pm - 3pm (virtual offering)
Pediatric Palliative Care Case Study

Workplace Violence Prevention Steering Committee

Rowen, Lisa

Chair

Senior Vice President, Patient Care Services and Chief Nursing Officer

Cafeo, Tina

Co-Chair

Vice President, Nursing and Patient Care Services

Reynolds, Rachel

Project Manager

Program Manager, Quality and Safety

Allen, John

Project Team

Assistant Professor of Medicine; Assistant Dean of Student Affairs, UM School of Medicine

Benzer, Sandi

Ad Hoc

Associate Counsel

Brown, Walter

Project Team

Assistant Director, Security

Chandrah, Amit

Project Team

Medical Director, Emergency Department Midtown Campus

Cheevers, Nadia

Project Team

Senior Director of Clinical Risk Management, Risk Management

Constantine, Diane

Ad Hoc

Director, Clinical Informatics

Custer, Jason

Project Team

Associate Professor, Pediatrics; Medical Director, Pediatric Intensive Care Unit; Director of Patient Safety

Davis, Maurice

Project Team

Director of Security

Doyle, Karen

Project Team

Senior Vice President, Nursing and Operations, Shock Trauma Center and Care Management

Grandy, Meridith

Project Team

Staff Chaplain

Gulati, Mangla

Project Team

Chief Quality Officer

Guyton, Nat'e

Project Team

Vice President, Patient Care Services and Chief Nursing Officer, Midtown Campus

Hussey, Susan

Project Team

Vice President, Human Resources

Kinter, Sue

Project Team

Senior Vice President, Claims, Litigation and Risk Management

Kodeck, Josh

Project Team

Internal Communications Senior Associate UMMS Internal Communications

Lynn, Megan

Project Team

Director, Emergency Services

Miller, Catherine

Project Team

Director of Care Management

Netzer, Giora

Project Team

Vice President, Patient Experience

Njoku, Mary

Project Team

Associate Professor & Vice Chair for Education, SOM; Matjasko Professorship for Education in Anesthesiology

Nonnon-Jameson, Annique

Project Team

Certified Registered Nurse Practitioner Employee Health Services

RachBeisel, Jill

Project Team

Chair, Department of Psychiatry

Raymond, Greg

Project Team

Vice President, Clinical Practice, Professional Development, Neuroscience & Behavioral Health

Richardson, Adam

Project Team

Nurse Practitioner, Emergency Medicine

Sherman, Chris

Project Team

Investigator, Security

Smedley, Angela

Project Team

Medical Director, Adult Emergency Department

Snedeker, Kristie

Project Team

Senior Director, Shock Trauma Center and Care Management

Solis, Gonzalo

Project Team

Vice President, Operations

Stevenson, Gisele

Project Team

Manager, Maryland Access Center

Tildon, Chuck

Project Team

Vice President, External Affairs

Tyler, Renay

Project Team

Vice President, Ambulatory Services

Widmayer, Kathryn

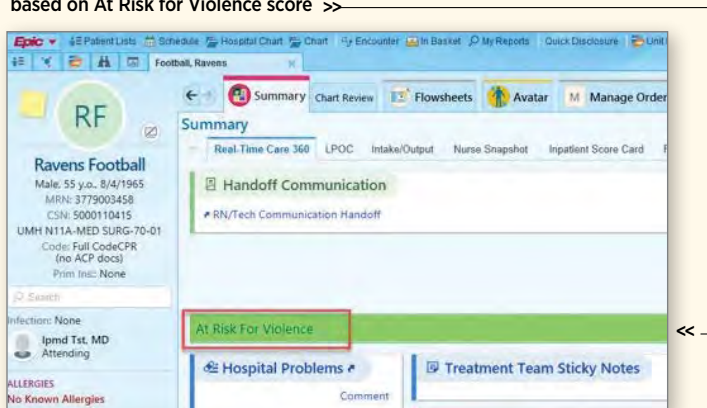
Project Team

Staff Counsel, Legal

Clinical Management of Complex Patients

- Implementation of the Brøset Violence Checklist, which is a reliable, short-term predictor of violence in patients and can apply an objective score to the nurse's intuition. This tool is readily available within the EMR flowsheets and assesses a continuum of behaviors. The score informs the nurse of actions to implement. See checklist below.
- Implementation of a green banner in the EMR based on an At Risk for Violence score. See below.
- Implementation of a proactive algorithm for routine and emergent management of complex behaviors. See page 8 for algorithm.
- Implementation of a proactive algorithm for both routine and urgent management of complex behavior. See page 8 for algorithm.
- Implementation of a treatment agreement for complex pediatric and adult patients who, because of organic disease, behavioral issues or personal choice, are violent or threaten violence. See page 9 for treatment agreements. >>

Implementation of green banner in EMR
based on At Risk for Violence score >>



Behaviors	Scoring	Characteristics
Confusion	0=Not present 1=Present	Appears obviously confused and disoriented. May be unaware of time, person, and place
Irritable	0=Not present 1=Present	Easily annoyed or angered. Unable to tolerate the presence of others
Boisterous	0=Not present 1=Present	Overly loud or noisy
Verbal threats	0=Not present 1=Present	Verbal outburst, more than just a raised voice. Definite intent to intimidate or threaten another person. (verbal attacks and/or name calling)
Physical threats	0=Not present 1=Present	Definite intent to physically threaten another person. (aggressive stance, grabbing clothing, raised arms/legs, making a fist)
Attacking objects	0=Not present 1=Present	An attack directed at an object and not an individual. (throwing an object, banging or smashing windows, kicking, banging or head-butting an object)

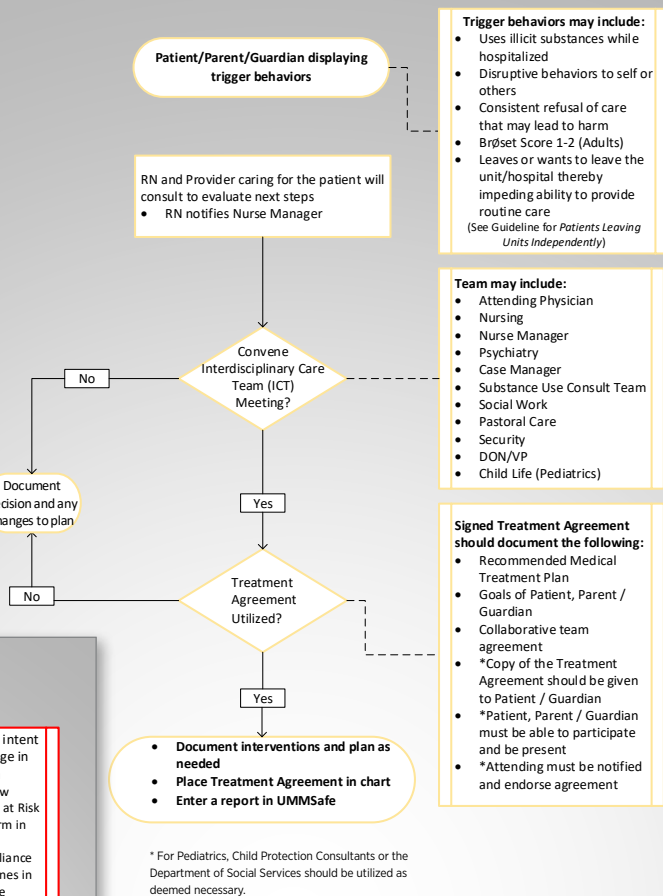
The Brøset Violence Checklist >>

Safety Actions to Consider

Score	Risk	Patient Behavior	Health Care Team	Frequency of Assessment
1-2	Moderate	Confused, irritated, boisterous, possible verbal threats	<ul style="list-style-type: none"> • Maintain self-awareness • Respect personal space • Be aware of self-body position • Be empathetic • Keep non-verbal cues non-threatening • Stay composed • Don't over-react • Ignore challenging questions • Permit verbal venting when possible • Identify real reason for behavior • Set and enforce reasonable limits 	Every shift
3-6	High	Verbal threats, possibly physical threats Verbal and physical threats, throwing objects	<ul style="list-style-type: none"> • Continue response to moderate risk • Always enter patient's room with a partner Interventions <ul style="list-style-type: none"> • Have patient in private room or assigned no roommate • Push panic alarm, if available and appropriate • Consider Behavioral Emergency Response Team (BERT), 8-8711 Downtown Campus • Notification to Security to determine an individualized rounding plan • Consider restraint (see restraint policy) • Add Care Alert in medical record 	Every 4 hours

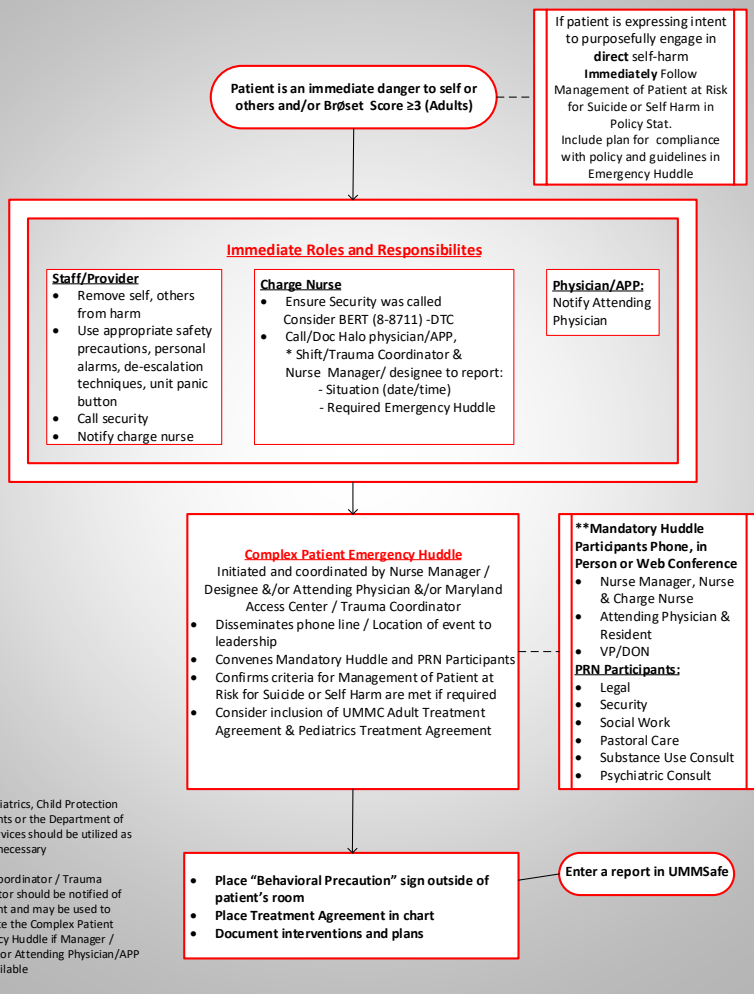
Proactive algorithm >>
implemented for
routine management of
complex behaviors

Routine Management of Complex Behavior



<< Proactive algorithm
implemented for emergent
management of complex
behaviors

Emergent Management of Complex Behavior



University of Maryland Medical Center Adult Treatment Release Agreement	
--	--

I, _____, did not follow the treatment plans that I participated in creating on _____ and _____. Based on the terms of the agreement, my team will now change my care plan in the following way:

I understand that this is not the ideal treatment for my illness. I also understand that I may get very sick, die, or be permanently injured if I do not complete all the recommended treatment.

Patient Signature

Date/Time

Treatment Team Representative

CN172B (New 09/20)

Page 1 of 1

University of Maryland Medical Center Adult Treatment Agreement	
--	--

Date: _____

Mr. /Mrs. /Ms. _____, you have a serious medical problem, and you need to stay in the hospital to be treated for it. This plan is an agreement between you and your healthcare team to help you get the best treatment and care possible.

Your Medical Condition and Recommended Medical Treatment Plan:
The medical condition (*we are treating you for*):

The recommended medical treatment plan (*your condition requires this treatment*):

The expected benefit of this treatment (*this treatment should help you by...*):

Risk of failure to treat (*what we are afraid will happen to you if you don't get the treatment you need*):

Your Concerns
What are your goals while you are in the hospital, besides the above treatment and better health?

