



FY22 Annual Nursing Report



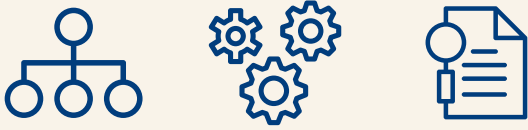


Table of contents

Patient Experience The heart behind the healing	4
Cardiology Services The beat goes on	5
Behavioral Health Supporting the health and wellbeing of the body, mind and spirit	6
Perioperative Services Setting the pace	7
Emergency Services Optimizing the emergency department during a pandemic	7
Women & Newborns Center Here we grow again	8
Intensive Care Unit Technology for tissue oximetry	8
Innovations in nursing practice Pathway to Excellence (PTE) Collaborative Governance Nursing Sensitive Indicators (NSIs)	9
Unit-based Educational Highlights FY22	12
Nursing Professional Development (NPD) NPD by the numbers	14
Nursing Informatics Nursing informatics acrobatics	15
The Medical Surgical Experience	15
Nurses Week 2022 Recap	16
Certified/CAP Nurses	17
Nursing Leadership Directory	18

A message from the Vice President and Chief Nursing Officer

Dear Nursing Colleagues,

I am excited to share our FY22 report with you. It was two and a half years ago that MedStar Southern Maryland Hospital Center Division of Nursing set out on a journey to create an inaugural annual nursing plan, launch the Pathway to Excellence designation process with the American Nurses Credentialing Center (ANCC) and identified the need to increase patient access to advanced medical treatments. I am delighted to say, and so immensely proud of our team, that we have accomplished not only these goals but many more!



Throughout FY22 we faced many challenges and resource constraints as we continued to tackle the COVID-19 pandemic. Through these challenging times we remained dedicated to our goals. The Pathway to Excellence workplan was finalized ahead of schedule, The Joint Commission and stroke surveys were successfully completed and 75% of the FY22 nursing strategic plan goals were met.

Thank you for your grit, resilience, and commitment to both the nursing profession and nursing practice at MedStar Southern Maryland. You truly make a difference in the community we serve by providing world-class care to our patients each day!

Kindest regards,

Cody D. Legler, DNP, APRN, NP-BC, RN-BC, NEA-BC, CNL
Vice President & Chief Nursing Officer
Medstar Southern Maryland Hospital Center



Future home of the Patient Experience Living Wall.



"I've learned that people will forget what you *said*, people will forget what you *did*, but people will never forget how you made them *feel*." - Maya Angelou

It's how we treat people.



The heart behind healing The patient experience journey

At MedStar Southern Maryland Hospital Center, we are constantly on a journey—one that always has our patients top of mind and in our hearts. This means that we strive to ensure that our patients not only have the best clinical outcomes but also the best patient and family experience. A patient's satisfaction and experience are dependent on many variables and encompass a range of interactions with the healthcare team and the overall hospital environment. And so, to ignite this movement of patient experience excellence, we identified areas of opportunity for improvement and put in place strategic actions and processes.

The Communicate with Heart SITEL modules were rolled out to all associates and clinicians to emphasize service behaviors, S.T.A.R.T. with HEART and Respond with H.E.A.R.T. These modules have also become a part of the associate onboarding. Additionally, leadership rounding, and discharge calls have been implemented. These initiatives help our patients feel heard, understood, and cared for. A patient experience emergency department task force has been created to address throughput and comfort during lengthy wait times. Ongoing data and analysis of these initiatives are monitored and reviewed to measure their impact, and formal

guidance is in place to ensure sustained strategic focus.

We also recognize that the well-being of our associates is vitally important. We stress a positive work/life balance. Without this balance, it's difficult for associates to give their best in serving patients. To support our associates, several well-being initiatives have been made available, such as wellness rounds, and Care 4 the Caregiver.

With the many patient experience initiatives, while also focusing on the well-being of our associates, we hope to leave an imprint on the lives and hearts of the entire MedStar Southern Maryland community.



The beat goes on

Cardiovascular Services takes a step forward in enhancing the patient experience

Cardiovascular Services at MedStar Southern Maryland Hospital Center continues to provide unparalleled cardiac care to patients within the community, evidenced by our ongoing partnership with the Cleveland Clinics Heart & Vascular Institute. While we continue to enhance procedural scheduling and volume growth, we always take pride in the excellent and compassionate care our clinical associates provide to our patients.

