

NEWS & VIEWS

PROMOTING
EXCELLENCE
IN NURSING
 UNIVERSITY
of MARYLAND
MEDICAL
CENTER

What **is** your *why?*

Read about *reclaiming the joy and meaning in your work* in *Reflections*, on page 4.



UMMC Support Staff

2022 Education Forum 2.0

UMMC's Support Staff Education Forum is a training program created for team members serving in support staff roles – unit secretaries, medical assistants, certified nursing assistants, patient care technicians, student nurses, and safety observation techs.

Our courses are designed to help educate and elevate the role of support staff at UMMC. Team members can register for an upcoming session via UMMSU.

Downtown Campus Sessions

- **Wednesday, July 20**
8 am - 4:30 pm
Paca Pratt Learning Center, Room 4
- **Monday, September 12**
8 am - 4:30 pm
Paca Pratt Learning Center,
Room 3B
- **Wednesday, November 9**
8 am - 4:30 pm
Paca Pratt Learning Center,
Room 3B

Midtown Campus Sessions

- **Wednesday, July 27**
8 am - 4:30 pm
Coast Guard, Room 2112
- **Wednesday, December 7**
8 am - 4:30 pm
Classroom A & B Armory

Questions?

For additional questions, please contact Clinical Practice and Professional Development (CPPD) at 410-328-6257 or email professionaldevelopment@umm.edu.

**Respect and
Integrity**
WE HONOR ALL PEOPLE

**Teamwork and
Collaboration**
WE ARE BETTER TOGETHER

**Excellence and
Innovation**
WE SEEK TO ADVANCE

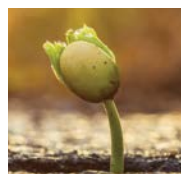
**Diversity and
Inclusion**
WE VALUE EACH OTHER

Our Values

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ISSUE
Fall/Winter 2023
Spring/Summer 2023

SUBMISSION DUE DATE
November 14, 2022
May 8, 2023



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reflections

*Karen E. Doyle, DNP, MBA, RN, NEA-BC, FAAN
Senior Vice President of Patient Care Services &
Chief Nursing Officer
University of Maryland Medical Center
Assistant Professor, adjunct
University of Maryland School of Nursing*

Reclaiming Joy in Your Work

No matter how much we love our work, or how naturally positive our temperaments may be, the past two years have taken an unmistakable toll on our nursing and patient care services workforce. Managing through the seemingly endless pandemic, school and day care closures, caring for aging parents, and social isolation limiting human connection have created incomprehensible stress. Beyond the pandemic, we are witnessing war crimes in Ukraine, relentless violence in our own beloved city, the perpetuity of racism, and the recent conviction of nurse RaDonda Vaught of negligent homicide due to a medication error. Our hearts are heavy.

HOW ARE WE ABLE TO DELIVER HIGH QUALITY CARE DURING THE MOST STRESSFUL OF TIMES, YET STRUGGLE TO RECONNECT WITH OUR PURPOSE AND OUR WHY?

Yet, I remain optimistic and filled with joy as I am continually awed by how you show up every day, giving the best of yourselves to our patients, families and one another. It is an odd paradox that we are faced with a depletion of joy in our work as we occupy one of society's noblest professions. We have the privilege of caring for and laying hands on patients when they are most vulnerable. What is the unique formula that enables us to deliver high quality care during the most stressful of times, yet struggle to reconnect with our purpose and our why?

You have probably heard about UMMC's journey toward becoming a "highly reliable organization (HRO)." The HRO concept applies to institutions whose functions are consistently characterized as high risk and high stakes, and where errors can be significantly damaging. Of course, hospitals and the healthcare ecosystem are always expected to be highly reliable; in the HRO context, consistency in mitigating risk means better outcomes for our patients, higher patient and workforce satisfaction,

more cohesive teams, better financial performance of our hospital, and a host of other critical metrics.

As part of our HRO journey, we are engaging in the foundational work of the Institute of Healthcare Improvement: Framework for Creating Joy in Work. Joy is one of health care's greatest assets. While we continue to witness – at personal experience – burnout and compassion fatigue, we must renew our efforts on securing joy in our work environment.

In my role as CNO, I am constantly thinking about how we as a team can continually drive meaning and purpose in our work. You and I have pursued a calling that is sacred, impacting the lives of the suffering every day. My goal as CNO is to foster a psychologically secure and supportive environment that allows for an open and safe space to raise concerns and listen to your suggestions about how we can improve. It takes courage to bring issues to light.

As such, I will continually revisit the focus on our purpose: asking "why are we doing what we are doing" and creating a healthy sense of well-being, encouraging and enabling you to enhance your skills and capabilities so that we are always our best selves.

Perhaps the best case for finding and keeping our joy is that it incorporates the most essential aspects of positive daily work life. Aspiring to joy is a step toward creating safe, humane places to find meaning and purpose in our work.

I'd like to hear from you ... Where do you find purpose and meaning? What can help you reclaim the joy in your vocation? Please e-mail me at ummc-nursing-pcs@umm.edu. I can't wait to hear your ideas, and explore ways we can bring them to bear for the benefit of all. ♦

Perlo J, Balik B, Swensen S, Kabeenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI Whitepaper. Cambridge, Massachusetts: Institute for Healthcare Improvement, 2017.

What's Great?

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

In April, the state of Maryland announced the Maryland Cancer Moonshot Initiative pledging over \$200 million to cancer detection, screening, prevention, treatment, and research advancements. For UMMC, that means support in building the new Stoler Center for Advanced Medicine. A virtual groundbreaking ceremony commenced on May 13, 2022.

UMMS team members contributed \$6,710 to the National Nutrition Month donation drive for the Maryland Food Bank. Each dollar is equivalent to two meals for Marylanders affected by food insecurity.

The Comprehensive Stroke Center performed a record number of 25 acute interventions for patients. Congratulations to the Emergency Department and Neuro-IR providers and clinical staff!

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

JULY

FIREWORKS SAFETY MONTH

UV SAFETY MONTH

21

JOURNAL CLUB

28

WORLD HEPATITIS DAY

NEUROSURGERY OUTREACH MONTH

7-12

HEALTH CENTER WEEK

17

NURSING GRAND ROUNDS

SEPTEMBER

BABY SAFETY MONTH

WORLD ALZHEIMER'S MONTH

19-25

NATIONAL REHABILITATION AWARENESS WEEK

22

JOURNAL CLUB

23-30

UMMS CLINICAL PRACTICE SUMMIT

29

WOMEN'S HEALTH & FITNESS DAY

AUGUST

CHILDREN'S EYE HEALTH AND SAFETY MONTH

NEWS UPDATE

Relief is On the Way: Avant Healthcare Provides Nurses for Midtown Campus

Over the last two years, the Midtown Campus has strategically engaged an international staffing agency, Avant Healthcare, as part of the ongoing response to the staffing shortages brought on by the COVID-19 pandemic. The increasing need for skilled team members to provide patient-centered care has allowed Midtown to welcome several experienced international nurses in a variety of subspecialties. Currently, these nurses practice in intensive care, intermediate care, medical-surgical, operating room and endoscopy, post-acute specialty program and observation, as well as the emergency department at Midtown.

Avant nurses complete a seven-month NCLEX-RN® review program and participate in a Clinical Preparation Program (CPP) which is specifically designed for international nurses transitioning to practice in the United States. Upon their arrival, they are oriented to the organization and are quick to provide support to all of the teams assigned. There are currently thirty Avant international nurses hailing from several countries, such as the Philippines, Jamaica, Nigeria, Kenya, Brazil and Pakistan. Staff at the Midtown Campus are certainly appreciative of their unwavering support and dedication! ♦

Care Delivery Optimization – Streamlining Documentation *Your voice is our path forward!*

In the fall of 2021, individuals from nursing and information technology established a working group to reduce the burden of documentation by patient care services staff. The goal is to provide much needed relief to the frontline staff and optimize care to patients and their families. This initiative is an arm of a larger project working on Care Delivery Optimization (CDO) under the executive leadership of **Lisa Rowen**, DNSC, RN, CENP, FAAN, UMMS chief nurse executive and **Nicole Beeson**, MSN, MBA, RN, senior vice president and chief nursing officer at Saint Joseph's Medical Center.

Since the inception of this project, hundreds of frontline nurses have and continue to provide feedback on how to reduce the burden of documentation. The group properly vets each suggested change and defines performance metrics for each change prior to implementation, such as track adoption, confirmation of appropriate staff usage, and ensuring no negative impact on the quality of patient care. Once the proposed changes pass this rigorous approval process,

necessary policy changes occur. Tip sheets and other educational tools are prepared, and messaging about the documentation change is disseminated with the help of the quality and informatics staff and nursing leadership.