CN172 (New 09/20)

Page 1 of 3

University of Maryland Medical Center Pediatrics Treatment Agreement	
---	--

Date: _____

Mr. /Mrs. /Ms. _____, while your child is receiving care at UMCH, we want to partner with you to provide the best treatment plan possible. It is important that we work together to establish a plan that meets your child's medical needs, ensures your child's safety and provides you support as a parent/primary caregiver.

This plan is an agreement between you and the healthcare team to help your child get the best treatment and health possible.

Part I: Your Child's Medical Condition and Recommended Medical Treatment Plan:
The medical condition (*we are treating your child for*):

The recommended medical treatment plan (*your child's condition requires this treatment*):

The expected benefit of this treatment (*this treatment should help your child by...*):

Risk of failure to treat (*what we are afraid will happen to you if your child does not get the treatment needed*):

Part II: Your Concerns
What are your goals for your child while you are in the hospital, besides the above treatment and better health?

What do you want your healthcare team to do to help meet the goals for your child?

Do you have any concerns about your child's recommended medical treatment plan?

What are the problems that make it harder for your child to stay in treatment in the hospital?

CN173 (New 09/20)

Page 1 of 2

University of Maryland Medical Center Family and Visitor Behavioral Agreement	
--	--

Date: _____

The University of Maryland Medical Center is committed to providing safe and effective care to our patients and their families. We are most successful when we work together.

Your loved one has a serious medical problem, and we need to work together to accomplish the goals established by the care team. This plan is an agreement between you and your loved one's healthcare team to maintain a safe and effective path forward.

As a partner(s) in care, my/our concerns are:

As the healthcare team, our concerns are:

As a partner(s) in care, I/we pledge to:

As the healthcare team, we pledge to:

CN171 (New 09/20)

Page 1 of 2

Management of Complex Family Members and Visitors

- Development of a contract that outlines expectations for appropriate family member and visitor behavior and upholds our values and healing environment. This contract will require conversation with family members and visitors who exhibit threatening verbal or physical behavior, to establish a safe and effective partnership for the care of their loved one. See contract on page 9, lower right.

Selection of a Consistent and Proven De-Escalation Strategy

- Selection of CPI, a violence de-escalation strategy, to offer all team members training and skills to reduce the likelihood of an individual to become violent. This selection was made by an interdisciplinary group with expert advice from our colleagues in Security.

Caring for our Colleagues Affected by Workplace Violence

- Development of a standard procedure/ approach for employees who experience workplace violence. See poster at left.
- Development of a 24/7 response mechanism, checklist and specific training for Resilience in Stressful Events (RISE) responders to use after a workplace violence event.
- Creation of a list of City and County contacts for use when an employee wishes to pursue legal action after a workplace violence event.
- Inclusion of Security colleagues when contacting the police about a workplace violence event.

<< Care of Colleagues checklist

Workplace Violence Prevention



Care of a Colleague After a Workplace Violence Event

Physical Safety:

- ☐ Contact **Employee Health** (410-328-6151), **UMIC** (667-214-1899), or the **Emergency Department** (410-328-9595)
- ☐ **Security Escort** (410-706-6882 for Downtown Safe Walk, 410-225-8043 for Midtown)

Psychological Safety:

- ☐ Provide **WPV Information Handout**
- ☐ Peer support and information 24/7 through **RISE** (At Downtown Campus, pager #12602. From Midtown campus, call 410-328-2337, ID# 12602 and follow prompts).
- ☐ Consider **critical intervention** with EAP (667-214-1555 anytime 24 hours a day, 7 days a week. A counselor is available at all times by pager)
- ☐ Appointment information for **EAP** (667-214-1515 or email wbinns@som.umaryland.edu)
- ☐ **Change assignment** or give time off (Contact appropriate supervisor, call 1-855-4UMMSHR for Human Resources)
- ☐ Alert appropriate **school leaders** for support for **trainees** (email the Office of Student Affairs via studentaffairs@som.umaryland.edu for the School of Medicine, lfillian@umaryland.edu for School of Nursing, or dshafer@ssw.umaryland.edu for School of Social Work)
- ☐ Provide resiliency and self-care **resources handout**

Legal:

- ☐ **Police Report** (Criminal Procedure – Victims and Witnesses – Restrictions on Release of Personal Information—address and phone number can be kept private) – Call 911 for emergencies or 410-706-3109 to request a police report. Call 410-706-6882 for victim/witness assistance.
- ☐ Give **time off** to go to any legal proceedings

Social:

- ☐ Unit and Organization Leadership **follow up**
- ☐ Use **decompression** rooms
- ☐ Unit **self-care** groups



Healing environment sign for patient and visitors

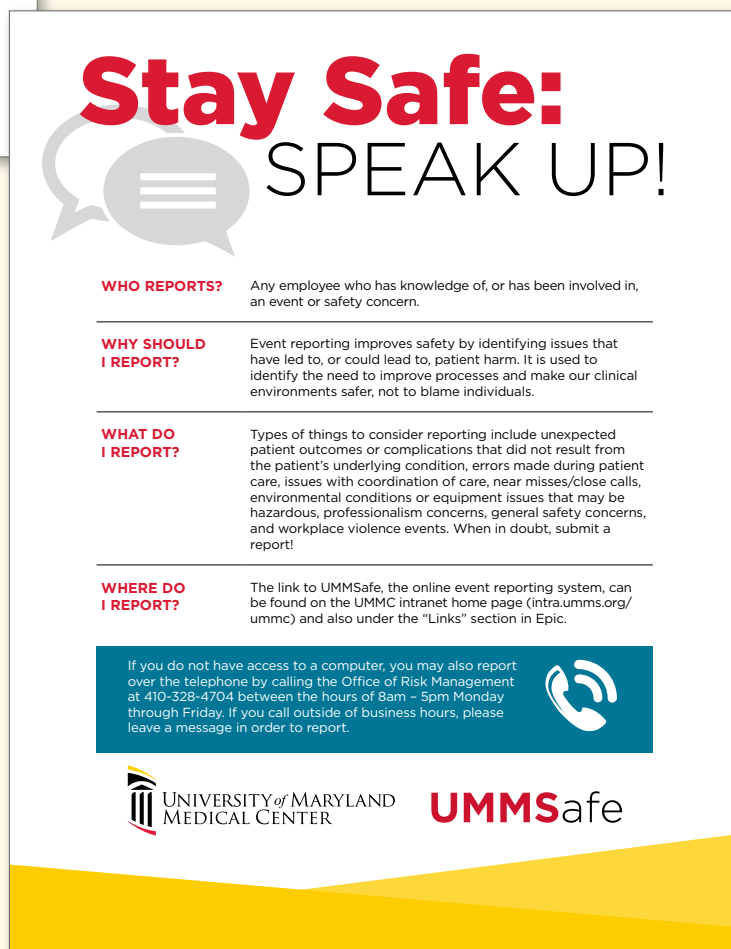


Communication

- Rollout of workplace violence creative materials for:
 - Patients and visitors about our healing environment. See poster below left.
 - Team members who don't have access to Epic and need to be aware that they must speak with the nurse prior to entering a patient's room if the patient has been threatening. See poster at left.
 - Encouraging team members to report threats through UMMSafe. See poster below.
 - Began sharing workplace violence data in the daily safety huddle at the downtown campus
 - Developed a new workplace violence intranet page on the UMMC *Insider* (<http://intra.umms.org/ummc/departments/workplace-violence>)

<< Behavior precaution sign for patients at risk of violent behaviors

UMMSafe flyer for reporting workplace violence events



UMMSafe

Efforts are underway at UMMC to focus on mitigating against workplace violence, and supporting the workforce in follow up. In order to better understand events that occur, a new form is now available in UMMSafe in order to quickly visualize where to click and report your event. Just look for the “Workplace Violence” icon. Thank you for taking the time to report your experiences so that workplace violence can be evaluated and understood as it occurs in our hospital. We value you and all that you do.

Data Management, Analysis and Metrics

- Cohorting the many sources of data about workplace violence, such as UMMSafe reports, panic alarms, calls to SOSOC for Security assistance or the Behavioral Emergency Response Team, workplace violence injuries reported to Employee Health, etc. to ensure that we have a full understanding of the magnitude of these events to inform and guide our progress.
- Rolled out the monthly tracking of workplace violence events that are patient against team member, visitor against team member, and team member against team member.

Education

- Rolled out a December 2020 education bundle to educate clinical team members about clinical management of complex patients.

Program Resourcing

- Approval of 2.5 new full-time positions to lead and manage a robust workplace violence prevention program. Job descriptions and posting are in progress.

In Progress

- A red storyboard banner to add to the EMR stating that the patient is a Team Member Safety Risk. The decision to add this banner will require an interdisciplinary team consultation. This banner will become an UMMS practice.
- A security data dashboard.
- A standardized root cause analysis of workplace violence events with injury.
- Crosswalking and aligning our work with current processes used in the Emergency Department, Perioperative Services, and UMMC and FPI Ambulatory areas.

As our colleague Dr. Jason Custer likes to remind us, we each have 200% accountability for workplace safety. We are 100% accountable for our own safety and also 100% accountable for the safety of others. While we can't completely eradicate workplace violence events, we can most definitely work together to reduce them.

I hope you will agree that our Workplace Violence Prevention Steering Committee is making great progress toward the goal of reducing workplace violence events at UMMC. You can help us by consistently reporting these events in UMMSafe and using all of the tools we've created to move us to a 200% accountability for workplace safety. ♦

NEWS UPDATE

NEWS

New Graduate Nurse Residency Program Integrates Across Campuses

The University of Maryland Medical Center's New Graduate Nurse Residency Program (NRP) is pleased to announce its integration of the program between its downtown and midtown campuses. Under the direction of **Robin Price**, MSN, RN, manager of the New Graduate Nurse Residency Program and nursing retention and **Hannah Asiem**, DNP, RN, clinical nurse educator and New Graduate Nurse Residency Program coordinator for the midtown campus, this twelve-month residency program, consisting of instructors and small group facilitators from both campuses, is designed to provide support, mentorship and education for the new graduate nurse.

At UMMC, we believe that the first year of a new graduate nurse's career is a pivotal time in the transition from student to nurse. We know that a strong nurse residency program has the potential to support, develop and cultivate new nurses so they are successful in the profession, provide excellent patient care, and find personal fulfillment in their career path.

Through formalized educational opportunities and orientation techniques, the new graduate nurse will experience an exceptional, individual learning experience. The nurse residency program at UMMC is structured according to the guidelines and recommendations provided by Vizient, a leading health care performance improvement company, and the American Association of Colleges of Nursing (AACN). ♦

"Together Tuesday" at Midtown

The "Together Tuesday" Journal Club at the midtown campus of UMMC meets the second Tuesday of each month from 5:00PM-6:00PM and dinner is provided. The goal of this club is to provide opportunities to build positive relationships between physicians and nurses while learning together.

The topics covered at each meeting are relevant to current practice and have resulted in some very interesting discussions. Subjects have included the benefits of interdisciplinary rounds and the commitment to sit with our patients. An upcoming topic will focus on the discharge checklist and the benefits of using checklists as described in *The Checklist Manifesto* by Atul Gawande, MD. ♦



Members of the Together Tuesday Journal Club

Heritage Crossing Covid-19 Testing Site

The Heritage Crossing Covid-19 testing site opened in November 2020. It offers sufficient space for consolidating testing to meet the pre-operative and pre-procedure needs for both the downtown and midtown campuses and, if needed, the clinic settings. Hours of operation are Monday-Friday,

7:30AM-5:30PM. The site is staffed by individuals from UMMC pre-admission testing and the ambulatory surgical care unit nurses. ♦



Staff from the Heritage Crossing COVID-19 testing site

ACHIEVEMENTS UPDATE

Neuroscience ICU Receives Donation from Amy's Army Foundation

The Neuroscience ICU received a generous donation in October from the Amy's Army Foundation, a volunteer-run nonprofit organization that provides assistance to families who have experienced a sudden personal or family crisis. Amy was a former patient in the Neuroscience ICU and her foundation provided 100 care packages for patients and families in this unit.