Our specially trained associates include interventional procedural nurses, pre- and post-procedural nurses, and radiologic and registered cardiovascular invasive specialists. All are highly skilled professionals



that drive positive patient outcomes and overall satisfaction. Coming soon, and building on the FY22 orientation program, our newly enhanced Bridge Program will launch. The program will provide a more instructive and comprehensive approach to education, training and orientation. This will enhance

the skillset of all cardiovascular procedural associates, resulting in the highest quality care for our patients during pre-, intra-, and post-procedure, as well in non-invasive diagnostics.

As we look ahead in 2023, patient satisfaction is key, and getting back in touch with our community is an important part of it. Using our electronic health record, an embedded discharge tool will capture outpatient post-procedural feedback within 24 hours. This will give patients the opportunity to provide their feedback and underscore areas of opportunity as well as give real-time praise to our dedicated associates.





Supporting the health and wellbeing of the body, mind and spirit

The opening in October 2022 of the new 13,000 square-foot unit for behavioral health care at MedStar Southern Maryland Hospital Center, has helped us meet the needs of the community for behavioral health services, encompassing inpatient care and the partial hospitalization program (PHP).

The team at MedStar Southern Maryland cares for patients 18 years of age and over who are experiencing a severe mental health issue, such as bipolar disorder, schizophrenia, depression, anxiety, and co-occurring substance use disorders. Patients are admitted if their illness interferes significantly with their lives and/or places their safety or the safety of others in jeopardy. When patients are admitted to the inpatient unit or attend the PHP, they are surrounded by expert health care professionals who provide compassionate care and treatment plans that address each person's needs.

The new unit provides a sense of serenity for patients and includes space and plenty of room for group



meetings, activities, individual therapy to take place, and a quiet room for patients to help self-soothe and regulate emotions and behaviors.

The hospital behavioral health team also recognizes that a crisis can occur anywhere in the hospital. A Code BERT (Behavioral Emergency Response Team) call is initiated to support the medical staff in providing quality clinical care and reducing

patient harm in all clinical settings. The Code BERT team consists of behavioral health nurses, mental health techs, social workers, and security personnel, who respond and offer de-escalation techniques and verbal interventions. An assessment for potential harm to self or others, developing a care plan, and providing additional support as needed are all done during the BERT call to facilitate caring for the patient and supporting the clinical team.



Perioperative Services



Setting the pace

Perioperative Services leads the way

Running a race requires skill, endurance, and a lot of determination. And the Perioperative Services team proves they have what it takes, not only to run the race, but to cross the finish line triumphantly.

As the team pushed off from the starting block, they set a swift pace and ended FY22 with some great accomplishments. Endoscopy averaged 216 cases per month, which was a 20% increase from FY21. Operating room (OR) volume kept a steady pace at 353 cases

per month. What's more, First Case On-Time Starts (FCOTS) rose to 84%. This far exceeded the Medstar system average of 71.1%. The team also outpaced the MedStar system Turnover Time (TOT) of 45.0 minutes with a notable 32.5 minutes. Coming alongside the OR in setting an impressive stride was the central sterile processing team, having processed more than 32,884 instruments in FY22.

The race is never over though for this extraordinary team. Coming soon are

state-of-the-art laparoscopic video towers, advanced neuroradiographic imaging and microscopic capabilities, a second Davinci XI robot, new monitors for the ORs, and argon plasma coagulation technology for endoscopic patients in need of advanced gastrointestinal procedural care.

It's no wonder that everyone continues to cheer on Perioperative Services. Not only did they set the pace in FY22, but they also led the way to phenomenal surgical care for our community.

Emergency Department



Optimizing emergency department operations during a pandemic

As the country maneuvered through the COVID-19 pandemic, it remained apparent that healthcare providers needed to remain creative and flexible to meet the needs of the community. In the emergency department (ED), the leadership team vigilantly monitored monthly patient arrival trends and worked to shift staffing patterns to allow for fluctuating patient volumes and higher patient acuity.

The ED expanded the use of the tele-triage capability for initial physician evaluation during nursing triage. Expansion of the tele-triage allowed patients to be discharged

from triage after discussion with the virtual provider, for example, patients presenting with minor symptoms or needing testing for COVID-19. This helped decrease overall length of stay in the ED.