Thus far, frontline staff have favorably received these changes and no negative impact on the quality of patient care has occurred. The goals of reducing the burden of documentation, supporting our frontline staff, and enhancing patient outcomes are being realized. Feedback from staff is what fuels these changes and continued suggestions from those at the bedside are strongly encouraged. Anyone can easily provide suggestions for documentation changes by going to the links tab in EPIC and selecting the informatics suggestion box (My Voice Matters) option.

Your voice is our path forward! You can learn more about this project, discover the CDO toolkit, and provide feedback on how we can better deliver healthcare at UMMS by going to intra.umms.org/CDO or by emailing us at CDOsupport@umm.edu. ♦

Senior Clinical Nurse Pinning Ceremony at Midtown

The new year 2022 kicked off to a strong start at the Midtown Campus with nursing hosting a roving pinning ceremony for four nurses who were promoted to Senior Clinical Nurse I (SCN I) during 2021. Due to the COVID-19 surge, the ceremony transitioned to a mobile celebration complete with flowers, food and fun. Each new SCN I was recognized on their unit for this professional accomplishment and was presented with a SCN I pin. This lively celebration also allowed their teammates to join in the festivities.



Omotayo Falaye, BSN, RN, SCN I (second from right), celebrates with her teammates on 4 North-Surgical

The roving celebration was such a success that future quarterly pinning ceremonies will continue in this fashion.

Congratulations to Midtown's newest SCN Is!

Antionette Coates, MSN, RN
Center for Diabetes and Endocrinology

Kendra Rabalais, RN, CRN
Interventional Radiology

Omotayo Falaye, BSN, RN
4 North – Surgical

Tsehay Endalew, BSN, RN, CMSRN
3 South Medical/Surgical Telemetry

The Professional Advancement Review Team (PART) at Midtown, led by **Tiera Spencer**, BSN, RN, CMSRN, NE-BC, is responsible for the Professional Advancement Model (PAM) process and review of portfolios for advancement. Anne Jeter, formerly administrative coordinator, was the mastermind behind the organization of the roving ceremony. ♦

New Student Nurse Core Blueprint and Orientation

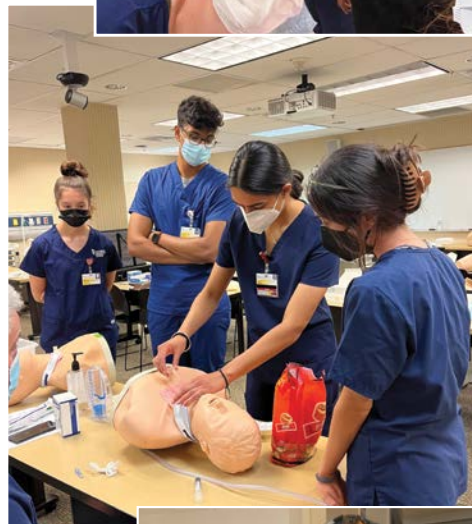
The new student nurse core blueprint derived from a recent **2 in 30** workforce redesign group (part of the **2 in 30** performance improvement campaign) led by **Cindy Dove**, MSN, RN, director of nursing, medical and surgical services. The goals of this new blueprint are to provide a seamless transition from student nurse to Clinical Nurse I (CN I); increase student nurse recruitment; reduce orientation; increase engagement; expand skill level; and promote conversion to the new graduate nurse role.

The blueprint is comprised of three levels: level 1, Brilliance in Basics; level 2, Expand & Grow; and, level 3, Readiness for the future nurse. A student nurse will obtain baseline skills during their orientation period (similar to the previous tech responsibilities), and then progress to levels 2 and 3 at their own pace, determined by their unit time and experiences. Level 3 prepares the student nurse to enter into the CN I role.

The new blueprint and new orientation were designed and implemented by **Danielle Evans**, MS, BA, RN, CCRN-K, NE-BC, Clinical Practice and Development Coordinator and **Susie Williams**, MS, BS, RN, CCRN, Senior Clinical Nurse II, Medical ICU, and piloted on June 8-10. There were 41 student nurse externs and seven student nurses participating in the three-day orientation. The students were placed in teams, according to their units.

- Day 1 included interactive presentations, which incorporated patient-centered care; isolation precautions; skin care; HAPI prevention; CAUTI/CLABSI; and vascular access. The day also encompassed speakers from infection prevention and wound ostomy. The students participated and answered questions using the SLIDO app.
- Days 2 and 3 saw the students rotating between three areas: (1) the Paca Pratt simulation lab; (2) unit time with a nurse completing skills from the blueprint; and, (3) a scavenger hunt to help them become familiar with navigating the hospital. The simulation lab skills included restraint competency; Foley/straight catheter insertion; PIV insertion; trach care; respiratory equipment; emergency management; and, EKG placement competency, among others.
- The second half of Day 3 included a debriefing, feedback, and more interactive questions to determine the winning team, with lunch also being provided. Points were accumulated throughout the three days by going above and beyond in skills and activities from the previous two days, as well as by providing correct answers in the SLIDO app.

After a successful three-day orientation, students started on the units the following week in their respective roles. They were given badge backers with a QR code linked to a Smartsheet that holds their blueprint so that the nurse preceptor can sign off on their completed skills. Constructive feedback was provided by the students, which is being used to make some changes for the next three-day orientation which is planned for August. ♦