On October 10, 2015, Amy married the love of her life. Just 13 days later on October 23, Amy suffered a ruptured AVM and was transported from the Eastern Shore to the Neuroscience ICU at UMMC. After a long stay and the heartbreaking roller coaster that a brain injury can bring, the family suddenly lost Amy on Christmas Eve 2015. Amy's family and friends carry on her legacy by spreading joy through the Amy's Army Foundation. ♦



Volunteers from the Amy's Army Foundation with nurses from the Neuroscience ICU

Carmel McComiskey Recognized through AONL Foundation's Nurse Leaders Honoring Nurse Leaders Program

Jennifer Zeller, MS, CRNP, manager of advanced practice services at University of Maryland St. Joseph Medical Center (UM SJMC), graciously recognized **Carmel McComiskey**, DNP, CRNP, FAANP, FAAN, director of nurse practitioners and physician assistants, through the American Organization for Nursing Leadership (AONL) Foundation's Nurse Leaders Honoring Nurse Leaders program in October. The program allows nurses to recognize the previous generation of nurse leaders who have provided the mentorship, training, or education that has shaped their nursing careers.

Zeller wrote this about McComiskey: "Carmel has helped to shape my career in ways that I never imagined. As my director at UMMC, she led with compassion, poise, and determination. She paved the way for NPs and PAs to have a voice. I have taken what I have learned from her and have tried to do the same at UM SJMC. I am forever grateful for everything she has taught me and continues to teach me especially in these current times." Each honoree receives a special announcement, card, and inclusion on AONL Foundation's virtual wall of honor. Congratulations on this wonderful recognition, Carmel! ♦



Jean Holzman, BSN, RN, Retires in October After 44 Years of Service

Jean Holzman, BSN, RN, began her nursing career at UMMC in 1975 in Shock Trauma on 4C, a 20-bed multi-trauma ICU/IMC/acute care unit. Shock Trauma was different at that time, providing all levels of care on 4C, with only three beds in the Trauma Resuscitation Unit. Although Jean stepped away from the bedside to get married and start a family, she always returned to UMMC and Shock Trauma to practice in many areas, including 4C, 12W, the neuro ICU, and the hospital float pool.

In 2005, Jean started teaching classes for Clinical Practice and Professional Development. She taught the patient care tech, phlebotomy, and charge nurse courses, while supporting the Student Nurse Intern Program. In 2010, she took a position in the Shock Trauma Outpatient Pavilion providing direct patient care. Most recently, Jean dedicated all of her time and energy to the Shock Trauma Outpatient Pavilion. Her passion for working in Shock Trauma is evidenced through her dedication to our patients. Jean's long legacy with Trauma and throughout UMMC has truly made an impact on all that she has touched. Congratulations to Jean on a well-deserved retirement. ♦



Jean Holzman, BSN, RN on her last day at UMMC

NCQA Recognition for Pediatrics at Midtown

Pediatrics at Midtown has been awarded recognition by the National Committee for Quality Assurance (NCQA) for a third time as a Level 3 Patient-Centered Medical

Home, a health care setting that facilitates partnerships between individual patients and their personal physicians and the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and

where they need and want in a culturally and linguistically appropriate manner. This level of recognition bestowed by NCQA is a testament to the commitment to continuous quality improvement and a patient-centered approach to care. ♦

Baltimore Magazine Honors UMMC Nurses

Baltimore magazine honored eleven UMMS nurses in its sixth annual "Excellence in Nursing" issue, released in September 2020. The goal of the list is to identify and recognize "the best of the best" nurses in the Baltimore area. Four of the eleven nurses are from our downtown and midtown campuses.

"The fact that the winners were selected based on nominations from their peers, nursing leaders from across the Baltimore region and patients, makes it even more special" said **Lisa Rowen**, DNSC, RN, CENP, FAAN, senior vice president for nursing and patient care services, chief nursing officer, UMMC. Congratulations to the UMMC nurses who were honored across both campuses. ♦

REHABILITATION:

Michelle Anderson, BSN, RN

UMMC Midtown Campus

PEDIATRICS – NEONATAL:

Michelle Davis, BSN, MSW, RN

UMMC Downtown Campus

ONCOLOGY:

Cathy Karska, BSN, RN, BMTCN

UMMC Downtown Campus

EDUCATOR:

Lisa Malick, MS, RN, OCN

UMMC Downtown Campus

Support of Nursing Students Recognized

Cyndy Ronald, BA, Manager, SON Partnerships, received recognition from the University of Maryland School of Nursing by featuring her in their academic-hospital partnership program newsletter distributed in December. Along with providing advice for nurses considering returning to school, Cyndy also discusses what support is provided by UMMC for nurses, including prepaid tuition for both graduate- and undergraduate-level students, along with funds for professional development. Congratulations, Cyndy! It is really nice to see our SON colleagues publicly recognizing all of the hard work and dedication you pour into your passion for nursing students. Well done! ♦

UMMC receives International Recognition for Lactation Education and Training

For the second time in a row, the International Board of Lactation Consultant Examiners® and the International Lactation Consultant Association® has recognized the University of Maryland Medical Center for excellence in training of our nursing, medical, and staff that care for breastfeeding families and implementing special projects that

promote, protect, and support both breastfeeding and the lactation consultant profession. This is a two-year award ending April 30, 2022. Congratulations to our lactation team, as well as all women's and children's faculty and staff for their continued commitment to this important program. ♦

Promotions as of October 2020

SENIOR CLINICAL NURSE I

Hellen Abraham, BSN, RN, CCRN

NeuroCare Intensive Care Unit

Suzanne Bracklow, BSN, RN, CCRN-CMC, TCRN

Critical Care Resuscitation Unit

Gabrielle Cooper, BSN, RN, CCRN

NeuroCare Intensive Care Unit

Thomas Cornish, BSN, RN, CCRN

Cardiac Surgery Intensive Care Unit

Mary Kate Coulter, BSN, RN

Pediatric Emergency Department

Danita Custis, MSN, RN, FNE-A/P

Medicine Telemetry Unit, 11 East

Kirsten Henningsen, BSN, RN, SCRNP

NeuroCare Intensive Care Unit

Samantha Kirk, BSN, RN, CPNP

Pediatric Progressive Care Unit

C Patrick Lombardi, BSN, RN, NREMT-B, CCRN

Trauma Resuscitation Unit

Kathryn McCauslin, BSN, RN, TCRN

Shock Trauma Acute Care

Christine Raymer, BSN, RN, CEN, TCRN

Adult Emergency Services

Renee Salla, BSN, RN, TCRN

Shock Trauma Acute Care

Allison Walczyk, BSN, RN, CCRN-CSC

Cardiac Surgery Intensive Care Unit

SENIOR CLINICAL NURSE II

Stacey Hydorn, BSN, RN

Adult Emergency Services

Melissa Quinn, BSN, RNC-MNN, C-LRN

Inpatient Perinatal/GYN

Linda Sollecito, BSN, RN, CCRN

Medical Intensive Care Unit

Susie Williams, BSN, RN, CCRN

Medical Intensive Care Unit

ACHIEVEMENTS

New Certifications in July – December 2020

NURSING

Bone Marrow Transplant Certified Nurse (BMTCN)

Blood and Marrow Transplant Unit

Emily Smith, MS, RN, BMTCN

Certified Ambulatory PeriAnesthesia (CAPA)

ASCU/Prep Center

Bindu Kachappilly, BSN, RN, CAPA

Critical Care Registered Nurse (CCRN)

Neuroscience Intensive Care Unit

Megan Bocek, BSN, RN, CCRN

Kaitlyn Clark, BSN, RN, CCRN

Kirsten Henningsen, BSN, SCRn, CCRN

Jenna Nemtsov, BSN, RN, CCRN

Adriana Smith, BSN, RN, CCRN

Kelsey Whelan, BSN, RN, CCRN

Surgical ICU

Somer Andries, BSN, RN, CCRN

Joyce Bae, BSN, RN, CCRN

Samantha Mercer, BSN, RN, CCRN

Jennifer Ngo, BSN, RN, CCRN

Gretchen Pabst, BSN, RN, CCRN

Trauma Resuscitation Unit

Kelly Storms, BSN, RN, CCRN

Certified Clinical Transplant Nurse (CCTN)

Transplant Intermediate Care Unit

Arlene Manuel, BSN, RN, CCTN

Shamia Wyche, BSN, RN, CCTN

Certified Emergency Nurse (CEN)

Adult Emergency Department

Melissa Coulter, BSN, RN, CEN

Cardiac Medicine Certification (CMC)

Rapid Response/Mobile Practitioner Team

Nia Bourne, BSN, RN, CCRN-CMC, CEN

Clinical Nurse Educator, Clinical (CNE)

Rapid Response/Mobile Practitioner Team

Taylor Ferguson, MSN, RN, CCRN,

CNRN, SCRn, CNE, CNE-CL

Certified Nurse Operating Room (CNOR)

General Operating Room

Anne Maria Duffy, BSN, RN, CNOR

Shock Trauma Operating Room

Ashley McLean, BSN, RN, CNOR

Certified Post-Anesthesia Nurse (CPAN)

General Post-Anesthesia Care Unit

Natalie Martelli, BSN, RN, CCRN, CPAN

Post Anesthesia Care Unit (Midtown)

Christian Vaughn Atos, BSN, RN, CPAN

Eduardo Refugia, BSN, RN, CPAN

Certified Pediatric Nurse (CPN)

Pediatric Progressive Care Unit/IMCU

Rhianna Moyer, BSN, RN, CPN

Kasey Ryan, BSN, RN, CPN

Jara Title, BSN, RN, CPN

Oncology Certified Nurse (OCN)

Blood and Marrow Transplant Unit

Ellie McManuels, BSN, RN, OCN

Psychiatric Nurse Board Certified (RN-BC)

Adult Psychiatry

Yetunde Adeyeri, BSN, RN-BC

Edith Awuah, MS, RN-BC

Electronic Fetal Monitoring (RNC-EFM)

Center for Advanced Fetal Care

Sommer Chappelle, BSN, RNC-EFM

Labor and Delivery

Jodie Pelusi, MSN, RNC-EFM

Rachel Bollens, MSN, RNC-EFM

Loren Bonn, MSN, RNC-EFM

Low Risk Neonatal Intensive Care Nursing (RNC-LRN)

Mother/Baby Unit

Melissa Quinn, BSN, RNC-LRN

Maternal Newborn Nursing (RNC-MNN)

Mother/Baby Unit

Julia Schmelz, BSN, RNC-MNN

Inpatient Obstetric Nursing (RNC-OB)

Labor and Delivery

Molly Gibala, BSN, RNC-O

Trauma Certified Registered Nurse (TCRN)

Multi Trauma Critical Care

Marie Kiley, BSN, RN, TCRN

Multi Trauma IMC6

Lauren Daly, BSN, RN, TCRN

Jessica Wilcox, BSN, RN, TCRN

Neurotrauma Intermediate Care

Danielle Szoke, BSN, RN, TCRN

CLINICAL NUTRITION

Certified Nutrition Support Clinician (CNSC)

Stacey Senter, MS, RD, LDN, CNSC

HEART AND VASCULAR CENTER

Registered Cardiovascular Invasive Specialist (RCIS)

Cardiac Cath Lab

Maria Lopez DeHaro, RCIS

Vascular Intervention (VI)

Vascular OR

Brittany Bohns, RT (R)(VI)

Jade Masters, RT (R)(VI)

REHABILITATION SERVICES

Clinical Specialist in Geriatric Rehabilitation (GCS)

Brian Lloyd, PT, DPT, GCS

RESPIRATORY THERAPY

Adult Critical Care Specialist (ACCS)

Ryan Martin, RRT-ACCS

Sydney Scott, BS, RRT-ACCS

Annalee Turcea, BS, RRT-ACCS

Neonatal Pediatric Specialist (NPS)

Ashley Bernens, RRT-NPS

Karen Wockenfuss, RRT-ACCS, NPS

This celebration was a history lesson and reminder, as we begin a year of unknown challenges, that within these challenges, there will also be new opportunities.



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

The Magic of Partnership: Possibility and Power



By Jane Kirschling, PhD, RN, FAAN, Dean, University of Maryland School of Nursing

As you read this, we are in a new year. But, as I write, I am reveling in the 15th anniversary celebration, held late in 2020, for the University of Maryland School of Nursing's (UMSON) Clinical Nurse Leader (CNL) Program, our masters level entry-into-practice program for individuals with a degree in another field. Over these 15 years, UMSON has graduated more than 1,000 CNLs, who carry the perspectives and insights from their prior education and professions into their leadership and problem-solving roles in nursing.