In addition to the expansion of tele-triage, the ED team developed a similar workflow for patients who could be fast-tracked. With the increase in high acuity patients, it often left those with minor illnesses waiting much longer for care. The workflow allowed for evaluation and treatment of those with minor illnesses or injuries in a designated chair space (in lieu of waiting for



an available bed). This resulted in expedited patient throughput and an increase in patient satisfaction scores.



Here we grow again Supporting mothers and babies

MedStar Southern Maryland Hospital Center is continuing to make progress on the Baby Friendly designation journey, anticipating FY23 designation. As a Baby-Friendly hospital, MedStar Southern Maryland ensures that every mother and infant receives care in an environment that fully supports them by implementing best practices in maternity care for optimal infant feeding.

The Baby-Friendly designation process requires verification of policies, curriculum, action plans, quality improvement projects, staff training, and competency verification,

as well as a readiness interview and an on-site survey. This dovetails with The American Academy of Pediatrics recommendation for new moms to exclusively breastfeed their infants for the first six months of life. MedStar Southern Maryland also believes breastfeeding is optimal for human infant nourishment.

In addition to the Baby-Friendly principles, there are resources to help providers apply Baby-Friendly processes to neonates as well. There is a Neonatal Intensive Care Unit (NICU) Taskforce within the Baby-Friendly USA Board of Directors that have provided

expertise for national NICUs. This eliminates the need for a separate survey and allows our hospital to provide Baby-Friendly principles to the most vulnerable babies in the special care nursery.



Baby-Friendly USA is the accrediting body for the US Baby-Friendly Hospital Initiative. For more information, visit <https://www.babyfriendlyusa.org/>.

Intensive Care Unit



Technology for tissue oximetry

In May 2022, the ICU began to receive post-surgery patients who had skin flap procedures as part of either breast reconstruction, trauma surgery or other surgeries. For these patients the ability of the surgeon to assess the health of the affected tissues was critical during and after surgery. That's where tissue oximetry via the Vioptix monitor came in.

The Vioptix monitor provides continuous non-invasive tissue oxygen saturation readings. It can detect compromises in tissue viability before obvious clinical signs, promoting better clinical outcomes for patients. With the Vioptix, the

bedside RN can trend the readings continuously along with hourly nursing assessment of color, warmth, and capillary refill of the affected area. If there are any changes in the patient's readings or other assessments, the surgeon is notified and available for intervention.

The patient stays in the ICU for as long as the Vioptix is in use. Vioptix is set up by the OR team and all necessary components are placed prior to the patient arriving in the ICU. The ICU team was trained on the use and capabilities of the monitor by both in-service, and hands-on training provided by the surgeon who performs the procedure.



Innovations in nursing practice

Pathway to Excellence (PTE)

In FY22, MedStar Southern Maryland Hospital Center had the goal of continuing its Journey to Pathway to Excellence (PTE) designation. PTE designation extends a positive practice environment to the nursing profession and beyond. A Donabedian approach (structure, process, outcomes, Donabedian, 1966) was selected as the conceptual model for the PTE Journey.

With the Donabedian paradigm, 658 pages of the hospital's PTE portfolio were submitted on May 25, 2021, to the American Nurses Credentialing Center (ANCC). All six PTE standards, including Shared Decision Making, Leadership, Safety, Quality, Well-Being and Professional Development were captured in the elements of performance (EOPs). These standards were based on the foundations of the positive practice environment of direct care nurses. A brief PTE standard synopsis is included below.

In early FY23 and after document acceptance, we moved on to the nursing survey. In Q2 of FY23 (October 24, 2022), we officially became a Pathway to Excellence Designated Hospital. We are the first hospital in the Southern Maryland peninsula to achieve this designation. We are also one of three in the state of Maryland, and one of 202 organizations worldwide showcasing the positive practice environment.

Standard I - Shared Decision Making

The organization has several multidisciplinary teams that promote a culture of shared decision making and interprofessional collaboration. The framework for shared decision making is H.E.A.R.T (Hear, Empathize, Apologize, Respond and Thank) as well as the SPIRIT values (Service,



Patient, Integrity, Respect, Innovation and Teamwork). Examples of Standard I include the collaborative work done by the Workplace Violence Committee in addressing and preventing workplace violence. Additionally, a direct care nurse's (DCN) proposal was implemented in the emergency department (ED) for ultrasound guided peripheral IV placement in renal patients with poor vasculature.