ACHIEVEMENTS UPDATE

Promotions as of January 2022

SENIOR CLINICAL NURSE I

Nicole Capozzoli, BSN, RN, C-EFM
Center for Advanced Fetal Care

Courtney Gladstone, BSN, RN, CCRN
Medical Intensive Care Unit

Xiping Ma, MS, BSN, RN, CCRN
Cardiac Care Unit

Sarah Rosenbloom, BSN, RN, TCRN
MultiTrauma Intermediate Care-6

Meghan Ryan, BSN, BS, RN, CCRN
Surgical Intensive Care Unit

Grace Sumney, BSN, RN, CCRN
Cardiac Surgery Intensive Care Unit

SENIOR CLINICAL NURSE II

Caitlin Clarke, BSN, RN, OCN
Medical Intensive Care Unit

Ivy Klein, MS, RN, CPN
Pediatric Progressive Care Unit

Saprina Mickey, BSN, RN, VA-BC
Adult Vascular Access Team

Christella Thompson, MSN, RN, CPAN
Pre-Anesthesia Testing

Promotions as of April 2022

SENIOR CLINICAL NURSE I

Jamie Bittner, BSN, RN, CCRN
Medical Intensive Care Unit

Brenton Carobini, BSN, RN, CCRN
Cardiac Surgery Intensive Care Unit

Amanda Hoar, BSN, RN
Shock Trauma Acute Care

Megan Homme, MS, RN, CNL, PCCN
Medical Intermediate Care

Brenda Johnson, PhD, MSN, RN
Medicine Telemetry Unit, 10 East

Jessica Majka, BSN, RN
Adult Emergency Department

Melissa Parker, BSN, RN, RNC-MNN, RNC-LRN
Pediatrics at Midtown

Lauren Phelps, BSN, RN, CCRN-CSC
Cardiac Surgery Intensive Care Unit

Sarah Phillips, RN
Cardiac Catheterization Lab

Alisha Singh, BSN, RN, CNOR
Cardiac Operating Room

SENIOR CLINICAL NURSE II

Gladys De Luna, BSN, RN, CMSRN
Surgery Subspecialty Clinic

Certifications – January 2022 through June 30, 2022

NURSING

Cardiac Surgery Certification – CSC

Cardiac Surgery Intensive Care Unit

Olivia Conn, MSN, RN, CNL, CCRN, CSC

Lauren Phelps, BSN, RN, CCRN, CSC

Certified Electronic Fetal Monitoring – C-EFM

Labor and Delivery

Taylor Hall, BSN, C-EFM

Certified Inpatient Antepartum – IAP

Labor and Delivery

Mi Ae Kim, BSN, RNC-IAP

Paola Lopez, BSN, RNC-IAP

Certified Perioperative Nurse – CNOR

General Operating Room

Ellen Waugh, BSN, RN, CNOR

Certified Post Anesthesia Nurse – CPAN

General Post Anesthesia Care Unit

Kelsey Bickley, BSN, RN, SCRNP, CPAN

Certified Professional in Healthcare

Quality – CPHQ

Clinical Practice and Professional Development

Carolyn Guinn, MSN, RN, NEA-BC, CPHQ

Critical Care Registered Nurse – CCRN

Cardiac Surgery Intensive Care Unit

Kelly Cunningham, BSN, RN, CCRN

Sanju Gurung, BSN, RN, CCRN

MultiTrauma Critical Care Unit

Shannon Lynch, BSN, RN, CEN, CCRN

Lauren Morales, BSN, RN, CCRN, TCRN

Neurosciences Intensive Care Unit

Laurene Rose Batiquin, BSN, RN, CCRN

Surgical Intensive Care Unit

Nicole Williams, BSN, RN, CCRN

Stroke Certified Registered Nurse – SCRNP

Neuro IMC

Sujara Chapagain, BSN, RN, SCRNP

Trauma Certified Registered Nurse – TCRN

Adult Emergency Department

Jacqueline Hamil, MS, RN, CNL, CEN, SCRNP, TCRN

Shock Trauma Post Anesthesia Care Unit

Whitney Jaure, BSN, RN, CPAN, TCRN

CLINICAL NUTRITION SERVICES

Certified Specialist in Obesity and Weight Management – CSOWM

Outpatient Nutrition

Kelsey Miller, RD, CSOWM

Certified Sports Nutritionist – CISSN

Gabrielle Judd, RD, CNSC, LDN, CISSN

PASTORAL CARE SERVICES

Board Certified Chaplain – BCC

Terra Epps, MDiv., BCC

REHABILITATION SERVICES

Certified Lactation Counselor – CLC

Alexandria Krill, MA, CCC-SLP, CLC, BCaBA

Certified Pediatric Clinical Specialist - PCS

Jaime Klein, PT, DPT, PCS

Fellow of Critical Care Medicine - FCCM

Chris Wells, PhD, PT, CCS, ATC, FCCM

RESPIRATORY CARE

Adult Critical Care Specialist – ACCS

Amy Hebrank, RRT-ACCS

Neonatal Pediatric Specialist – NPS

Christopher Kircher, MS, RRT-ACCS, NPS

ACHIEVEMENTS

New Clinical Nutrition Manager

Shanti Nepomuceno, MBA, MHA, RD, CSP, CNSC, LDN, is the new clinical nutrition manager effective July 17, 2022. Shanti earned her Bachelor of Science in Food Science and Nutrition from Drexel University in 2005. She was awarded a dual Masters of Science in Health Care Administration and Business



Administration from the University of Maryland Global Campus in 2015.

Shanti successfully served as UMMC's dietetic internship director from 2017 to 2020, where she grew the program and effectively led the team to reaccreditation. This internship is a competitive capstone program,

which is sought after by applicants from across the United States.

Shanti is not only an expert clinician, but she is proficient with several management functions. She will provide onsite staff support and programmatic leadership to the Midtown and Downtown Campuses. Shanti will be reporting directly to Clinical Nutrition Director, **Alison Winter-Lai**, MS, RDN, LDN.

Retirements

In March 2022, UMMC Midtown leadership and nursing colleagues saluted **Jeanne Lindsay-Moore**, MS, BSN, RN for 43 years of service. Jeanne began her career at Midtown as a 1978 graduate of Maryland General Hospital (now UMMC Midtown) registered nurse diploma program. She later obtained her certification as a CPR instructor from Catonsville Community College and began her support at the bedside as a CPR instructor. In 1984, she transitioned to the role of PRN night/evening supervisor to pursue additional education, obtaining her Bachelor of Science in Nursing degree in 1985 from what is now Notre Dame of Maryland University.

Jeanne worked as both night shift nursing preceptor/charge nurse, as well as a clinical supervisor. Her love of nursing drove her to pursue further education, and in 1991, she obtained her Master of Arts in Adulthood and Aging from the same institution as her undergraduate degree in nursing.

As a ready resource for her staff, she advanced to clinical manager of Registry, IV Therapy, nursing supervisors and patient care coordinators in 2007. In 2013, she transitioned to the lead clinical supervisor of these areas. Jeanne was known for her straight talk, light steps, and deep historical knowledge of the hospital. We will certainly miss her contributions to the organization and wish her well in her retirement! ♦

Marjorie "Margie" Newell, RN, retired in March 2022 after 36 years at UMMC. She began her career at the Medical Center in 1986 on a Trauma IMC unit. In 1991, she moved to the Surgical IMC unit which was previously on the 13th floor of the North Hospital. In 1994, Margie transferred to the Solid Organ Transplant Unit on 8 Gudelsky. In 1999, she advanced to the leukemia and solid tumor cancer unit on N9W. Her final stop was the Medical ICU in 2007 until her retirement.

During her tenure at UMMC, Margie was a long-time night nurse. She was involved in many aspects of nursing: performance improvement, clinical practice, peer review, and scheduling. She was also a preceptor, a charge nurse, and a go-to person for many of her nursing colleagues. Margie will be missed by her weekend co-workers in the MICU for her stories, her enthusiasm and her "Margie-isms." ♦

Kim Sadtler, MSN, PMH-CNS, APRN-BC, NE-BC retired from UMMC on June 23, 2022, enjoying a career in nursing that spanned over 38 years. Kim initially earned a BS in Psychology from UMBC in 1982 and quickly moved into a BSN program graduating from the UMSON in 1984. Kim worked as a student in orthopedics at UMMC and then took a new graduate job in the Adult Psychiatry Unit. It was here that she established her clinical foundation and passion for psychiatric nursing, working as a primary

nurse from 1984 to 1988. Kim and her family then moved to Cincinnati where she continued her academic pursuits earning her clinical nurse specialist degree in 1994.

Kim returned to Maryland and once again joined the UMMC team in 2001. She eventually settled in on child psychiatry and served as a full-time night SCN I and then transitioned to the nurse manager role in 2007. Through the years, Kim's span of control also included the Children's Psychiatric Day Hospital Program and the Psychiatric Emergency Services Unit. Kim continued to enjoy the challenges and rewards of this specialty practice and was a core leader in UMMC's psychiatric service line for many years. Most recently, Kim shared her expertise and talents in the design and build of the beautiful, 16-bed child and adolescent unit on 11W – a career highlight which opened in June of 2021. Although delayed by the COVID-19 pandemic, the opening of this one-of-a-kind unit marked the culmination of years of work and painstaking planning which will continue to position UMMC for years to come in providing the very best inpatient child and adolescent care in the region.

Best wishes and congratulations to Kim on her retirement. ♦

A new program between UMMC and our Doctor of Nursing Practice, nurse anesthesia specialty, provides doctoral education for promising ICU nurses and returns them to practice as certified nurse anesthetists.



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

Partnering for Innovation and Discovery



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

I recently presented my annual “State of the School” address to the University of Maryland School of Nursing community, taking as my theme, “Innovation and Discovery,” a core value of the University of Maryland, Baltimore. This seemed fitting in the context of the resiliency, creativity, and capacity for multiple pivots, which we all displayed during the pandemic and in keeping with the energy with which we have taken up our post-pandemic work. Associating innovation and discovery with nursing might seem unusual but innovation and discovery are truly at the core of our advances in nursing education, research and scholarship, and practice.

Multiple initiatives are growing out of the rich academic-practice partnership between the School of Nursing and the University of Maryland Medical Center and Medical System. These are shaped by classically entrepreneurial challenges, such as how to address an unmet need, how to make something better, or how to reimagine the familiar and shape it in new ways.

Our shared work includes the new Practicum to Practice Initiative to enhance clinical education for nursing

students, incorporate graduates into practice, and improve retention. Students interview for placement on a unit where they desire to work in the future, are interviewed, and if selected, are approved for future employment. The recently launched Academy of Clinical Essentials pioneers a new model for pairing medical/surgical students with a clinical instructor from a UMMS hospital for a uniquely immersive clinical experience that also supports patient care. A new program between UMMC and our Doctor of Nursing Practice, nurse anesthesia specialty, provides doctoral education for promising ICU nurses and returns them to practice as certified nurse anesthetists. Our joint Care Coordination Implementation Collaborative is testing methods for helping patients navigate the transition from hospital to home with the goal of reducing readmissions or visits to the emergency room.

These initiatives, born out of our academic-practice partnership, signal a wonderful new chapter in nursing innovation and discovery which promises to shape the future delivery of care. ♦



Teams consist of clinical nurses and nurse leaders from both campuses, as our next Magnet document will include stories and nurse-sensitive quality indicator data from both campuses.

2022 Magnet Writing Launch



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



Rita Linnenkamp, MSN, RN,
NEA-BC, Magnet Program
Coordinator, Midtown

As UMMC seeks a fourth Magnet designation, this will be the first time that it will include both the Downtown and Midtown Campuses. The writing of our Magnet documents will take fifteen months. To kick this off, the official Magnet writing launch occurred on April 7, 2022. Together with our HealthLinx consultant, **Kathy Riley**, MSN, RN, members of the Magnet writing, operations and review teams met virtually to start this exciting work. These teams consist of clinical nurses and nurse leaders from both campuses, as our next Magnet document will include stories and nurse-sensitive quality indicator data from both campuses.