Dr. Joan Stanley, Chief Academic Officer of the American Association of Colleges of Nursing, played a seminal role in the birth of the CNL program and recalled its highly novel nature when first conceptualized and the insistence on grounding it within strong academic and practice partnerships. She spoke of its origins as “reconceptualizing nursing’s role and competencies” in response to challenges in care delivery and in anticipation of future needs. UMSON Dean Emerita **Dr. Janet Allan**, described the critically important partnership she forged with **Dr. Lisa Rowen** and the University of Maryland Medical Center – and noted this as the beginning of the robust academic practice partnership we so value today. Dr. Rowen, admitting that she began as a doubter, recounted how she became “a true believer in this role and the value it adds,” and shared her pride that UMMC has hired more CNLs than any other hospital.

This celebration was a history lesson and reminder, as we begin a year of unknown challenges, that within these challenges, there will also be new opportunities. I have every confidence that our UMSON-UMMC partnership, building on its past, will continue to fuel innovation and change for the good of nursing and our patients, their families, and our communities. I remain truly grateful for the proven power and infinite possibility of our historic partnership. ♦

MAGNET

Midtown Campus Holds Second Successful Magnet® Retreat



By Carolyn Guinn, MSN, RN, NEA-BC, Magnet Program Director

The midtown campus marked the official launch of their Magnet® designation journey in September 2019 by holding their first Magnet retreat. The main goal of this retreat was to implement the nursing shared governance structure developed by clinical nurses and nursing leadership. In January 2020, the shared governance structure was implemented. Unfortunately, a few short months later, the first signs of COVID-19 reached Maryland and handling the implications of its impact became a top priority for everyone.

Despite the many challenges of the pandemic, including conducting council and subgroup meetings in a virtual format, all involved remained steadfast to continue with this work to ensure the growth and development of the councils/subgroups and stay on target with achieving the set goals. Since January 2020, the Clinical Practice council reviewed 23 policies. The Staff Nurse Council began a workplace civility initiative. The Nursing Performance Improvement Council disseminated quality data reports to unit staff and nursing leadership to impact practice changes and patient outcomes.

On September 25, 2020, a second retreat was held virtually to update the midtown campus executive team,

nursing leadership, and clinical nurses on the councils and subgroups of the many outcomes achieved to date. Our HealthLinx consultant, **Kathy Riley**, MSN, RN, NE-BC, also participated in the retreat and provided feedback based on the current council achievements and updates in relation to the next steps of our Magnet journey. Riley was impressed with the progress made since the first Magnet retreat, especially with the challenges our organization faced during the pandemic.

The clinical nurses and nursing leadership at the midtown campus should be proud of all the accomplishments so far and understand how this work is impacting not only patient care, but also nursing practice and the practice environment. The next steps identified at the retreat include alignment of the Professional Advancement Model requirements across both campuses, implementation of peer review for clinical nurses during annual evaluation and throughout the year, and implementation of shared governance councils at the unit level. The organization is currently in progress to meet all of these goals. ♦

Support for Employees Who Experience Workplace Violence

By Rabbi Ruth Smith, BCC, UMMC Staff Chaplain

The National Institute for Occupational Safety and Health defines workplace violence as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.” These incidents can involve staff, patients, families, and visitors. While UMMC’s Workplace Violence Prevention team works to create a safer workplace (read more about their progress in Lisa Rowen’s Rounding Report on page 4), the RISE team is available 24/7 to support those who experience workplace violence.

RISE, or Resilience in Stressful Events, is a peer support group made up of trained clinical staff. While they are mostly nurses and physicians, there is also a pharmacist, a chaplain, and a respiratory therapist. There is a RISE responder on call 24/7 to provide support for any stressful situation that any employee in the hospital may face.

The primary listening technique that the team uses is called “psychological first aid.” This means that the RISE responder assesses immediate concerns and helps to stabilize the caller in the moment. The responder also could suggest further resources if they are needed. While listening may not seem like much, callers have told responders that it was exactly what they needed to help them deal with their situation.

Workplace violence is underreported for many reasons, including lack of a reporting policy, lack of faith in the reporting system, and fear of retaliation. Some health care workers accept violence as “part of the job,” but know it is not ok for you to be treated this way; there are actions you can take, and UMMC is here to support you.

If you experience a workplace violence event, you should:

- **Tell your supervisor or charge nurse** so they can guide you to the appropriate resources.
- **Report it in UMMSafe** so UMMC can identify safety issue trends and create solutions.
- **Seek medical care**, if necessary, from Employee Health, the Emergency Room, Urgent Care, or your primary care provider.
- **Share your experience** with a trusted friend, colleague, or RISE peer responder to receive the important emotional support you need. ♦

To contact RISE,
call 410-328-2337
and follow prompts.
Enter ID# 12602.



The PREP Center: Periop's Secret Weapon

By Marie Belen S Fortuno,
MS/MSN, RN, CAPA,
Senior Clinical Nurse II,
UMMC PREP Center

Oh what a year 2020 has been for the UMMC Prep Center. When COVID-19 hit home, the downtown campus (DTC) saw changes in perioperative operations that were never expected. Not only were many surgeries rescheduled and put on hold, but nursing staff were required to learn new skills to support the changes in Perioperative Services and within the Medical Center.

In March 2020, to meet the perioperative needs of UMMC's DTC, **Mary Perry**, BSN, RN, CAPA, nurse manager, Ambulatory Surgery Care Center and PREP Center, supported a plan to maintain the required pre-operative procedures, while adding in the new processes of COVID-19 screening calls and pre-op Covid-19 testing appointments. In order to do this work, a pre-op Covid-19 testing clinic was swiftly set up in the PREP Center to prevent potential spread of the virus. The PREP Center nurses were relocated across the street from the main hospital to the Paca Pratt building to continue their work with optimizing patients for surgery. Staffing schedules were developed and Covid-19 swabbing education for the nurses occurred to support the clinic.

Nurses that were not staffing the clinic were deployed across the Medical Center to assist with other projects, to include support for the operating rooms and the Covid-19



employee testing centers located at both the downtown and midtown campuses. The flexibility of the nurses and technicians is noteworthy as deployment to different areas occurred on a day-to-day, shift-to-shift basis, including weekends.

In November 2020, as COVID-19 infection rates stabilized statewide, elective procedures for select specialties were resumed requiring PREP Center staff to mobilize back to the Prep Center in the main hospital. After a week of transitioning the Prep Center to its original state, a number of staff mobilized back to the hospital while others remained at the Paca Pratt location. However, the need to vacate the Paca Pratt building occurred requiring an off-site location to be identified for the pre-op Covid-19 testing. On November 16, 2020, the relocated pre-op Covid-19 testing center opened at Heritage Crossing. The center now boasts a team of three screening call nurses, two medical assistants and administrative staff for both downtown and midtown campus preoperative adult and pediatric patients.

Perry and the entire PREP Center staff deserve to be recognized for their quiet resiliency, flexibility, and hard work to support the Medical Center. Their remarkable behind-the-scenes work has been seamless, allowing excellent care to be continually delivered despite the staff's multiple moves over the past eight months. ♦



Staff from the
Prep Center

The following is a revised excerpt of Esther E. McCready's obituary written by Frederick N. Rasmussen and published in the *Baltimore Sun* on September 5, 2020. Miss McCready grew up in East Baltimore during a time when segregation was

standard practice and bigotry lurked around every corner. The opportunities available to white women were simply unavailable to her. But Miss McCready's unrelenting courage and tenacity led her to become a trailblazer for generations of black nursing students.

REMEMBERING ESTHER E. MCCREADY



Esther McCready, who broke barriers at the University of Maryland, poses with her photo at the nursing school museum. (*Baltimore Sun* photo by Karl Merton Ferron)

THE FIRST AFRICAN AMERICAN ADMITTED TO THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING

Far right: University of Maryland School of Nursing Dean Jane M. Kirschling confers the honorary degree on McCready. (Photo: University of Maryland, Baltimore)

Esther E. McCready made history in 1950 when she became the first black woman to be admitted to the University of Maryland School of Nursing. She died on September 2, 2020 at 89.

“Esther was a pioneer and a class act in addition to being a trailblazer at the nursing school,” said Larry Gibson, a University of Maryland law professor and longtime friend.

“Even though once she was admitted to Maryland, and those were difficult years for her, she always kept her composure and positive thinking. One professor turned his back on her and refused to look at her,” Mr. Gibson said.

Miss McCready suffered many indignities throughout her nursing school days, such as being forced to enter through a colored entrance and eating in a segregated area of the cafeteria.

“And through it all, she remained positive,” Mr. Gibson said.

Esther Elizabeth McCready, daughter of John McCready, an arabber, and his wife, Elizabeth McCready, a Roman Catholic church housekeeper, was born and raised on Dallas Street.

She was eight years old when she decided that she wanted to pursue a nursing career. She graduated from Paul Laurence Dunbar High School, where she was an honors student, and during her high school years worked as a nurse’s aide at the old Sinai Hospital on Broadway in East Baltimore.

She and a friend who also wanted to be a nurse “applied to all the nursing schools in the phone book (they divided the alphabet and Miss McCready took the second half), and she informed the schools she was black,” *The Baltimore Sun* reported in a 2009 article.

The only nursing school in Baltimore at the time that accepted black students was Provident Hospital. But Miss McCready was determined that she was not going out of state or attending Provident’s program. She wanted to study at the nursing school she walked by for years.

When the University of Maryland Nursing School announced its admission for those who would enter in 1949, Miss McCready’s name was not among them, she took the case to court. After the District Court ruled against her, the NAACP appealed, and the case was argued by Thurgood Marshall, grandson of a slave, who would become the first black Supreme Court justice in 1967.

The favorable Maryland Court of Appeals decision was handed down in April 1950, ordering the University of Maryland to accept her as a student in the fall of 1950.

“Esther accomplished amazing things on behalf of those of color, and she opened doors that had been firmly shut,” said Jane Kirschling, dean at the University of Maryland School of Nursing. “She opened doors that needed to be open, and today 49 percent of our 2,000 nursing students are of color. That in itself is quite a legacy.”

After graduating in 1953, she worked as a Baltimore public health nurse, then moved to New York City, where she became the head post-operative room nurse at New York Hospital-Cornell Medical Center.

Miss McCready returned to Baltimore, serving on Maryland’s nursing school Board of Visitors from 1994 to 2004, and was a docent in its Living History Museum.



Her 1953 Florence Nightingale cap, or “Flossie,” that she received at graduation is on display at the Reginald F. Lewis Museum.

IN 2014, SHE WAS INDUCTED AS AN INAUGURAL MEMBER OF THE UNIVERSITY OF MARYLAND NURSING SCHOOL’S VISIONARY PIONEERS, AND THE NEXT YEAR SHE WAS THE RECIPIENT OF A DOCTOR OF PUBLIC SERVICE HONORARY DEGREE FROM THE UNIVERSITY OF MARYLAND, BALTIMORE.

Yolanda Ogbolu, an associate professor and chair of the University of Maryland School of Nursing’s Department of Partnerships, Professional Education, and Practice, has been a close friend for the last decade.

“We’ve lost a legacy who was a civil rights activist for nursing,” Dr. Ogbolu said. “She pressed through so many obstructions to become the first black nurse at Maryland, and I think part of her ability to be persistent was because she was a Christian. She was a quiet giant; a quiet, but forceful icon.”

To read more about Esther McCready’s accomplishments, visit: <https://www.baltimoresun.com/obituaries/bs-md-ob-esther-mccready-20200905-az4eunto4nf4hg1eb3oagbtqxi-story.html>. ♦

Building a Medical Neighborhood

By Renay Tyler, DNP, RN, Vice President of Ambulatory Services, Associate Chief Nursing Officer

Rising above the UMMC Midtown Campus is the Outpatient Tower, evidence of the organization's commitment to patient care beyond the walls of the hospital. Slated to open in August of 2021, the structure will provide access to primary health care for our West Baltimore population, including a broad compliment of specialty care practices – diabetes and endocrinology, infectious disease, ophthalmology, nephrology, cardiology, pulmonology and gastroenterology.

Over the past two years, the Ambulatory Services team has worked closely with leaders from the hospital and School of Medicine to identify the right compliment of practices. The triad structure of nursing, medical and business leaders for each of the practices, as well as our talented nursing and business directors have planned each of the spaces in collaboration with School of Medicine leadership. They strategically analyzed current and future volumes based on a targeted understanding of market trends and opportunities for meaningful growth to allocate the right compliment of square footage and provider investment. Currently, the Ambulatory Services team and other operational leaders are planning ancillary services, including security, parking, environmental services, supply chain, sterile processing and other support areas, assuring all critical services are included. Additional planning now rests at the staff level where the local leaders work with the nurses and other team members to designate locations for clinical equipment and to review rooming workflows and other care delivery components for future implementation.