Standard II-Leadership

The hospital had to provide exemplars of leadership throughout the entity. Chief nursing officers (CNO) and nurse managers demonstrate leadership through support of shared governance activities, such as giving associates protected time off to attend unit-based councils, topic-specific workgroups, and champion and interprofessional safety and quality committee meetings. Another example of leadership is that DCNs are included in cost management discussions. Operating room (OR) nurses developed a game modeled after The Price Is Right to bring awareness of the cost of OR supplies. Lastly, there have been robust retention strategies for leaders that include professional and personal support and training, as well as succession planning and recognition.

Standard III-Safety

A voluntary e-reporting system

computer is used for reporting patient/staff safety events. An interprofessional team meets weekly to review all safety events and to strategize on mitigation, prevention and overall safety awareness. DCNs attend these meetings and report on events in which they were involved. Applicable outcomes are discussed during shared governance meetings. Staffing concerns are discussed yearly with the CNO, and frequently through various communication methods. DCNs have input on daily staffing issues as well.

Standard IV-Quality

The annual associate training and Nursing Strategic Plan are methods used to align staff with the mission, vision and SPIRIT values. The Nursing Strategic Plan consists of five pillars: Best Patient Experience, Market Leader, Financial Strength, Best Place to Work, Highest Quality and Safety. An example from a DCN demonstrated how she applied the organizational values and patient-centered care to her patient care interactions. Another example was provided by a DCN, who described what she learned about respectful communications and how it helped her speak with a provider to enhance patient care.

Standard V-Well-Being

MedStar Health uses a comprehensive approach to associate health and wellness. The organization conducted a wellness survey to assess the health of its associates, with a specific focus on COVID 19-related issues. Well-being initiatives were developed, and resources allocated based on the survey results. Senior leadership integrates staff well-being and joy into the system strategic plan. Strategies include wellness rounding on nursing units, where advocates offer refreshments and talk with staff. Staff well-being also is promoted by encouraging and recognizing volunteer activities.



Standard VI-Professional Development

A nursing resident program is used to help newly graduated nurses transition into practice. DCNs have input into educational offerings by a needs assessment and ad hoc learning. An exemplar demonstrated how a new nurse identified her own orientation needs. The orientee felt she needed more experience with IV insertion. Examples were also included to describe how mentoring occurred and led to positive experiences for the mentees.

Collaborative Governance

Another FY22 collaborative governance outcome was the development and design of a Nursing Practice Model. The model incorporates the mission, vision, and values of MedStar Southern Maryland and MedStar Health, in addition to the Pathway to Excellence Standards. The FY22 Collaborative Governance Councils were:

- Nursing Practice, Quality & Safety Council
- Nursing Professional Development Council
- Falls and Safe Patient Handling Champion Council
- Skin and Wound Champion Council

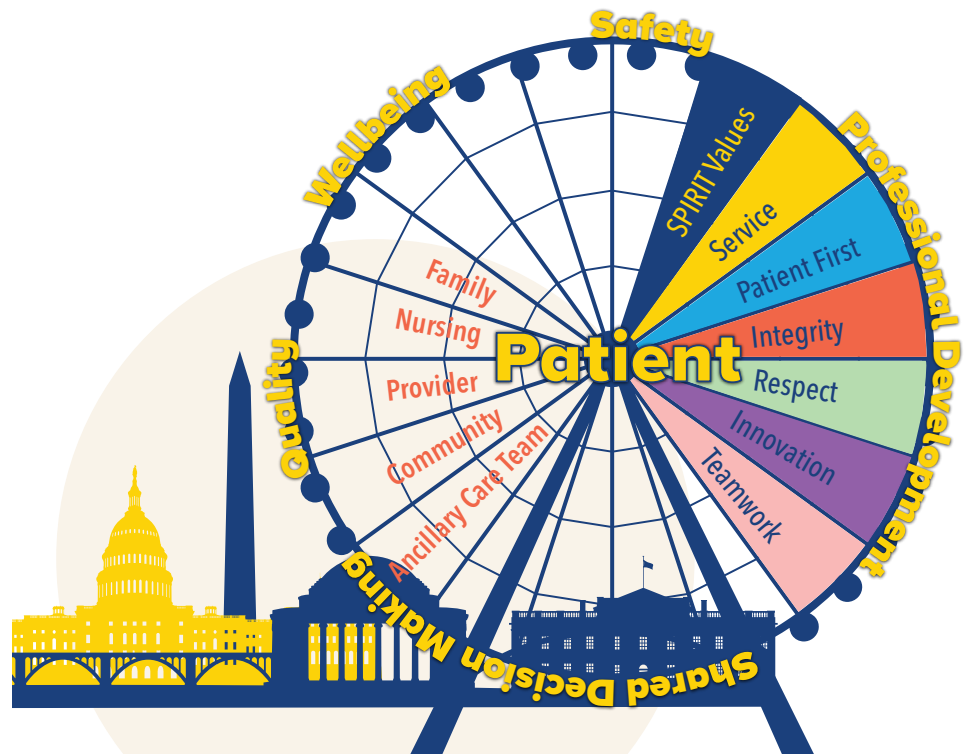
Nursing Sensitive Indicators (NSIs)