The launch was two-fold in nature to address the 92 specific Magnet sources of evidence. The first part of the four-hour session focused on the role of each of the Magnet teams, the flow of the writing process between the teams, the document writing timeline, and other logistical items. The second part focused on preparing all those involved in this project on how to write and to provide

the required evidence in order to meet the Magnet sources of evidence requirements. Members of the writing team also had time to review specific standards and discuss how best to frame the example or story identified to meet the standard.

As of June 1, the Magnet teams have addressed 28 of the 92 sources of evidence keeping the project on time and ahead of schedule to meet the August 1, 2023 submission date. The examples of work highlighted so far display how our nurses and clinical partners meet the Magnet standards on a daily basis. We have so much to be proud of at UMMC. ♦

2021 Magnet Conference Accepted Abstracts for Poster Presentation

We are delighted to announce the acceptance of two abstracts for poster presentations at the 2022 National Magnet Conference in Philadelphia, PA on October 13-15, 2022. The selection process is very competitive so this indicates excellence in nursing practice and patient care at UMMC. It is also important to recognize that this is the first abstract accepted from the Midtown Campus for the Magnet Conference.

Poster #1: Magnet Category:
NEW KNOWLEDGE, INNOVATIONS
AND IMPROVEMENTS

Midnight Dialogues: Enhancing
Collaboration and Communication
through Structured Rounds

Barbara Bosah, MS, BSN, RN, PCCN and
Beverly Dukes, MHA, BSN, RN

*Surgical Acute Care & Surgical/Thoracic
Intermediate Care Unit*

Poster #2: Magnet Category:
EXEMPLARY PROFESSIONAL
PRACTICE

ClearGuard HD Caps:
A Way to Stop CLABSI

Ismaila Hydera, BSN, RN, CMSRN
5 North Post Acute Care, Midtown

UMMC Operation Redeployment: Meeting the Challenges of COVID-19

By Alison Winter-Lai, MS,
RDN, LDN, Director, Clinical
Nutrition Services

As COVID-19 positive numbers increased in Baltimore and many individuals required inpatient services, our own workforce – nurses, physicians, respiratory therapists and more – were also impacted by the virus. Crisis standards of care were implemented at many UMMS hospitals as staffing levels became effected. In response to this labor challenge, UMMC Operation Redeployment was carried out as a call to action across

WE WOULD LIKE TO EXTEND
DEEP APPRECIATION TO THE
TEAMS AND TEAM MEMBERS
THAT SUPPORTED UMMC
OPERATION REDEPLOYMENT.

both campuses. Fifty-eight departments deployed a total of 171 team members to 40 areas, including patient care units, to meet the staffing and operational challenges. Redeployment efforts involved supporting the maintenance of bed capacity, stocking of personal protective equipment on the units, taking specimens to the main lab, delivery of food to patients, cleaning of rooms, staffing hospital entrances, and many other needs.

We would like to extend deep appreciation to the teams and team members (see below) that supported UMMC Operation Redeployment. Their assistance was invaluable and made a difference. This partnership facilitated valuable connections and relationships that will last well into the future. ♦



Redeployed Departments

Advance Practice Providers/Patient Care Services
Ambulatory Services
CCTE Simulation Center
Clinical Decision Support
Clinical Nutrition
Clinical Practice and Professional Development
Community Engagement and Development Workforce
Community Health
Facilities Project Development
Graduate Medical Education
Human Resources

Laboratory
Marketing and Communications
Media Relations
Patient Safety
Perioperative Services
Quality and Performance Improvement
Quality and Safety
Rehabilitation Services
Shock Trauma Simulation Center and Administration
Strategic Planning

Taking pride in the RISE Program

Successful Recruitment and Team Member Longevity

By Ruth Smith, MHL, BBC

This coming August, the UMMC Resilience in Stressful Events (RISE) program will celebrate their 7th anniversary. This was the first *care for the care giver* program developed within the University of Maryland Medical System. As a team, we should be proud of this initiative. Why? Because it shows the deep commitment that our peers have for each other. It also shows that our leadership team cares about our well-being. RISE responders are on-call 24/7 and available to respond to their peers at both the Downtown and Midtown Campuses. They volunteer to be trained and available for approximately eight weeks each year. Our environment is complex and stressful so having a team available 24/7 is important.

Recently, we had the first robust recruitment effort, as many of our members have been committed to the program from its inception. There was an overwhelming outpouring of interest from over 20 of our interdisciplinary team members. From these inquiries, we are onboarding 15 amazing, caring and compassionate individuals to fill the responder role. All will participate in an eight-hour course in psychological first aid presented by Johns Hopkins' Armstrong Institute for Patient Safety and Quality and the Maryland Patient Safety Center. These new recruits are ready to serve their team members with skilled, nonjudgmental, and confidential support, along with the many tenured responders.

It appears this resource is not utilized to its fullest. In a survey conducted in 2019 (n=304), most respondents (about 70%) stated they would be willing to call RISE if needed. There were three main reasons given for not using the service: stigma associated with asking for help, concern for confidentiality, and the call would be too time consuming. These are clearly misconceptions and might

be barriers to its use. The fact is all calls are completely confidential. All responders sign a confidentiality statement and the calls are completely anonymous. Similarly, calls are as long or as short as the caller desires. Finally, asking for help reveals strength and not weakness. Relying on the support of others is a sign of emotional strength. We routinely encourage using mental health resources in the healthcare field, so why don't we practice what we preach?

What may be the biggest barrier is remembering that RISE is available and remembering the phone number at the moment when it is needed. This article can be a reminder that RISE exists. You are invited to put the number for RISE in your phone now, so that you will have it available when you need it.

RISE responders are available 24/7 should you find it helpful to talk to a colleague who knows what it's like to work under stress and who can direct you to further resources. ♦

HOW TO REACH OUT

To call while in the Medical Center:

- Go to the UMMC *Insider* and use the Pager function in the yellow bar at the top of any page.
- Enter ID # 12602, or
- Search by typing "RISE" in the "Function Name" section.

To call while outside the Medical Center:

- Dial 410-328-2337, ID# 12602 and follow prompts.



NURSES WEEK AT UMMC

ROOTED IN STRENGTH



By Cyndy Ronald, BA,
Manager, SON Partnership
Programs, and

Mikki Coleman, MA, Nurse
Recruitment Program
Coordinator

The University of Maryland Medical Center (UMMC) celebrated Nurses Week 2022, *Rooted in Strength*, May 6th – 14th. This year, Nurses Week was observed in conjunction with Hospital Week, with some activities open to all UMMC staff. The week kicked off with the submission of 17 scrub tops decorated by nursing staff from various patient care areas that were displayed in the Weinberg Atrium and outside the cafeteria at the Midtown Campus for individuals to vote on beginning May 6. Self-care sessions – Reiki, chair yoga, and virtual hypnotherapy – were offered to staff beginning Saturday, May 7th and continued through the end of the following week. Midtown weekend staff were treated to a continental breakfast on Sunday, May 8th.

On Monday, May 9th, the virtual Certification Award Celebration was held, including a breakfast offered to all certified nurses. That afternoon, all UMMC staff were treated to Taharka Brothers ice cream in the Weinberg atrium. The following day, the annual Nurses Week breakfast was held outside the cafeteria with UMMC leadership serving food and beverages to all patient care services staff. The first of two Gratitude webinars was held Tuesday evening. On Wednesday, May 11th, all staff were invited to have some fun at the 360° photo booth installation and then attend the virtual Nursing Grand Rounds

<< “In Dr. Knight’s painting (left), we can observe the brightness of our spirit, the growth of our knowledge, the depth of our roots, the hope of renewal, and the vibrancy of our palette.”

on “Reclaiming Our Integrity in Turbulent Times” presented by Cynda Hylton Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics, Berman Institute of Bioethics, Johns Hopkins School of Nursing.

On Thursday, May 12th, the Special Achievements in Nursing awards ceremony was held at the University of Maryland, School of Nursing. Nominations for the awards opened in January and over 470 nominations were submitted from both campuses. There were 17 nursing excellence categories, with 45 recipients selected and each recipient receiving an award plaque. Two units, Psychiatric Emergency Services and Adult Inpatient Psychiatry Units, were selected for the CNO Team Award for Excellence.

Scrub decorating contest winners were as follows:

Most Creative: Medicine Telemetry 13 East/West and Medical/Surgical 4 North

Funniest: MultiTrauma Intermediate Care-5 and Pre-op and Post Anesthesia Care Unit, Midtown;

Best Overall: Greenebaum Comprehensive Cancer Center Stoler Clinic and Medical/Surgical 3 South/3 North (see inside back cover).