What sets this building apart from a typical medical office building is the providers and staff in each of the practices will work together to manage all patients as a part of a larger “neighborhood.” Adopting a chronic care model that incorporates important elements of



Vice President and Associate Chief Nursing Officer, Renay Tyler, DNP, RN signs the beam on the new Outpatient Tower.

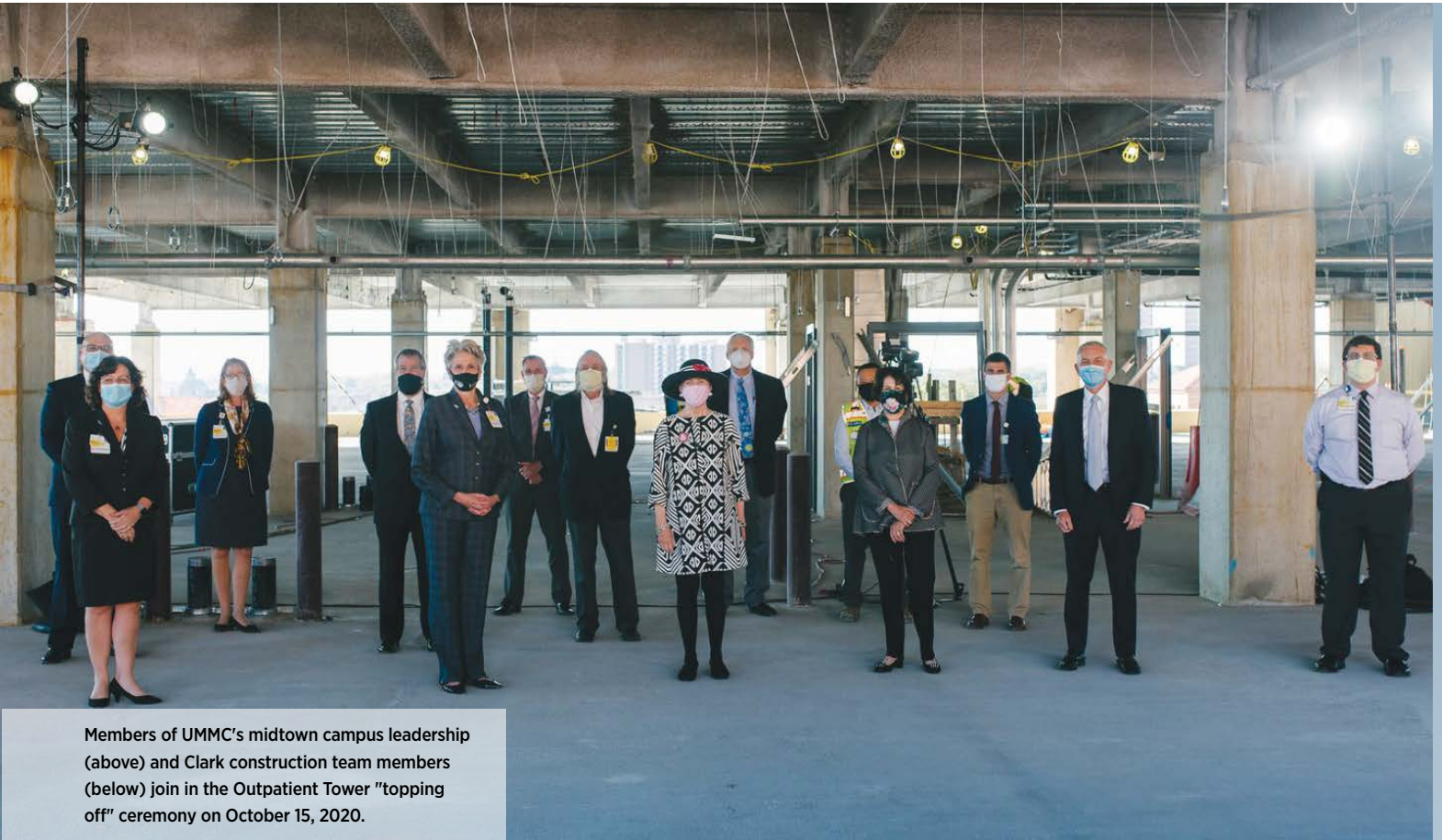
the AHRQ's patient-centered medical home benefits patients by providing a safe and more comprehensive care model. This ensures coordinated care continuity, more effective disease management by following up on patient admissions/ED visits and referrals across the specialties. With this in mind, the clinical leaders are defining the care team needs based on specialty to ensure important roles, such as clinical nurses, nurse case managers, pharmacists, nutritionists, social workers, etc. are considered as vital members of the care team. Recruiting and retaining an engaged compliment of front desk staff, medical assistants and nurses to work as a core cohesive team in each of the practice areas will be critical to delivering quality patient care. We continue to embrace advancement models for these roles with roadmaps to guide them in their career development.

For more information on the Outpatient Tower, UMMC's marketing and communications department has developed a web page, maintains a time lapse camera of the construction site (both viewed on the *Insider*) and sends out periodic bulletins, as well as facilitates a monthly Tower Town Hall to keep all staff informed on our progress. ♦



UMMC Midtown President, Alison Brown, signs the beam on September 29, 2020.

WHAT SETS THIS BUILDING APART FROM A TYPICAL MEDICAL OFFICE BUILDING IS THE PROVIDERS AND STAFF IN EACH OF THE PRACTICES WILL WORK TOGETHER TO MANAGE ALL PATIENTS AS A PART OF A LARGER “NEIGHBORHOOD.”

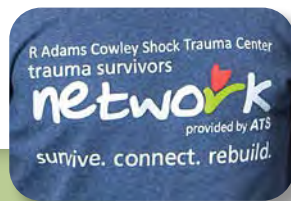


Members of UMMC's midtown campus leadership (above) and Clark construction team members (below) join in the Outpatient Tower "topping off" ceremony on October 15, 2020.





"THE **TSN** HELPED ME BELIEVE I COULD STILL LIVE A GOOD LIFE, EVEN WITH THE SCARS, THE ACHES, AND PAIN. BUT MOST OF ALL, THE **TSN** GAVE ME THE CONNECTION TO OTHERS WHO UNDERSTAND WHAT IT'S LIKE TO SURVIVE AND FIGHT TO BOUNCE BACK."



Normalizing the “new reality.”

Since his accident in 2017, Homer G. (pictured left) has become a peer mentor with the Trauma Survivors Network and now owns his own car detailing business in Baltimore County.

The Trauma Survivors Network (TSN) at Shock Trauma offers a unique variety of resources and support to individuals challenged with navigating the catastrophic, life-altering, and lifelong effects of trauma. Discharging to home earlier than ever before, the primary responsibility of aftercare and recovery is often shifted to the survivor and their families.

The TSN offers multi-modal, no-cost, no-obligation resources designed to work within an inter-professional collaborative framework to address the psychosocial and emotional aspects of every phase of recovery – the burdensome and devastating factors that are often underappreciated and unaddressed – with the patient, their families, and their support systems.

The TSN is comprised of survivors who truly understand the complexities, triumphs, and uncertainties of the recovery landscape. The talents and dedication of the hospital staff work to assure optimum physical healing; but to fully embrace recovery, survivors must heal emotionally and spiritually, as well. Every injury and outcome is unique, but through the TSN, survivors gain a sense of strength, insight, inspiration, and commonality through shared experiences of the peer-mentoring program, support groups, family sessions, structured social activities, and formalized self-management classes. Through the TSN, survivors (patients and families, collectively and individually) work toward eliminating feelings of isolation and uncertainty, enhancing understanding, eliminating barriers to essential resources, and normalizing the “new reality.”



Cover photo, left to right: Dave, Homer, and Rob, survivors and peer mentors with the Trauma Survivors Network.

Homer G., a father, son, friend, husband, and survivor, shares his story:

It was June 21, 2017 and Homer lost control of his motorcycle. His body lay broken in a field. His recovery began the instant his body impacted the ground. Homer was transported to Shock Trauma and endured 17 surgeries to repair the catastrophic injuries to his arms and legs.

Nine days into his recovery, Homer was introduced to the TSN – offering him the power of connectivity to other survivors. He accepted, and later that day was visited by two TSN peer mentors, Rob and Dave, former motorcycle accident survivors who knew all too well what it’s like to have your life change in an instant. Over the next five weeks, Rob and Dave and were relentless in their support and encouragement. Their visits were frequent, lengthy, and powerful, and formed the foundation for lasting bonds.

“What I experienced was so horrific that I felt compelled to somehow offer support, hope and encouragement to other survivors,” Dave said. Rob’s experience is closely echoed. “The TSN has changed my perspective on life,” he said. “Being a peer mentor reminds me where I came from, which gives me an expert ability to emotionally relate to other survivors. Together, and stronger, we travel our journey through our new reality.”

These visits galvanized Homer’s outlook for a positive, meaningful, and successful recovery. Homer tells everyone, “The TSN helped me believe I could still live a good life, even with the scars, the aches and pain. But most of all, the TSN gave me the connection to others who understand what it’s like to survive and fight to bounce back. Rob and Dave are my big brothers who I count on and look up to. Every time they came into my room it was exactly who and what I needed. Speaking to them was the best motivation for me to push. Simply watching them walk in was all I needed to know I had a lot of life left.”

Through this experience, Homer has become a peer mentor and an inspiration to others. While everyone’s recovery journey is unique and personal, it’s hard for Homer to imagine where he would be today without the TSN. “The TSN is my family that knows the new me best.” Homer G. ♦

BEST IN SHOW

Joseph Friedberg"Spalted Maple Bowls
From One Tree"

UMMC Holds 8th Annual HEALING ARTS EXHIBIT

By Kerry Sobol, MBA, RN
Director, Patient Experience and
Commitment to Excellence (C2X)



The C2X Healing Arts Team, led by **Kerry Sobol**, director of patient experience and commitment to excellence (C2X), and **Walter Braxton**, Healing Arts team leader, are so grateful to the talented employees and their family members who participated in this year's Healing Arts Exhibit. Our resident artists represented employees from both campuses, including family members, and they did not disappoint. Many of them have returned year after year and their talents are immeasurable.

Once the 152 pieces of art were collected, a panel of three talented judges, who are local artists themselves, deliberated and decided on a total of 15 awardees for this year. The categories included Youth (12 years and under), Teen (13-18 years), Adult Amateur, Intermediate and Professional, as well as Best of Show and an Art Education Award.



ART EDUCATION AWARD

Taylor Jackson

"Warmth"

While we weren't able this year, as we have in previous years, to hold a large reception in the Weinberg Atrium to honor our many artists, we were successful in holding a *virtual* get-together. Based on the number who attended the online celebration and the number of entries we had this year, it is evident that the creative spirit is alive and well at UMMC. Maybe that's what helps our staff provide such compassionate and high level care to our patients and families, even in such trying times. Many are clearly recharging their batteries and enriching their lives with artistic endeavors of all kinds, and it's wonderful that we can celebrate and showcase them here at the Medical Center.

We believe that art is about creating something that didn't previously exist. Each painting or creation has its own story to tell and reflects the personal vision, emotions, history, and culture of its creator. Each person is a book or medley of memories – being and expressing one's true self is one's greatest contribution to our life and art. We appreciate each artist and their creations. Please keep creating and participating in the UMMC Healing Arts Exhibit. We'll see you next year! ♦

To watch a video of the 2020 awards ceremony and see photos of all the winning entries, please visit: <http://intra.umms.org/ummc/departments/patient-experience-and-c2x/c2x/c2x-teams/healing-arts-exhibit>



ADULT AMATEUR CATEGORY
1ST PLACE

India Trapp

"Joy in the Midst of Uncertainty"



YOUTH CATEGORY (12 AND UNDER)
1ST PLACE

Carolina Borth

"Untitled"



TEEN CATEGORY (13-18)
1ST PLACE

Khalida Adebaya

"Mental Health Awareness"



ADULT INTERMEDIATE CATEGORY
1ST PLACE

Kyia Bennett

"Aestes"



ADULT PROFESSIONAL CATEGORY
1ST PLACE

Sidney Rhyme

"Oil Spill"

UMMC OPENS

Modular**Care****Unit****TO PREPARE FOR SURGE
IN COVID-19 CASES***By Bret Elam, Associate Project Manager
Facilities Project Development*

EXPERIENCED CRITICAL CARE PHYSICIANS FAMILIAR WITH THE COVID PATIENT POPULATION ASSESS ALL PATIENTS PRIOR TO TRANSPORTATION TO ENSURE THEY ARE IN STABLE CONDITION AND APPROPRIATE FOR THIS UNIT.