Nursing sensitive indicators (NSI) remain integral to the nursing practice environment and to the patient experience. Despite COVID-19, NSI outcomes continue to improve. Continuous performance improvement interventions have been adopted to maintain improvement. Additionally, the hospital initiated reporting to National Database Nursing Quality Indicators (NDNQI). This reporting guides strategic interventions from benchmarking across the nation from like hospitals and units.

FY22 Performance Strengths:

- CAUTI non-ICU rate decreased from 0.67 in FY21 to 0.0 in FY22. Daily huddles, line necessity review, and a culture algorithm were developed to aid in this accomplishment. External benchmarking with BARD Zero-In Study was put on hold due to COVID-19 activity. Considerations for FY23 participation are in discussion.

- CLABSI non-ICU also decreased from 0.68 in FY21 to 0.29 in FY22. This success is attributed to the CAUTI/CLABSI Committee with development of a vascular access algorithm in effort to decrease central line placements. In addition, daily communication emails enhance accountability in line removal indications strategies.
- HAPI rate decreased from 1.89 in FY21 to 1.790 in FY22. Goal was < 1.7955. HAPI reduction action plans are ongoing and focus on peer-to-peer coaching/ accountability, admission, discharge, and transfer dual person skin assessments and reinforcement of evidence-based practice interventions. We acquired 96 new Hill-Rom beds to augment pressure injury reduction, which has shown great benefit to decreasing pressure injuries.
- C. diff rates have decreased year over year. A process improvement project completed in FY19 continues to be beneficial. C. diff rate decreased from 0.07 in FY21 to 0.6 in FY22.



Professional Practice Model



- MRSA rates in FY21 were 0.0 and continued to be 0.0 in FY22. This continued goal achievement is in part due to new testing and isolation. This is in addition to due diligence in care.
- OSHA rate is 3.67, goal is < 4. Continuous quality improvement efforts are maintained by the Safe Patient Handling (SPH) and Fall Reduction Champion Program.

FY21 Performance Opportunities:

- ICU CAUTI rate increased from 1.21 in FY21 to 1.47 in FY22. ICU CLABSI rate increased from 0.49 in FY21 to 1.41 in FY22. This increase is attributed to an increase in patient census and acuity, and specifically in patients' hemodialysis catheters. Efforts to reduce/eliminate CLABSIs in this population focus on alternate access options, such as AV fistulas and grafts.
- Fall rate increased from 2.93 to 3.23 (FYTD). Goal is < 2.78. A fall action plan continues to evolve with interventions, such as fall mat utilization, fall reduction commitment pledge, consistent fall risk signage across all inpatient units, fall alarm workflow enhancements, clinical nurse specialist rounding, and unit specific action plans.

- Advanced stage HAPI (Stage, III, IV, DTI, and US) increased from 1.18 to 1.26. HAPI reduction action plans are in a continuous quality improvement state with augmentations in peer-to-peer coaching/accountability, admission, discharge, and transfer dual person skin assessments, and reinforcement of evidence-based practice. Efforts reinforcing skin checks on admission are ongoing and present the biggest opportunity for improvement in a SNF readmit population.
- DART rate is 1.63, goal is < 1. Ongoing education of SPH tactics, and other workplace injury reduction interventions was included in new hire, annual, and on an as needed training basis. Concentrated efforts to have equipment available and in working order was an initiative of the SPH and Fall Reduction Champion Program by the development of an SPH audit tool. Partnership with Environmental Services also continues to ensure an adequate supply of soft goods are readily available.

Additional Performance Improvement Projects:

- **BCMA**
In October 2021, an aggressive quality improvement project

was initiated to address BCMA completion rate of 87%. A goal was set to achieve and maintain a target of 95% or higher. Nursing, pharmacy, and quality collaborated to identify and remedy gaps in the BCMA process. As a result, the hospital has met and consistently maintained a BCMA completion rate of 95% or higher since January 2022.