Above: Staff treated to ice cream in the Weinberg Atrium.

Right: Karen E. Doyle, DNP, MBA, RN, NEA-BC, FAAN and Nat’e Guyton, DM, MSN, RN, CPHIMS, NE-BC, presenting at the Special Achievements in Nursing awards ceremony.

The week ended with a hospital-wide luncheon, self-care sessions and a coffee bar (Downtown Campus) served by **Nadia Cheevers**, BSN, JD, CPHRM, and her team from clinical risk management.

Gifts were distributed to all staff in patient care services during the week. This year, staff received badge reels with images of the Art with Heart mosaic, Mouth Party caramels and a card with a print of the painting, “Awakenings” created by **Stephanie Knight**, MD, chief of psychiatry, UMMC Midtown.

As referenced by Dr. Doyle in her letter to staff inside the card:

“In Dr. Knight’s painting, we can observe the brightness of our spirit, the growth of our knowledge, the depth of our roots, the hope of renewal, and the vibrancy of our palette. Together, these elements bring to life a portrait of UMMC nurses, who cultivate a colorful landscape of healing, compassion, collaboration, and service to our community.” ♦



RESILIENCY ROUNDS

A New Strategy for Thriving at UMMC

RISE, Resiliency in Stressful Events is not just a program to provide immediate one-on-one support for stressful events in the hospital. Our mission is also to promote resiliency and a healthy work environment. To that aim, we want to share a program that has been a great innovation for our hospital.

Resiliency Rounds is a new program developed on the Cardiac Care Unit (CCU) at the Downtown Campus with the goal of decreasing moral distress, preventing burnout, and enhancing a healthy work environment. Spearheaded by **Kalynn Niroda**, BSN, RN, CCRN-CMC, CHFN, Resiliency Rounds are hour-long, structured debriefing sessions held virtually to provide a platform for team members to share their work experiences and explore new strategies for dealing with difficult situations they encounter. Each session has a unique theme that is discussed based on current literature surrounding the topic. The rounds start out light and engaging, but then delve into deeper themes related to building personal and moral resilience specifically for healthcare workers. Resiliency Rounds are



By Ruth Smith, MHL, BBC; Kalynn Niroda, BSN, RN, CCRN-CMC, CHFN; and Gena Stanek, MS, APRN-CNS, CNS-BC

conducted twice monthly in the CCU with both nursing-based and interdisciplinary sessions. Some previous topics have included: Hindsight Bias, PTSD in Nursing, Moral Residue and the Crescendo Effect, Second Victim Syndrome, Five Stages of Grief, and Physician Versus Nursing Perspectives.

These rounds have been occurring in the CCU for over a year. Kalynn has just completed evaluating the first year post program data which shows marked improvement in moral distress and burnout scores and improved healthy work environment markers.

Kalynn has also been mentoring other nurses who have been implementing Resiliency Rounds or are planning to implement them on their units: **Roberta Myers** (Cardiac Surgery ICU); **Heather Anderson** (Surgical ICU); **Lindsey Egbert** and **Francesca Carhart** (Thoracic IMC); **Diana Novak**, **Katie Spillman** and **Marinela Babich** (Pediatric ICU); and **Kristi Bragdon** (MICU). If you would like more information to implement this on your unit, please feel free to reach out to her via email at kalynn.niroda@umm.edu. ♦

Oldenburg Burnout Inventory (OLBI)

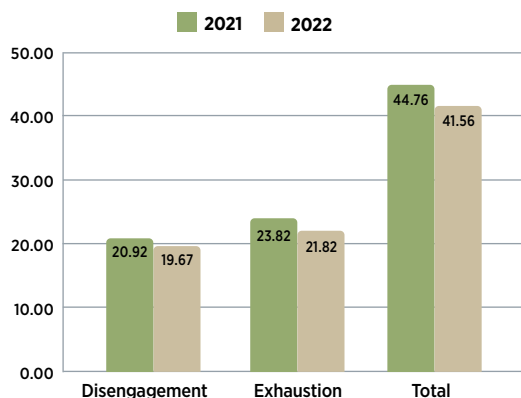


Table 1: CCU nurses reported lower levels of burnout after the implementation of resiliency rounds started in 2021.

AACN Healthy Work Environment Assessment 2021 2022

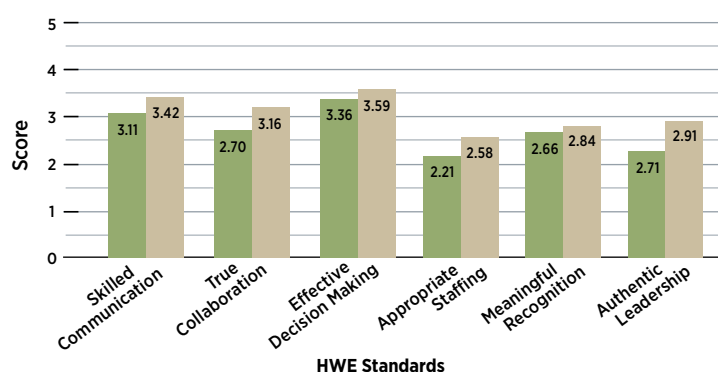


Table 2: CCU nurses scored standards that indicate HWE higher in 2022 than in 2021.

Total OLBI by Cohort

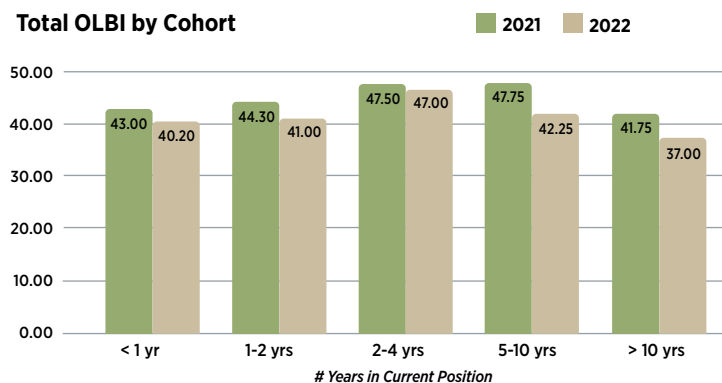


Table 3: Total burnout of nurses by year is lower in 2022 compared to 2021.

MDS-R by Cohort

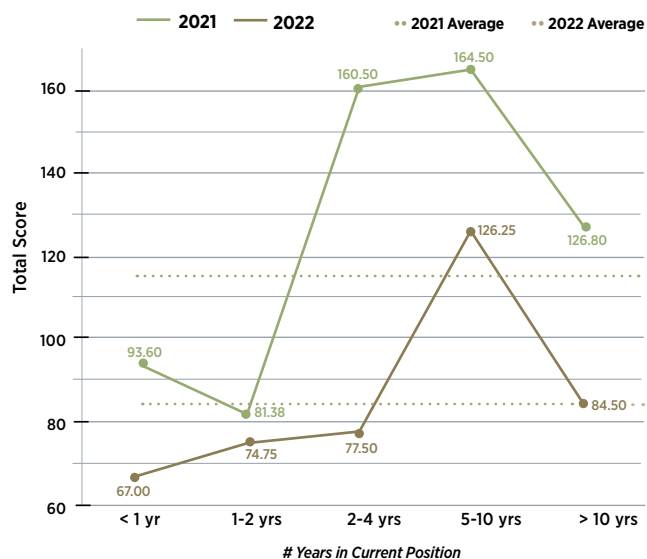


Table 5: The Moral Distress Scale – Revised (MDS-R) measures moral distress by evaluating the frequency and disturbance intensity of described situations.

Tables 3-5 examine changes in levels of burnout, job satisfaction, and moral distress for CCU nurses relative to the number of years in their current job role (cohort).

Job Satisfaction by Cohort

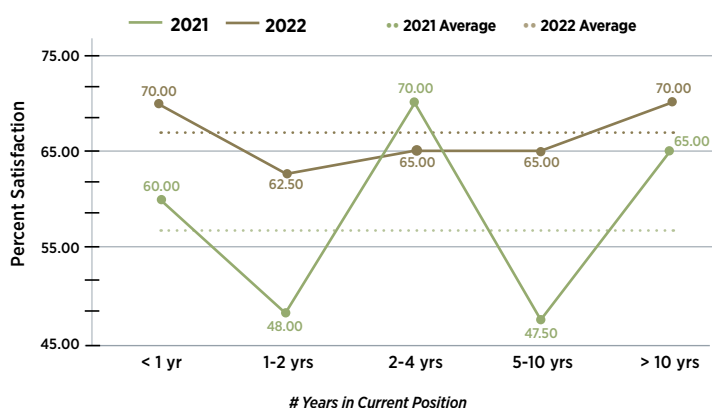


Table 4

The mission of RISE, Resiliency in Stressful Events:

To provide timely peer support to team members who encounter a stressful, clinically-related event, in order to facilitate staff resilience and recovery.