Unit Overview

The Modular Care Unit (MCU) is a 16-bed, free standing IMC that admits COVID-19 patients directly from the critical care units at the downtown campus of UMMC. The unit is located on the top level of the Medical Center parking garage, near the southeast corner of Greene and Lombard Streets. Maryland ExpressCare transports patients to and from the MCU via a dedicated ambulance that parks near the unit 24/7.

The care team manages patients using a collaborative, unified approach among the interdisciplinary health care team. Experienced critical care physicians familiar with the COVID patient population assess all patients prior to transportation to ensure they are in stable condition and appropriate for this unit. The MCU operates 24/7 and includes physicians, nurses, and support team members either from the UMMC's downtown campus or from health care agencies specifically hired for this unit.

Background and Construction

At the start of the COVID-19 pandemic, the State of Maryland's Departments of General Services (DGS) and Health (MDH) partnered with an architectural firm (HGA) and a modular building contractor (Boldt) to design and fabricate "modular ICU" units that could be deployed across the state in multiple configurations and locations. In June of 2020, the University of Maryland Medical Center reached out to MDH to obtain a modular unit to care for COVID-19 patients. The state paid for and coordinated delivery of the unit for early September, working on logistics with UMMC facilities and operational teams.



UMMC's Modular Care Unit at the southeast corner of Greene and Lombard Streets



Interior views of a patient room and work area for clinical staff.



The contractor, Boldt, fabricated the units off site and lifted them into place using a crane positioned on Lombard Street. The building was set over the course of a long weekend in early September. Various trades and UMMC personnel spent the next 60 days building the required infrastructure and planning for operations. Approximately 100 individuals worked on site at various times in order to turn the modular unit into habitable space for patient care.

Clinical and Operational Planning

After the building units were set into place, the clinical and operational teams met weekly to discuss how the new unit would operate. For the most part, teams follow existing policies and procedures from the downtown campus. Because the unit is physically separate from the main hospital and its infrastructure, certain practices are different in order to maintain appropriate levels of care. Separate plans were developed for emergency evacuation and response, patient transportation, and supply delivery/waste removal logistics.

The clinical and operations teams held several half-day simulation sessions to run through typical operational and patient scenarios. The teams identified issues during these sessions and determined which ones were critical for

resolution before the go-live date. The teams also created an operational manual to capture policies and procedures specific to the modular care unit.

Hiring and Unit Opening

Hiring efforts began immediately and included a heavy reliance on traveler nursing staff. Support staff came from existing teams within the Medical Center, some of which had to hire dedicated staff quickly to support the unit. The operations team secured service contracts to staff such areas as linen, hazardous waste removal, and security.

Once construction was substantially complete, the State Office of Healthcare Quality, the State Fire Marshall, the Baltimore City Fire Department, and Baltimore City Department of Housing and Community Development conducted inspections to ensure the building was safe to occupy. The UMMC team is very grateful for the quick actions and responses by these various jurisdictions as they were vital to starting up the MCU.

Shawn Hendricks, MSN, RN Ed, nursing director of medicine & cardiac services and the Modular Care Unit reports that since then, the unit now has an average daily census of 10 caring for patients during this second COVID-19 surge. ♦

A Journey to No Harm: Reducing Toileting-Related Falls at UMMC

By Katherine Frampton, MS, OTR/L; Barbara Bosah, MS, RN, PCCN; Josephine Brumit, DNP, RN, NE-BC; Carolyn Guinn, MSN, RN, NEA-BC; Rachel Maranzano, BSN, RN, CCRN; Chris Wells, PhD, PT, CCS, ATC, CPHQ; Diana Johnson, PT, MS

Project Background

Approximately 700,000 to 1,000,000 falls occur in U.S. hospitals annually, with 45.2% related to toileting (HRET, 2016). In 2019, the Falls Prevention Steering Committee initiated a pilot to reduce toileting related falls (TrF) due to an increased falls with injury rate in FY18, of which 40% of the falls and 32% of the injuries were related to toileting. To improve these outcomes, the Falls Prevention Steering Committee conducted an evidence-based practice (EBP) project focused on three intermediate care units to reduce toileting-related falls. Multiple disciplines collaborated to initiate the EBP project, including nurse leaders from Clinical Practice and Professional Development (CPPD), new graduate nurses from TIMC/SIMC and Transplant 8, as well as a rehabilitation services physical therapist scholar, a research coordinator, and a safe patient handling and mobility specialist.

The primary PICO question was: What is the best practice to reduce falls related to toileting in adults on IMC units? Secondary questions examined the association between early mobility and falls and environmental barriers to toileting in the hospital IMC setting.

Using the Johns Hopkins EBP tool to critique the literature, practice recommendations were identified by the groups for implementation. A TrF subgroup was formed to select the strategies to implement, and the performance improvement department assisted with selecting the most impactful and reasonable solutions for the units.

The subgroup determined that supervised toileting was the most feasible and literature-supported intervention to reduce TrFs in the adult acute care setting. TrFs were defined for this project as any fall that is elimination related. The TrF subgroup recommended the need for supervision be determined by utilizing an early mobility screen that was already in use at UMMC.

The subgroup selected the following four practice recommendations to reduce TrFs:

1. Implement a nursing-driven, early mobility screen (UMove®) with champions and a “train the trainer” model.
2. Complete environmental assessment to determine additional equipment needs.
3. Supervise Mobility Level (ML) 3 & 4 patients during toileting; clinical discretion for ML 5.
4. Modify post fall huddle forms to focus on TrFs.

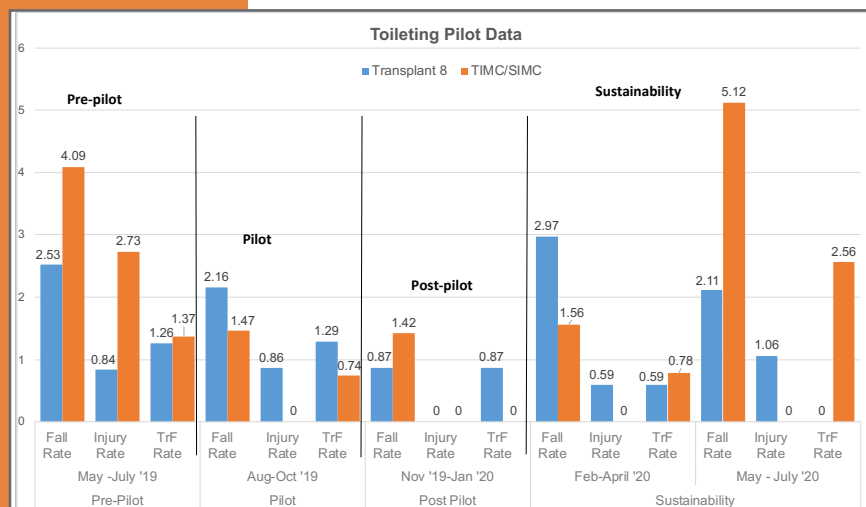
Additional recommendations included the following: review the pharmacological impact on TrFs; revise the current post fall huddle tool for toileting related data collection; implement or reinforce the UMove® early mobility program; and, complete a survey of the toileting environments on each unit. All recommendations were implemented.

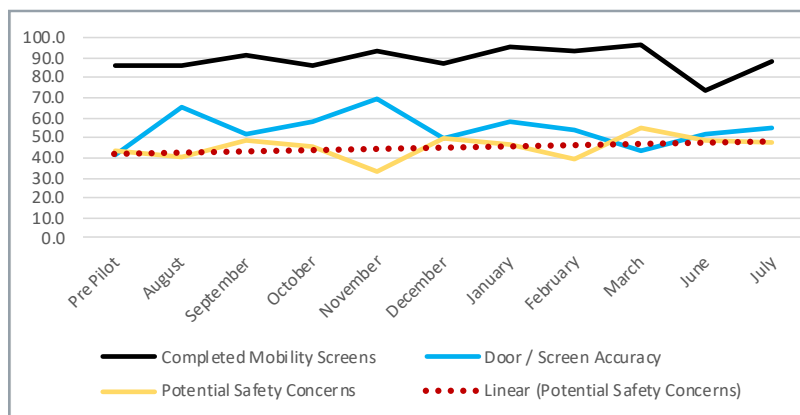
Measurable Outcomes

During the three months post pilot, the TIMC/SIMC unit achieved a decrease in falls, zero falls with injury, and zero TrFs compared to the pre-pilot rates, which were higher. From February to April 2020, TIMC/SIMC experienced an increase in the falls related to toileting; however, the unit achieved zero patient injuries.

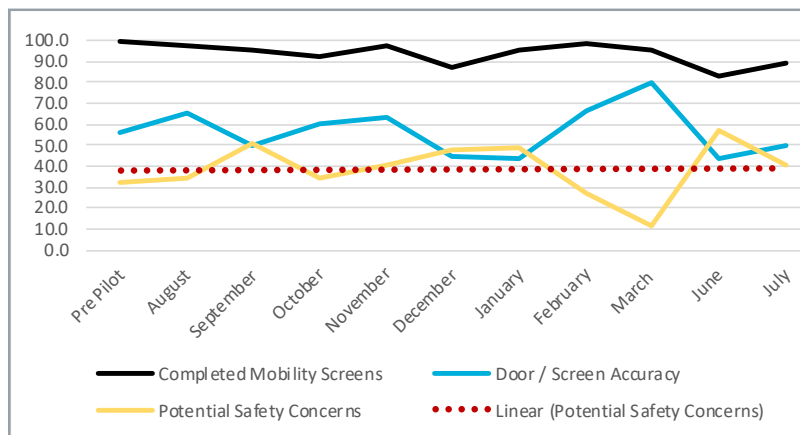
Moreover, during the three months pilot, the Transplant IMC achieved a decrease in total falls, zero falls with injury, and TrF rate of 0.87 compared to the pre-pilot rates, which were higher. From February to April 2020, the Transplant IMC experienced an increase in falls and falls with injury; however, the TrFs rate decreased to 0.59.

From May to July 2020, during the height of the COVID-19 pandemic, both units experienced an overall increase in fall rates; however, TIMC/SIMC had no injuries with any of the falls and Transplant 8 was able to achieve zero TrFs. (see Graph #1 at left)





Graph #2- Transplant IMC Early Mobility Screening Tools Compliance



Graph #3- TIMC/SIMC Early Mobility Screening Tools Compliance

Positive trends occurred when examining the Early Mobility Program metrics through March of 2019, prior to the COVID-19 crisis for all units.

- The Transplant IMC nurses documented the UMove Mobility Screen with a 91% compliance rate. From the start of the TrF pilot through March, a 10% increase in the completion of the UMove Mobility Screen occurred which was used to make toileting decisions. There were subtle improvements in having an accurate door sign posted outside the patient's room through the pilot and early post-pilot phase, which was consistent with a decrease in fall rates. (see Graph #2 at left)
- A 12% positive trend in door sign accuracy was consistent on the TIMC/SIMC and achieved an UMove Mobility Screen completion average of 95%. The trend lines from the start of the pilot up until March show a steady increase in door sign accuracy and reduction in patient safety concerns. This suggests use of the UMove Mobility Screen and door signs may be contributing to fall prevention on the TIMC/SIMC. (see Graph #3 at left)

Next Steps

Due to the success of the proactive toileting pilot on these units, this program is currently being implemented on units that have a high level of patient falls and falls with injury related to toileting. These units include 10E Medical, 11E/W Medical, Cardiac Progressive Care Unit and the Bone and Marrow Transplant Unit. ♦

UMove® Early Mobility Program: Enhancing Interprofessional Collaboration and Improving Patient Safety

By Chris L. Wells, PhD, PT, CCS, ATC; Katherine Frampton, MS, OTR/L; Julie Pittas, PT, DPT; Meredith Huffines, MS, BA, RN; Karen McQuillan MS, RN, CNS-BC, CCRN, CNRN, TCRN, FAAN; Daniel Herr, MD, FCCS; Krystal Lighty, MPT

The medical complexity of patients treated at UMMC leaves them vulnerable to the adverse effects of hospitalization. In 2012, the interdisciplinary Rise & Shine Committee, led by **Daniel Herr**, MD, FCCS, embarked on a hospital-wide process improvement project to translate best practice to the bedside. A team of rehabilitation and nursing clinicians developed an early mobility program, rooted in the evidence and named it the UMove® Program.