- **WPV**
On July 1, 2022, a "Potential for Violence Process" was initiated. This process includes a multifaceted approach to enhance communication across the interprofessional team. Feedback and engagement from frontline staff indicates enhanced feelings of workplace violence prevention interventions.
- **CSSR**
In addition to the workplace violence performance improvement process, work also was done to augment care of the suicidal and homicidal patient from ED to discharge. The process was optimized by the MedStar Health system and the work of the Columbia Suicide Severity Rating Scale. This performance improvement project led us through a successful Joint Commission Survey in Q3 of FY22.

Unit-based educational highlights for FY22.

Women and Newborns Center

New nurses were successfully transitioned to practice after attending the labor & delivery, postpartum, and special care nursery bridge programs, which include didactic learning and online learning modules through AWHONN. Various in-services were given to staff throughout the year covering topics such as epidural bags, the level 1 rapid infuser, COVID-19 monoclonal antibody therapy, OB Insulin, neonatal resuscitative program updates, and type and screen standards. WNC nurses also began attending advanced and intermediate electronic fetal monitoring courses, a certification that will soon be a requirement to work in the department. Numerous simulation sessions were also utilized to augment learning and improve patient outcomes, with pop up drills, a shoulder dystocia scenario, a postpartum hemorrhage scenario, a neonatal distress scenario, and a code pink drill.



Perioperative Services

There were multidisciplinary in-services for low volume/high risk procedures (Malignant Hyperthermia, Fire, Code Blue) in the OR with anesthesia. Education for new equipment and products for perioperative services, such as the additional DaVinci Xi robot training. Just in time education and information were disseminated as new processes were implemented such as AP Specimen EMR process as well as review of standard work with HAPI prevention and surgical skin antisepsis. Surgeons assisted with staff education with presentations on spinal and plastic surgical procedures.



Cardiac Catheterization Lab/Interventional Radiology/CVIC

Numerous in-services were held throughout the year with education sessions focusing on the new vascade closure device, pulmonary artery catheters, penumbra thrombectomy device, and the GE monitors. Additionally, during unit-specific competencies, the staff received refresher education on critical care medications and moderate sedation. Staff were also challenged using low-fidelity simulation through various patient scenarios, including a coronary perfusion scenario and a post-electrophysiology patient scenario.



**It's how we
treat people.**



Nurse Residency Program

The overall program objective is to transition new-to-practice nurses to the registered nurse role while focusing on leadership, quality outcomes, the professional role, and scholarship for nursing practice. A total of 79 nurse residents worked together on 15 evidence-based projects with the goal of improving patient care, quality, and safety. In FY2022 a total of 59 student nurse externs joined MedStar Southern Maryland with the intent of joining the nurse residency program upon graduation.

Medical Surgical Services

A total of 40 nurses attended the Medical/Surgical bridge program in FY2022, completing didactic sessions and online learning modules through Elsevier. Staff received various in-services on topics including the telesitter process, capnography, CIWA protocols, and the centrella patient beds. 3 West nurses also completed a "cardiology uptrain", increasing the scope of care the nurses could provide to cardiac patients. The training included ACLS certification, completing Elsevier Progressive Care Unit Cardiology online learning modules, completing a review of positive inotropic medication, and a class on fixed-rate dobutamine and milrinone drips.



Emergency Services

Emergency nurses attended a robust annual skills fair covering port access and de-access, level 1 rapid infuser, violent restraints, arterial line set up, chest tube drainage system set up, and blood culture phlebotomy. Staff also received in-services throughout the year on the level 1 rapid infuser, blood culture technique, emergency preparedness, workplace violence, suicide screening, cord compression, and insulin infusion protocols. There were 12 new nurses that attended the emergency nursing bridge program and completed the emergency nursing orientation online learning modules. Nurses were also trained on the emergency severity index five-level triage system.

Critical Care Unit

Various nursing education sessions were held throughout the year, focusing on topics such as continuous renal replacement therapy, IV drip medications, and intra-aortic balloon pumps. Critical care RNs also completed a skills fair that included continued education on the Zoll R Series Defibrillator, Level 1 Rapid Infuser, Pulmonary Artery Catheters, and Flo-Trac/Arterial Line Set-up. There were also 15 new nurses who successfully completed the critical care bridge program and Elsevier Essentials of Critical Care Orientation online learning modules.