- Follow the prompts and enter 12602.
- Enter your phone number.
- Within 10-20 minutes, a trained peer responder will call you back.



To access a template for Resiliency Rounds, use this QR code.

Opening a Psychiatric COVID-19 Unit: Challenge to Triumph

By Tiara Collins, BSN, RN,
PMH-BC, Assistant Nurse
Manager, Midtown Psychiatric
Unit, and

Rita Linnenkamp, MSN, RN,
NEA-BC, Magnet Program
Coordinator, Midtown

Since the onset of COVID-19, many people have faced fear of the unknown. For a patient diagnosed with COVID-19 and a mental illness in need of inpatient psychiatric care, the anxiety is even greater. In December of 2021, the number of COVID-19 positive cases in Maryland was 188,069. During that time, many COVID-19 positive psychiatric patients were being held in emergency departments of various hospitals across the state due to lack of psychiatry units that could care for COVID-19 patients. As a result, the leadership at UMMC Midtown's adult inpatient psychiatric unit formed an interprofessional team to develop an innovative plan to meet the needs of this vulnerable patient population. This team included **Stephanie Knight**, MD, FAPA, chief of psychiatry; **Patrick Jung**, MD, medical director for telehealth mental services for psychiatry; **Jaime Fields**, DO; **Greg Raymond**, DNP, MBA, RN, NEA-BC, vice-president, nursing & patient care services; **Marie Kristine Cabunoc**, BSN, RN, CIC, manager of infection prevention; **Craig Slaughter**, environmental health & safety technician; and, **Jonathan Jewett**, CHRM, CLSS-HC, interim assistant director for operations & maintenance.

The plan involved taking the current thirty-seven bed unit at Midtown and converting half to a unit for only

COVID-19 positive psychiatry patients. The unit consists of two separate, locked areas (6 North and 6 South) each with a day room and all private rooms. This configuration of the physical space allowed the separation of this patient population to allow proper and timely treatment to occur, for not only UMMC COVID-19 positive psychiatry patients needing care but also for patients within UMMS and the state of Maryland.

This special unit was open from January 12, 2022 to February 9, 2022, where the team admitted and treated thirty-five patients. Eighteen patients were from UMMS hospitals and seventeen admissions were from other Maryland hospitals. The team safely discharged twenty-two COVID-19-recovered patients who were treated in an environment that allowed for socialization, not isolation. Many of the patients expressed their gratitude for the opening of this unit after spending days in an emergency department.

Tiara Collins, BSN, RN, PMH-BC, assistant nurse manager for the Midtown psychiatric unit, and Dr. Knight created a poster presentation on this innovative care that Collins shared at the Maryland Action Coalition Virtual Leadership Meeting in May 2022. ♦



How We Turned "Never" into "Now" The Rapid and Intentional Manifestation of a COVID-19 Psychiatric Unit

Tiara Collins, BSN, RN, PMH-BC
Stephanie Knight, MD, FAPA
University of Maryland Medical Center, Midtown Campus

Below are abbreviated sections of content from poster:

Process:

Use CDC guidelines to develop and operate an 18 bed, COVID-19 positive psychiatric unit based on:

- Modification of exclusion admission criteria.
- Development of an algorithm for medical support in the event of new or worsening somatic complaints.
- Assessment and redesign of workflow for shared patient spaces between both care areas.
- Developed new staffing patterns to diminish burn out by alternating weeks on COVID-positive and COVID-negative units.

Conclusion:

The patients expressed their gratitude daily for our efforts. They were grateful for not having to spend another day isolated in the emergency room and breathed sighs of relief when they were able to enjoy the simple pleasure of a hot shower. Once the patients were stable and COVID-19 recovered, the smiles the care team saw, even behind masks, made all of the hard work we put into this unit worth every moment.

IN JUST OVER A YEAR WORKING TOGETHER, THESE EMPLOYEE RESOURCE GROUPS HAVE MADE A SUBSTANTIAL IMPACT.

Fostering Diversity and Inclusion

By Scott Tinsley-Hall,
Director, Strategy & System
Market Intelligence, Vice
Chair, UMMC Pride

UMMC is committed to fostering a workplace culture of diversity and inclusion. To support this effort, Employee Resource Groups (ERGs) were formed in early 2021 to bring employees together in a safe and supportive environment to add value to UMMC's organizational initiatives and mission. These groups come together around common interests, issues, and backgrounds; and exist to provide organizational support, networking, and professional development opportunities for its members.

UMMC launched two groups: **EMBRACED** (Employees Bridging Racial, Cultural, and Ethnic Diversity) for People of Color (POC) and **Pride** for the LGBTQ+ community. In just over a year working together, these groups have made a substantial impact. Please check out some of the groups' highlights below:

UMMC **EMBRACED** strives to create a more diverse and inclusive workforce for all employees who identify as members of minority races and/or ethnicities. This year, **EMBRACED** partnered with Edmondson-Westside High School and Vivian T. Thomas Medical Arts Academy to provide them with new embroidered nursing uniforms. The donation marks only one of this group's many accomplishments, which also include implementing the New Generation Leaders Seminar; celebrations of Juneteenth and Black History Month; and connecting employees through the Human Resources mentoring program. **EMBRACED** also hosted many speakers to facilitate discussion on diversity topics, such as vaccine hesitancy and advancing health equity.

UMMC **Pride** strives to make UMMC a safe and enjoyable workplace for transgender, queer, intersex, asexual, lesbian, gay, bisexual, and questioning employees. In its first year as an organization, **Pride's** accomplishments include promotion of pronoun usage; developing a new inclusive standard for restroom signage; and organizing the first **Pride** Month Celebration in UMMC history. **Pride** recently participated in a community service project where members collected formal dresses and suits and donated them to a community organization that arranged a prom for homeless LGBTQ+ youth in Baltimore. ♦



Critical Care Consortium at UMMC

Midtown Graduates Cohort #2



By Gemma Sarmiento,
BSN, RN, CCRN, ICU Clinical
Education Coordinator

Congratulations to the fourteen nurses who graduated from Midtown's Critical Care Consortium Cohort #2 on January 12, 2022.

Created in early 2021 to meet the learning needs of Midtown's critical care and emergency department (ED) nurses, this program has successfully graduated two classes since its inception. Survey assessment results indicated that these nurses needed additional opportunities to learn critical care skills and knowledge to elevate their confidence in rendering safe and high-quality patient care. The Midtown ICU and ED education team that included **Gemma Sarmiento**, BSN, RN, CCRN, ICU clinical education coordinator; **Tiarra McClarry**, MSN, RN, ED clinical education coordinator and **Dawn Tyson-Griffin**, BSN, RN, clinical practice and professional development coordinator, developed the consortium curriculum. The Midtown ICU incorporates the consortium work into the 12-16 weeks of unit-based orientation for all new nurses.

Sarmiento reports this second cohort of nurses completed orientation and are independently caring for sick ICU patients. She proudly states, "They are keen with patient assessment and they can identify signs of early deterioration/changes and intervene appropriately. They participate in Rapid Response Team calls and code blues. They can independently manage a patient on continuous renal replacement therapy (CRRT) or patients on Targeted Temperature Management (TTM)."

In addition, Sarmiento reports that these nurses are adding to the professional environment on the unit by participating in unit-based committees. Chang is part of the ICU scheduling committee; Stevens has volunteered to be ICU's mobility champion; Athey is the EPIC super user for resuscitation narrator; and Lacaba will join the ICU-based education committee. ♦

Midtown Chief Nursing Officer, Nat'e Guyton, DM, MSN, RN, CPHIMS, NE-BC (sixth from left) and Midtown President, Alison Brown, MPH, BSN (third from right) with the 14 nurses who graduated from Midtown's Critical Care Consortium Cohort #2



Elaine Athey, BS, RN
Arionna Brown, BSN, RN
Daniel Chang, BS, RN
Shane DeGannes, BSN, RN
Imanie Dowdy, BSN, RN

Martha Habtemichael, RN
Gwen Lacaba, BS, RN
Cotie Moss, BSN, RN
Walker Penzenstadler, BSN, RN
Lanesha Pettis, RN

Adham Rezk, RN
Layla Song, BSN, RN
Zach Stevens, MSN, RN
Chanda Tillman, BSN, RN

UMMC Nurse Fellowships

There are currently six nurse fellowship programs at UMMC. Five of these focus on developing professional advancement model (PAM) nurses to be leaders and experts in caring for complex patients across the continuum of care. Three of the inpatient programs are yearlong programs providing 45 or more continuing education credits (CEs), promoting evidenced-based practice (EBP) project participation, and preparing the participants to sit for their specialty certification after program completion. The two perioperative programs vary in length and are offered at different times throughout the year. The nurse practitioner fellowship (NP) focuses on developing critical care nurse practitioners (NPs) to care for complex critically ill patients.