This program standardizes the decision-making process involved in mobilizing patients, and provides tools to nursing to promote patients' mobility. The UMove® Program, recently copyrighted, enhances interprofessional collaboration among disciplines through a "mobility level" classification system. Interprofessional communication is standardized and facilitated through daily rounds, safety huddles, and documentation in the plan of care. The core components of the program include the UMove® mobility screen and corresponding mobility levels, door signs, and utilization of safe patient handling and mobility (SPHM) equipment/techniques to facilitate safe out-of-bed activities.

If patients are medically stable for out-of-bed activities, nursing then completes the UMove® mobility screen to

determine the patient's "mobility level." The screen focuses on three key components of safe mobility: cognition, strength, and basic mobility. During the assessment, the nurse determines if the patient can perform each task with minimal assistance or less and assigns the corresponding mobility level in Epic.

The program has five mobility levels. Patients with a mobility level of 1 and 2 require a dependent technique for transfers; mobility level 3 can safely stand and pivot; mobility level 4 can ambulate with assistance or supervision; and mobility level 5 are independent and safe to move about the unit. Clinicians in Rehabilitation Services collaborate with nursing to help progress patients rated a mobility level 2-4 to facilitate appropriate discharge planning.

Mobility level door signs reinforce communication among all disciplines and allow every staff member to participate in fall prevention by understanding how safely to engage patients in basic mobility. The UMove® Program has been adopted system-wide and is in the process of being implemented at the midtown campus by the end of fiscal year 2021. ♦

“A GREAT STORY HAS THE POWER TO INSPIRE DEEPLY, EMBRACE AND UPLIFT, TRANSFORM ORGANIZATIONS, BRIDGE GAPS, AND AWAKEN OUR HUMANITY.”

Great Stories

Many patients send letters to our organization expressing their gratitude towards the care providers who have impacted their lives. Held quarterly, the Great Stories Program, sponsored by the Commitment to Excellence Employee Engagement Team (C2X), recognizes individual employees or teams who exceed behavioral standards, and exemplify role model behavior and enhance patient experience.

On October 22, 2020, the following individuals and teams were honored for providing exceptional teamwork, service, and compassion:

Great Teamwork

Individual Honoree:

■ **Tannika “Nika” Harris**, Medical Lab Technician

Unit/Department Honorees:

■ **Blood Bank**

Excerpt from letter written by Suzanne Bracklow, RN, Critical Care Resuscitation Unit (CCRU)

On January 15, 2020, a patient was transported to the University of Maryland Medical Center (UMMC) for an uncontrollable postpartum hemorrhage after exhausting the blood supply at an outside facility.

I contacted the Transfusion Services team to see if the Blood Bank could prepare an uncrossed massive transfusion event cooler for the Maryland ExpressCare team to administer to the patient on the way back to the hospital.

Thanks to the outstanding attitude, prompt communication, and quick work performed by the Transfusion Services team and Tannika Harris, our patient had a successful transport and positive outcome.

Great Service

Individual Honoree:

■ **Marianne Cloeren**, MD

Excerpt from letter written by Kurtrice Roberts, RN-BC, Care Management

After testing positive for COVID-19, I contacted Employee Health to determine the next steps in my recovery process. I was sick with body aches, a cough, runny nose, and a lost sense of smell when Marianne called me. During our conversation, she overheard my children in the background – ages ten, nine, five, three, and two.

The next day, Marianne called me and shared that she wanted to help my family. She used her own money to

purchase and deliver groceries to my home, including juice boxes, fruit, and frozen lasagna.

I had never met or spoken to Marianne before that day, but she was there for my family. She even called and texted me several times after that to see how I was feeling. I am feeling better now and owe some of that to Marianne.

Great Compassion

Individual Honorees:

■ **Kim Bowers**, CRNP

■ **Sunjay Kaushal**, MD

■ **Kelly Marsh**, RN

■ **Nirav Shah**, MD

■ **Carl Shanholtz**, MD

■ **Anne Weichold**, CRNP

■ **Tracey Wilson**, CRNP

Unit/Department Honorees:

■ **Medical Intensive Care Unit (MICU)**

Excerpt of letter written by Saurin N. Patel, MD

Thank you to the University of Maryland Medical Center for supporting my family and providing my uncle a great experience. Dr. Kaushal helped transfer my uncle over to UMMC. He went above and beyond to keep my family informed. I am even more grateful that Dr. Shanholtz appreciated the connection that Dr. Shah made with our family. He was polite, intelligent, and remained objective while making decisions.

Nurse practitioners Tracey, Anne, and Kim were available to chat whenever I called. Anne and Kelly also played a crucial role in my uncle's final days. I wanted to make sure that my uncle was in a peaceful setting when my aunt and cousins saw their dad, so I asked Anne if she could play a specific Hindu prayer during his transition to comfort. I was relieved when Anne confirmed that everything was ready for our Zoom call, including the prayer.

When I joined the Zoom call, nurse Kelly introduced herself to me. She shared that she had been holding my uncle's hand and would continue to do so; she did not leave his side. I am not sure if this is system training or just a heart-of-gold RN with a high EQ, but the value of those words will stay with me for the rest of my life. ♦

To submit a Great Story, please email GreatStories@umm.edu

NOTE the NUMBERS

44%

of all nurses on the Professional Advancement Model (PAM) at the downtown and midtown campuses are nationally certified. UMMC aims to increase the certification rate of PAM nurses by 2% per year in FY21 and FY22.

\$124,112

was raised by UMMS for the American Heart Association's Greater Maryland Heart Walk to combat heart disease and stroke. With over 1,100 walkers, UMMS was named the #1 fundraising and participating company for The American Heart Association!

215



patients from the downtown and midtown campuses received assistance from UMMC's team of social workers to vote in the 2020 presidential election. From October 13-20, social workers and their departmental interns met with patients and caregivers across both campuses to assist with either voter registration or requesting an absentee ballot. They even helped some employees!

3,074

books were donated to sick children among five different hospitals and satellite facilities throughout Maryland. Organized by medical students at the University of Maryland School of Medicine, The Reads for Peds holiday book drive aims to spread holiday cheer to children who have to spend the holidays in the hospital.

510

Heart healthy Thanksgiving care packages were delivered to West Baltimore schools and community centers impacted by the COVID-19 pandemic. Each care package contained a holiday turkey, fresh produce, reusable grocery bags, Thanksgiving recipes, and a heartfelt letter from UMMC's leadership team. Thanks to our Community Outreach team, along with Baltimore leadership and many others, many West Baltimore families were able to enjoy a traditional Thanksgiving meal with their loved ones.



Annual Clinical Practice Summit Goes Virtual

*By Danielle Evans, MS, BA,
RN, CCRN, NE-BC,
Clinical Practice &
Development Coordinator
Clinical Practice &
Professional Development*

This year the coronavirus pandemic created a need to hold events in creative, socially distanced formats. The annual Clinical Practice Summit (CPS) that showcases the important clinical work occurring in Patient Care Services was no exception. The CPS moved to a virtual format to continue our tradition of honoring the effort that goes into pursuing UMMC's passion for excellence and disseminating best practice across the organization.

Nine online mini-poster sessions featured the author's oral presentation in a voice-over PowerPoint. The sessions were organized by theme and nursing participants could

earn up to 2.5 continuing education credits. Despite all of the challenges in 2020, we featured 48 posters with audio and an additional nine posters without audio. This event was fully integrated across both campuses, and included six poster submissions, mentors, judges, and planning committee support from the midtown campus.

As in previous years, all of the final posters were judged and the posters with the highest score in Evidence-based Practice (EBP), Quality Improvement (QI), and Miscellaneous were acknowledged; the audience members voted for the People's Choice Award.

...And the winners are:

Best EBP Poster:

Implementation of a Behavioral Pain Scale for Traumatic Brain Injured Patients

Ashleigh Boidock, BSN, RN, CCRN
Linda Cook, PhD, RN, CNS, ACNP

Best QI Posters (and it's a tie!):

Impact of Inhaler Technique Video – Education Tool on Pediatric Asthma

Kinjal Bhatt, BN, RN
Deborah Busch, DNP, RN, CPNP-PC, IBCLC

Blood & Marrow Transplant Unit Child Visitation Guidelines Promote Patient-Centered Care

Mylene De Vera, BSN, RN, OCN, BMTCN
Stephanie Russell, BSN, RN, OCN

Best Miscellaneous Poster:

Re-Evaluating Perceptions & Effectiveness of BERT

Ashley Hernandez, MS, RN, CNE
Zelda Falck, MS, RN-BC
Sarah LeCompte, BSN, RN-BC

People's Choice Award:

Blood & Marrow Transplant Unit Child Visitation Guidelines Promote Patient-Centered Care

Mylene De Vera, BSN, RN, OCN, BMTCN
Stephanie Russell, BSN, RN, OCN

Thank you to the poster authors, mentors, judges, and other audience members that have made our 2020 virtual Clinical Practice Summit a success. ♦

To view all of the posters, please go to:
<http://intra.umms.org/ummc/nursing/cppd/research/events/clinical-practice-summit>

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

Nomination forms are available in all nursing units and on the *UMMC Insider* and website – umm.edu/DAISY.

DAISY Award

DOWNTOWN



JULY

Marissa Hensel, BSN, RN
Inpatient Cancer Center

I've just received my cancer diagnosis; the waiting was unbearable. Marissa has been nothing less than God sent. Question after question was fired at her and to my surprise, she stopped everything she was doing and placed total focus on me. I mattered! To her, I mattered.

At that moment I felt I had an ally...a friend. She would help me through this.

She explained all the details I requested and gathered information on anything she may have been unable to answer; most importantly she did not forget to return with an answer that I would understand.

When I needed assistance, she was quick to help. Due to COVID-19 and my new cancer diagnosis, I was unable to see my husband, my 10-year-old child, or any other visitors. I've cried, yes, I've cried.

Marissa has been there for me emotionally too. Like "REALLY" been there for me.



AUGUST

Kelly Gregory, BSN, RN
Labor and Delivery

Last Friday was a challenging night on Labor and Delivery. A pregnant mom arrived at the Trauma Resuscitation Unit (TRU) with a life-threatening injury and she needed to be delivered immediately. Kelly, who was doubling as our resource nurse and a scrub tech this evening, answered the call to action and went to the TRU to assist with the delivery.

When she arrived the patient was coding, but Kelly was able to quickly prep the patient and catch the baby. Unfortunately, the mom did not make it, however, Kelly's quick actions at least gave the baby a fighting chance. Prior to going to the TRU, Kelly generously offered assistance monitoring another patient's baby who was posing some difficulty.

Following her experience in the TRU, Kelly was found at another bedside actively supporting a laboring mom who was delivering. On my prior shift, I had an expeditious COVID delivery where most of our birthing team was in the OR with another patient. But, no fear, as Kelly suited up and was right there to assist with a smile. Kelly is a phenomenal RN.



SEPTEMBER

Dante Alexander, MSN, RN
Supplemental Staffing

Dante was nominated three times within two weeks, so we recognized him for all three nominations.

1st nomination: Today, September 3rd, 2020 while eating a peach fruit cup, I swallowed a hard piece of seed that was in the fruit, started choking and alerted the nurse's station. Mr. Dante Alexander, RN, responded to the emergency with several sharp blows to my back. This dislodged the seed from my throat onto the front of my hospital gown. My breathing restarted to normal again. Dante saved my life today! He was extraordinary today. He is the reason I am still breathing and alive.

2nd nomination: I had been in a very intense amount of pain and discomfort the last couple of days. Nurse Dante listened to my concerns to help address the pain and I was finally able to get some sleep and alleviate the symptoms thanks to him. He is an amazing individual and a caring and empathetic nurse.

3rd nomination: Dante picked up mid-way through another nurse's shift and was personable and dependable from the moment he introduced himself. He listened to me and offered positive, educated advice. He was caring and made me feel comfortable. He brought to the doctor's attention a method of medicine he recommended for my specific situation. He is a wonderful nurse.