The following outlines a few details about each program:

Medical ICU Fellowship

This program was created to support the MICU nurses who want more advanced critical care knowledge in multiple topics, such as respiratory and renal failure, to oncologic emergencies and hematology conditions. The fellowship includes both clinical and leadership courses, plus an additional six months to develop and implement an EBP project.

Cardiac Nurse Fellowship

This program was created to develop a premier cardiac nursing team at UMMC with comprehensive knowledge in cardiac care and an understanding of providing that care in the evolving health care landscape. The program has a strong emphasis on population health, patient- and family-centered care, quality-based care, outcomes, and evidence-based practice.

Neurology Nurse Fellowship

Since UMMC is a nationally certified Comprehensive Stroke Center, this fellowship was developed to assist nurses in their professional development through education, ongoing support and mentorship, and to help develop neuroscience nursing experts. The program has a strong emphasis on population health, patient- and family-centered care, quality-based care, outcomes and evidence-based practices.

Operating Room Fellowship

This program is designed to prepare new nursing graduates and nurses who have no prior work experience in a perioperative setting to perform the roles of the registered nurse in the operating room. The fellowship combines unit-based training, a didactic perioperative nursing course, and simulation training in a lab setting prior to entering the operating room. This program is offered three times a year.

Post-Anesthesia Care Unit (PACU) Fellowship

This program is designed to prepare experienced nurses who have no prior work experience in a critical care setting to provide care in the post anesthesia care unit/perianesthesia setting. The fellowship combines critical care and peri-anesthesia coursework and hands-on training to provide the orientee a foundation in these areas. The sixteen week PACU program is offered twice a year and orients nurses to various aspects of perianesthesia nursing care with a focus on postoperative/post procedural care.

NP Critical Care Fellowship

This fellowship is an intense nine-month postgraduate training with monthly rotations through all critical care areas at UMMC's Downtown Campus, including the Shock Trauma Center. The education includes a weekly lecture series, skills labs, simulation scenarios, and bedside ultrasound training. The program gained accreditation with distinction from the American Nurses Credentialing Center for a practice transition program in March 2021. ♦

NOTE *the* NUMBERS

11 yrs

Labor & Delivery

CLABSI free

7 yrs

Mother/Baby Unit (MBU)

CLABSI free

6 yrs

Thoracic IMC

CLABSI free

5 yrs

Cardiac Surgery Stepdown

CLABSI free

5 years

4 North

CAUTI & CLABSI free

4 yrs

3 North

CAUTI free

4 yrs

Lung Rescue Unit (LRU)

CLABSI free

Zero

Vascular Progressive Care

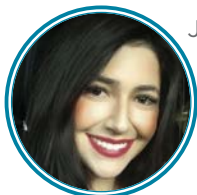
hospital-acquired infections in CY 2021

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

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

DAISY Award

DOWNTOWN



JANUARY

Kellyanne Quinn, BSN, RN
Lung Rescue Unit

Many high caliber nurses took care of my son during his stay in the LRU while he was on ECMO.

However, one special nurse truly stood out – Kellyanne Quinn. Kellyanne went above and beyond to care for my son. On top of all the medication titrations and the complexity of an ECMO patient, below are excerpts from a few of the examples of extraordinary care that I observed.

About six weeks into my son's stay in the LRU, Kellyanne offered my son a shampoo and shave. This was huge. His hair was very stringy and oily. After the shampoo and shave he looked much better and I am sure he felt much better. While my son was up in the chair getting his shampoo and shave, Kellyanne ordered a new bed for him. It was an extra wide/long bed that was perfect for my son. It was better proportioned to his size and now he had room for his feet and protection for his head.

Kellyanne connected with my son's spirit. She spoke words of encouragement and acknowledged when he worked hard sitting up in the chair. She even added an affirmation to the list I had posted on the room's bulletin board for my son. She added, "Focus not on the puddle of negative but instead focus on the ocean of positive." That was extra special and just what both my son and I needed to hear.

I always felt that Kellyanne truly cared about our son, not just from a clinical point of view, but as a whole person. There was a time when she took care of him six days in a row. Those were some of my son's best days in the unit (most stable with the least amount of intervention).

Kellyanne is the total package. On top of critical care excellence, she exhibits heartfelt compassion and caring. She went the extra mile. My husband and I felt that she was an angel, and we are so grateful she is on your staff and was assigned to care for our son. ♦



FEBRUARY

Kara Martin, BSN, RN
Multi-Trauma Intermediate Care Unit

Recently we had a patient on our unit who was a victim of some trauma. She had notable developmental delays and was COVID-positive on arrival to the hospital. Due to her status, the patient was placed in isolation. She did not have any visitors during her stay. Toward the end of her admission, she became very lonely and started expressing anxious thoughts regarding her discharge and where she would go from the hospital since her previous living arrangements were no longer an option. Kara took the time out of our very busy shift to contact Child Life Services and not only obtained an entire care package for the patient but then spent quality time with her, coloring and playing games. The change in the patient's demeanor was instantaneous! She was so much calmer and happier after Kara took the time to meaningfully connect with her. I know it made all the difference in the remainder of her stay. ♦



MARCH

John Marron, BSN, RN
Transplant

We met John here on the unit while being worked up for a transplant of the liver. John made me feel like I was his only patient. His compassion and reassurance were comforting to both my mother and me. He patiently provided education in terms that we were able to understand. I went home to wait for a liver offer over the Thanksgiving holiday and was able to spend time with my two daughters. Once I got the transplant, I was moved and I began asking to see John again to thank him for his care, but he was out. I was discharged two weeks later to home. Unfortunately, I had to be readmitted in January for anemia and I again asked for John. The charge nurse on the night shift made arrangements for John to be my nurse. John continued to share his vast knowledge and experiences with my mom and me. He has supported our physical and emotional health like no other. We are and will always be grateful for this champion nurse. ♦

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>



APRIL

Rebecca Shipley, BSN, RN
Pediatric Hematology-Oncology

My daughter was admitted for another round of chemotherapy. She had a NG tube placed during this admission. I arrived at the hospital on her third day admitted. She would not eat, drink, talk, or do any tasks of daily living. I was very concerned about her. Friday morning Rebecca introduced herself as my daughter's nurse. She did an amazing job of encouraging her to perform basic tasks. My daughter was resistant to almost anything positive that was said to her but Rebecca kept trying. Saturday morning when I was grabbing breakfast downstairs the PCT told me my daughter was talking about her cat. She couldn't tell me what Rebecca and the PCT said but they helped her not be scared of her tube anymore. I am so grateful that she had them taking care of her during this admission. I was tired and worried about what our next steps would be if she didn't stop fighting the tube. Now we are home and she is dancing and singing again. She hasn't been this full of life since before we started chemotherapy. ♦



MAY

Ichick Tembi-Epse-Mbenga, BSN, RN
Weinberg 5 Surgical Acute Care

We had the pleasure of having Ichick three out of the six days that we were here. She was always kind, positive, helpful, and professional. She is an amazing nurse and makes a difficult situation a lot easier! She deserves to be recognized for her outstanding passion for her job! ♦



JUNE

Farah Wittmeyer, BSN, RN
Trauma Resuscitation Unit

On August of 2021, I got into a serious car accident and my body completely shut down. The accident happened so fast I didn't know what happened. I didn't feel anything or hear the crash. I found myself on the side of 695 facing oncoming traffic with my car completely totaled. The first thing I thought of was help. I needed help immediately. A man stopped and came to my door as I was stuck in my car and by the grace of god I was able to call 911 myself. The man

stayed with me until the EMTs arrived. I arrived to Shock Trauma and remember being rolled into a room with six nurses ready for me. One nurse went above and beyond – Farah Wittmeyer was my life saver.

I know many nurses had a part to play when it came to caring for me but Farah stuck out the most. With all my injuries, including brain bleed concussion, inner lip cut, open punctured liver and lung, four broken ribs and a broken ankle, Farah took my mind off of it all. At the time of my accident, COVID-19 was at its worst and I was unable to have any family with me, but that was ok; all I needed was Farah. I honestly couldn't have asked for a better nurse. She made me feel like I was family. Farah would sit with me when she was able to and chat and joke around with me (we had many laughs). Farah charged my phone so I could stay in contact with my family. Most importantly, she put a chair next to my bed and, as I cried from pain and disbelief, she rubbed my head until I went to sleep. I told Farah that when I was a kid my dad always did that until I was asleep and because she did that I felt a sense of comfort. I would look at the clock and know Farah worked from 7pm to 7am and I would hate for her shift to be over because all I wanted was her comfort. However, I would sleep and be so excited for her shift to start back up so I could see her. I would tell her to keep my curtain open so I can look out and see her do what she's best at! The day I had to leave the TRU and go upstairs I cried. I cried because I had to leave her and she would no longer be my nurse. At that point, my father was able to come see me. As crazy as it sounds, I still wanted to be downstairs with her. I feel that she was my angel – she comforted me, cared for me, spent time with me and was able to get everything off my mind. She was the absolute best! The day I was discharged, all I wanted was to see her one last time. It was impossible because I knew she was moving on to give the same care to someone else that needed it more than I did at that moment. Farah crosses my mind very often. I think about how far I have come and all the help I had between the nurses and doctors. I couldn't have asked for a better outcome! Farah not only helped me physically, but mentally. She is the reason I got through this hard time. If patients had a choice to pick a nurse, I would whole heartedly say Farah! She will always have a place in my heart because of what she did. This job definitely fits her perfectly! I always wanted to do something for her but thought how can I even get close to doing something in return. I thought to send something to her for national nurses week but I didn't think it would be that easy. I'm writing this because I want it to be known of how special she is and how great of a nurse she is. She deserves acknowledgement for what she has done and how many people she has come across and touched. I thank her very much. ♦

MIDTOWN



JANUARY

Pamela Jones, BSN, RN
Interventional Radiology

My husband was scheduled for a kidney biopsy in September. The doctor got stuck somewhere and wasn't going to be there for hours. Pam kept us updated on his situation and made sure we were well cared for and that we could decide to stay or go. When we ultimately had to reschedule, she was ready to do whatever would work for us. When we came back for the procedure a month later, Pam was there. She made sure we had all the information we needed. She was keenly aware of what we had been through before and was incredibly sensitive to our situation – there were no surprises. When there was a complication with the procedure, she kept us informed about what might happen. She knew we were stressed about being admitted and she kept us calm. She was a Godsend. We always felt there was someone looking out for us. She got us to the ED and even checked on us the next morning. She is a shining example of what is good in our health care systems. We can't thank her enough. ♦



FEBRUARY

Michael Mummaw, RN
Intensive Care Unit

Michael represents the mission that we strive for here at MTC. He builds rapport with patients before administering care and that's extremely important in the nursing world. He ensures that the patients feel comfortable and communicates outwardly so that they feel included in their care management. ♦



MARCH

Lisa Anderson, RN
Registry

Lisa is employed with our internal nursing float pool. She's frequently assigned to work on 3 South. Every shift Lisa arrives with a smile. She writes inspirational messages on our team board and is always available to lend a hand. One particular shift, there was a patient on the unit who received news his leg would be amputated. Lisa discovered the patient in the hallway crying. Although Lisa was not assigned to care for this patient, she jumped right in to assist. Her compassionate words were therapeutic for the patient. She even showed him videos of people with leg amputations still doing activities that gave them joy. Videos of people dancing and even winning a track meet! The patient responded to Lisa's encouragement with a sincere thank you and hug. Lisa deserves to be recognized for her natural ability to connect with patients and staff. ♦





By Gyasi Moscou-Jackson,
PhD, MHS, RN

All research studies have strengths and weaknesses; the goal is to decide how credible and significant are the findings of a study (Grove & Gray, 2018). In other words, determining how “good”

is the quality of the evidence. You can rapidly appraise research evidence’s quality with three overarching questions that focus on study methods and study execution.

1. What was the research process? Read the full article. Identify what research design was used and take note of the research steps that were taken (and not taken). Use the Johns Hopkins Evidence Research Appraisal Tool as a guide.

2. What are the study strengths and weaknesses? Consider the ideal steps for the research design compared to research steps actually taken. Reflect on the sample size, recruitment, how the data was collected (i.e., instruments used, interview questions, etc.), and limitations acknowledged by the author(s).

3. Are the findings credible, trustworthy, meaningful? Finally, consider your answer to question 2. Were there major weaknesses in the research process that make the evidence less trustworthy? Were there many weaknesses that collectively diminish credibility? Are findings consistent with previous studies despite the limitations, which make the study more meaningful?

Overall, a high-quality study is well designed, well-executed, and will produce findings

that are credible and meaningful (Dearholt & Dang, 2018). A good-quality study may have some minor design weaknesses, but is generally well-executed and in the context of studies with similar results, the findings may become more credible and meaningful. Finally, a low-quality study has major flaws or many weaknesses that make the findings not very trustworthy (Dearholt & Dang, 2018).

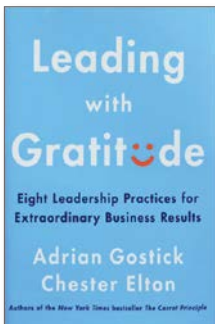
While assigning a quality rating can be subjective, with practice, you and your evidence-based practice team will be rapidly critiquing research evidence with objectivity! ♦

References:

Dearholt, S. L., & Dang, D. (2018). *Johns Hopkins nursing evidence-based practice: Model and guidelines (3rd edition)*. Sigma Theta Tau International.

Grove, S. & Gray, J. (2018). *Understanding nursing research: Building an evidence-based practice (7th edition)*. Elsevier.

Recommended Reading



Best-selling authors Adrian Gostick and Chester Elton have written a fabulous read titled *Leading with Gratitude*. This book provides actionable items to show your employees the recognition and appreciation they deserve. When leaders place gratitude as a top priority, it fosters a positive “can do” workplace culture whereby employees once again feel engaged and motivated. This book provides multiple examples and practical methods to begin leading with gratitude today. I highly recommend this book to all leaders, formal and informal, who want to excel!

Recommended by **Nancy Santos, MSN, RN, NEA-BC, Director of Nursing, BCCFH-COVID Task Force, Clinical Nurse Manager, Midtown**



Walk with Marcus Engel through his extensive experience as a patient in *I'm Here: Compassionate Communication in Patient Care*. This easy read gives insight into what is important to patients and how two words brought comfort and strength. Each chapter finishes with a few simple ideas to implement which relates directly to how each of us can provide “compassionate, connected care that is patient- and family-centered.” Marcus captivated the audience, including myself, at the ANCC Magnet Conference in November of 2021 with his story and insight. Do yourself a favor, grab this great book and read it with a few healthcare colleagues.

Recommended by **Rita Linnenkamp, MSN, RN, NEA-BC, Magnet Program Coordinator, Midtown**



"Best overall scrubs" in the scrubs decorating contest awarded to:



Greenebaum Comprehensive Cancer Center
Stoler Clinic (DTC)



Medical/Surgical 3 South/3 North (MTC)



Governor Hogan shakes the hand of Karen Doyle, UMMC's SVP of
Nursing and Patient Care Services and CNO.

Governor Hogan Presents UMMC with Nurses' Week Proclamation

UMMC and our nursing colleagues were recently honored by Governor Larry Hogan with a proclamation for UMMC nurses for Nurses' Week and our response to the pandemic. The surprise ceremony took place as **Karen Doyle**, Senior Vice President of Nursing and Patient Care Services and Chief Nursing Officer, **David Marcozzi**, Chief Clinical Officer, Senior Vice President, **Ralisha Grimsley**, RN, Interim Staffing Nurse Manager, and **Jose Aguiluz**, RN, joined Governor Hogan and First Lady Yumi Hogan to administer their second booster shot in early May.



In April 2022, nurses **Jessica Mersinger**, BSN, RN, MSCN and **Cody DiSalvo**, MSN, RN, CNL, MSCN from the Neurology Care Center organized and led a team for Walk MS. This event is sponsored by the National Multiple Sclerosis Society to raise awareness and funds to support research for multiple sclerosis. Gathering clinic staff, patients, and family, the nurses formed the team, **UMM Keep S'Myelin**, and set a goal to raise \$2,000. The team's name reflects the pathophysiology of MS in which the immune system of an affected person attacks its own myelin, the protective layer surrounding nerve fibers within the brain and spinal cord. Thus, by participating in Walk MS, the Neuro Care Center is hoping to keep future MS patients smiling while also preserving their myelin and to one day end MS.

While patient-centered care is always the focus within the clinic, organizing an event outside the clinic was a new way for nurses, providers, and staff to interact with patients and family to make a direct impact on their lives and for all people with MS. The race took place on April 9, 2022. Posters were made and all that participated wore orange, the color representing MS awareness. By the day of the walk, the goal was reached and surpassed. The clinic raised \$2,700 for the MS society. The nurses were ecstatic to meet their goal and are eager to participate in more events in the future that support not just MS, but other neurologic diseases treated within the clinic. ♦