OCTOBER

Kendra Johnson, BSN, RN
Digestive Health Infusion Center

I wish to nominate Ms. Kendra Johnson of the IBD Infusion Center for the DAISY Award. I have been under the nursing care of Ms. Johnson for over five years now, so this nomination comes with a five-year sustained history. She is without a doubt the epitome of the finest nursing care available. She is always cheerful and upbeat, always affirming and gentle, and she has the ability to make you feel upbeat too after talking with her – quite a feat considering the patients/customers she is dealing with. Ms. Johnson is so caring and engaging with me and my family (and other patients it seems), that the monthly visit now seems like a social visit with an old dear friend from high school or college. If one was to ask me to describe the perfect nurse, I would have to say that in sixty-four years I know of NO ONE that can match the heart-felt care of Ms. Kendra Johnson.

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

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

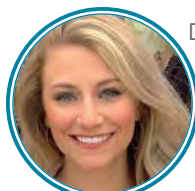
MIDTOWN – <http://intra.umms.org/midtown/nursing/daisy-award>



NOVEMBER

Jacob Sechrest, BSN, RN
Neuro IMC

My son Ryan has multiple rare disorders and chronic health conditions, including CP requiring help with all daily activities. He is a nonverbal adult with intellectual challenges. My son's nurse, Jacob, was very interested in learning and understanding as he could about my son's medical profile. Jacob offered explanations to me as the caregiver regarding medical jargon. Jacob had sincere communication interventions to engage with my son, including using appropriate instructed protocols to assist in feeding. Jacob was constantly looking for ways to facilitate where he could to help out staff with my son's care. He was visible and he showed that it wasn't just a chore. As a layperson with limited knowledge and so many different experiences of our family being treated differently, this was so refreshing. Jacob went above and beyond for my son. He fed him, he respected him and he SAW him.



DECEMBER

Rachel Elko, BSN, RN
Thoracic Intermediate Care

I write you to compliment the medical staff of the Thoracic Intermediate Care unit. On October 20, 2020, Dr. Friedberg and his team performed a lobectomy and sleeve resection to remove a carcinoid tumor in my left lung. The procedure went exceptionally well and the hospital care during the next seven days was second to none. One nurse, Rachel, stood out above all the others. Her patient care, attention to my physical and emotional needs, and well as those to my wife, was nothing short of admirable. In full disclosure, my wife and I are retired clinicians so there may have been a higher level of expectations to the care received. Rachel was exactly what I needed to start healing, both physically and emotionally. During the course of care, Rachel confided in me that this was her first day back on the job returning from a personal tragedy. The two of us coming together in this environment with mutual life-changing events was nothing short of serendipitous. Rachel was only assigned to me for one shift. However, that didn't stop her from coming in to visit, say hi to my wife and just chat after her shift was over, once again proving that her caring and kindness far surpassed a standard "patient assignment."

MIDTOWN



JULY

Sharelle LaRhue, BSN, RN
ICU

Sharelle exhibits exceptional nursing skills and bedside care every shift she works; however, I want to highlight one specific day where her skills made a positive difference for her patient and her patient's family. Sharelle had a very busy nursing assignment as she was taking care of a critical COVID-positive patient who was intubated and on CRRT. Sharelle worked all morning suited up with a PAPR, side by side with the ICU team managing one of the sickest patients in the hospital. She did her very best and displayed excellent critical thinking skills. By the middle of the day, the family of her patient had made the decision to change the patient to comfort care. Sharelle arranged for the family to take part of their family member's last hours via a zoom conference call and met the family's emotional needs as best as she could. Due to restricted visits, the family was not able to sit at the bedside. Sharelle spoke to the family and explained the process and reassured them that the patient would be made comfortable. Sharelle stood by her patient's bedside through the entire dying process. She never left his side; she stayed in the negative pressure airborne isolation room for over two hours with a PAPR holding the dying patient's hand, giving him ice chips and playing soft quiet music. She ensured that the patient died comfortably with dignity and respect. Sharelle also was a support for the family as she consoled the family and included them in the entire process.



AUGUST

Antoinette Hamlett, RN
5 North, Post Acute

Antoinette (Toni) is an excellent nurse. As a LPN since 1987, she recently furthered her education to become a nurse in 2019. With her new education and role, Toni has begun precepting new and experienced nurses into the post acute environment. She is doing an excellent job. She is a wonderful, caring and patient preceptor. Toni's many years of experience allow her to be a huge help to the post acute unit. She is always willing to help and share her expertise and is simply one of those nurses that you love to work with. Thank you, Toni, for your great work and dedication.



SEPTEMBER

Laied Dechsi, RBSN, RN-BC
3 North

Miss Laied is a compassionate, wonderful, and kind individual who is dedicated to her career as a nurse. She is consistently there for our unit, for our patients, and for our fellow staff members. She always comes to work with a great attitude and smile. No matter the situation, she remains optimistic. Miss Laied always provides her patients with the best possible care. She regularly stays with patients who are confused, agitated, or anxious to make sure they feel relaxed and welcomed in the hospital setting. Miss Laied is always ready to be there for our unit when it needs the help. She is an amazing teacher to all new nurses who cross her path. She diligently works hard to make sure our unit is working properly and that all patients are satisfied.



OCTOBER

Jamie Roop, BSN, RN
ICU

Jamie is a very patient-oriented nurse. I was observing her recently as she went through her busy routine in the ICU. She always has her patient's interest at heart. She had a very busy ICU assignment, in addition to precepting a new nurse. She was very patient in teaching her orientee and, at the same time, making sure that the patient was safe. During her busy schedule, instead of taking her lunch break, she went into her patient's room and spent time with him. The patient was very anxious about a scheduled procedure. Jamie eased his anxiety by pulling a chair next to him. She watched TV with the patient for a few minutes and made a way to gain the patient's trust. She then turned her full attention to the patient and had a way to help the patient verbalize his fears and anxiety. Jamie patiently held the patient's hand and explained the procedure and why he needed it. The patient then agreed to the procedure with less hesitancy and anxiety. Jamie does not only focus on the physical complaints of her patients but has a holistic approach in caring for her patients.



NOVEMBER

Emma Roberts, RN
3 North

Emma is one of the most cheerful nurses I see on the 3N unit. She is busy like every nurse; however, she will take the time to connect with people, meet their immediate needs, and answer their questions with positive eye contact and a genuine smile. She is also a good resource to new nurses on the unit. Being a new graduate nurse herself, she seems to care for her fellow new graduate nurses and offers help to them as much as she can. Emma is on the right path to becoming an excellent compassionate and caring nurse.



DECEMBER

Jessica Wojciechowski, MSN, RN
ICU

Jessica is one of our new graduate nurses who recently completed orientation. She is an excellent team member who has a very humble personality and possesses a strong desire to further her knowledge. Jessica recently took care of three patients with COVID-19, including one that passed away. She did not complain about her assignments and graciously took care of her patients. She assisted in intubating one of her COVID patients and immediately thereafter, she helped transfer a PUI patient from the ER who was post code blue and urgently needed targeted temperature management and continuous renal replacement therapy. In addition, she also assisted in a code blue in the ICU. With the physical and emotional stress in caring for her patients, she still has the stamina to smile and radiate positivity in the unit.



By Gyasi Moscou-Jackson, PhD, MHS, RN

Regardless of whether engaging in quality improvement, evidence-based practice, or research, the ultimate goal is to provide the best care with the best outcomes for patients. How can we know if the intervention or practice change *truly* made a difference? You will need to identify, measure and evaluate the most important outcomes, which validates a successful project.

Identify important outcome(s): According to the American Nurses Credentialing Center (2017), an outcome is “measurable evidence of the impact on the patient (e.g. pain), nursing workforce (e.g., burnout), organization (e.g., turnover rate), and/or consumer (e.g., patient engagement).” A literature review will identify outcomes in one or more areas that may be affected by the intervention or practice change. Identify a few potential outcomes. Consider outcomes that capture potential benefits and/or harms. Then, finalize the outcomes with stakeholders (e.g., patients, managers, and health system leaders) to ensure they are patient-centered and/or important.

Select an appropriate outcome measure: Your results are only as good as the measure used. After clearly defining the outcome (e.g., pain rating vs. pain interference), look for existing measures that target that outcome. Existing measures are tested for acceptability and measurement properties (i.e., validity, reliability,

and responsiveness), increasing confidence it will consistently capture what it is expected to measure. An existing measure can also be used to compare outcomes between units, clinics and/or hospitals, which is required for some Magnet indicators.

MEASURE OUTCOMES THAT MATTER USING MEASURES THAT ARE APPROPRIATE TO SHOW MEANINGFUL CHANGE HAS OCCURRED.

In general, when reviewing potential measures, ask yourself the following initial questions: Is it available? Is it user-friendly? Has it been validated in my population? Does it accurately measure the defined outcome? Does it produce consistent results? Can it detect change over time? (Allied Health Professions Outcome Measures UK Working Group, 2019). If yes to all, feel confident you have selected the appropriate measure for your outcomes. ♦

References:

- Allied Health Professions Outcome Measures UK Working Group. (November, 2019). Key questions to ask when selecting outcome measures: A checklist for allied health professionals. RCLST. <https://www.rcslt.org/-/media/docs/selecting-outcome-measures.pdf?la=en&hash=12ECB2CFDA0B2EFB1979E592A383D24E792AB9DD>
- American Nurses Credentialing Center. (2017). 2019 Magnet application manual. Silver Spring, MD: ANA Enterprise.

Nurses Week 2021

May 5th – May 12th

Commitment, Connections & Resilience

UMMC nurses and APRNs continue to exhibit the meaning of commitment and connections during a time that has challenged our abilities more than any other in our professional lifetime.

Virtual Nurses Week Awards Program will be posted on the UMMC Insider on Wednesday, May 12th



2021 Clinical Practice Summit

Cultivating a Spirit of Inquiry and Inter-Professional Teamwork

SUBMIT YOUR ABSTRACT

We will be accepting abstract submissions for formal poster presentations at the 2021 Clinical Practice Summit. The Summit will focus on COVID-related or unit-based professional development, research, process improvement, patient safety initiatives and evidence-based practice projects that have been conducted at UMMC by patient care services and clinical staff.

Submission Deadline: Abstracts will be accepted until a new deadline is announced.

Submit all abstracts via umms.org/cps-smartsheet

Recognizing the time and hard work that is required to provide patient care and support the COVID-19 vaccination efforts during this second surge, it was decided to delay the 2021 Clinical Practice Summit to allow everyone to direct their energy to these highest organizational priorities.

Rescheduled Clinical Practice Summit dates will be advertised when they have been determined.

Search 'Clinical Practice Summit' on The Insider to check out resources for successful abstract writing, poster displays, and oral presentations.

If you are interested in becoming a mentor, contact nrebpc@umm.edu

**For more information
or questions, contact:**
nrebpc@umm.edu



After completing a fellowship program in infectious disease at Boston's Beth Israel Deaconess Medical Center in 2018, **Gregory M. Schrank, MD**, assistant professor of medicine, soon joined the staff of the R Adams Cowley Shock Trauma Center as an infectious disease physician.



By January 2020, Dr. Schrank had become an integral member of a collaborative team learning about the novel coronavirus after its outbreak in Wuhan, China. With the coronavirus rapidly spreading around the world, the World Health Organization officially declared the coronavirus outbreak a pandemic in March; consequently, Medical Center leadership at UMMC knew that they had to act immediately. Dr. Schrank soon found himself at the helm of the Hospital Incident Command System (HICS) as co-incident commander leading the organization in its response to the COVID-19 pandemic.

For the next ten months, Dr. Schrank steadfastly led UMMC through this frightening and unprecedented event. His commitment and dedication to this response was exceptional. On a daily basis, Dr. Schrank carefully led the organization through the prioritization of personal protective

equipment (PPE), patient testing, appropriate patient placement of COVID-19 patients, and the scheduling of surgical patients. The faculty and staff eagerly looked forward to his weekly updates at the UMMC Town Halls as he guided us through the ever-changing situation and provided thoughtful predictions on the next stages of the pandemic. His calm, cool, and compassionate demeanor exuded confidence that instilled faith and trust in the organization, assuring everyone that we were going to make it through the pandemic.

During this second surge of COVID-19, Dr. Schrank has devoted his time and energy to vaccinations, guiding UMMS through the prioritization of vaccine administration. It is clear that Dr. Schrank is a true hero in the response to this global pandemic. His humility and grace throughout this event is truly inspirational. ♦