Nursing Professional Development (NPD)

NPD by the numbers Bouncing back after a pandemic

Nursing Professional Development (NPD) is a specialized nursing practice that facilitates the professional development and growth of nurses and other healthcare personnel along the continuum, from novice to expert. The NPD team is committed to providing quality education to our associates, and encouraging personal and professional growth to optimize patient care outcomes.

The impact of the COVID-19 pandemic was felt at every level of hospital administration, and NPD was no exception. In FY21, we were challenged with the ability to continue onboarding and offer educational courses, while also juggling the ever-changing needs and education requirements

associated with COVID-19. The NPD team worked diligently to overcome every obstacle, and the numbers reflect that grit.

In FY22, we saw substantial increases from FY21 in the following:

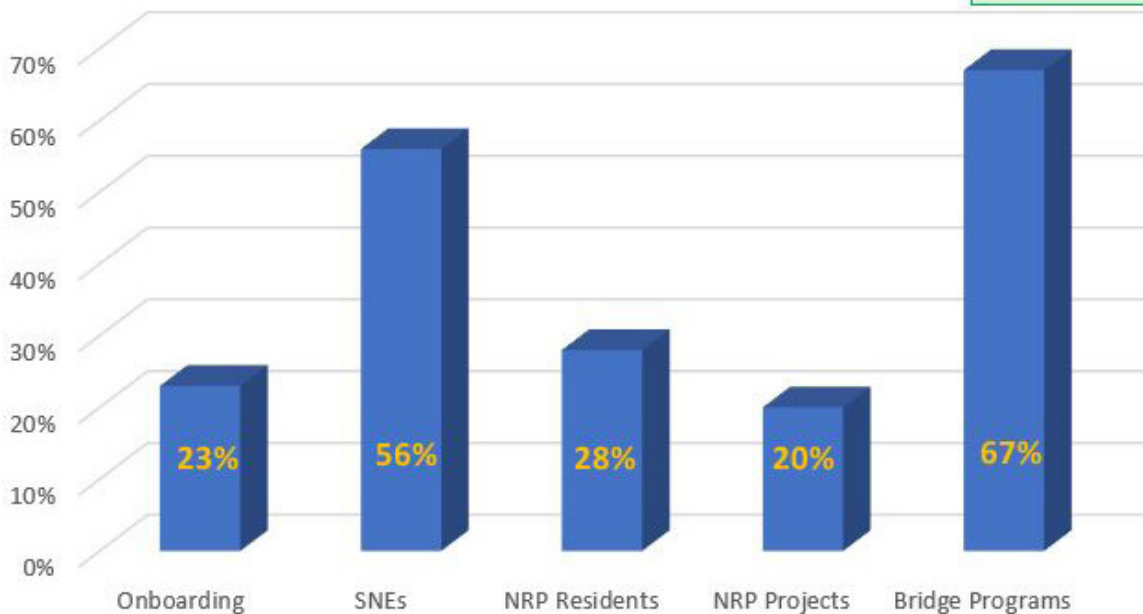
- Staff trained during various educational courses.
- Onboarding of nursing staff members (277) of various roles from licensed and unlicensed staff (23% increase).
- Student externs who joined the hospital (56% increase).
- New graduate nurses (79) started our NRP program (28% increase).

- Facilitation of 15 evidence-based practice projects with the NRP program (20% increase).
- Attendance in the Bridge Program (67 nurses), which was 67% increase.

The NPD team is growing, and we are excited to offer more courses to enhance personal and professional growth. We have a new formal mentorship training program and a new NRP Facilitator Course. We also have new members on the team and are ready to continue to support the clinical staff and improve patient outcomes.

Bridge/Sub-Specialty Residency	
ED	12
Women/Infants	13
Med/Surg	40
Peri-Operative	2

FY2022 NPD By The Numbers



Nursing informatics acrobatics

Nursing Informatics associates have been busier than ever, and the team has been making every effort to impress by rolling out recent technology and maintaining high quality day-to-day work. In June 2022, the Medtronic VitalSync go live was successfully completed for the Medical Surgical and Critical Care units, and soon to be implemented in the women's health area. In November, Assignment Manager was re-launched ahead of the Capacity Management (CapMan) go-live. CapMan, a partnership with EVS, Transport, and other departments, allows an enterprise-wide approach to patient throughput. There have been several smaller projects, such as adjustments to the CIWA process within MedConnect.

The informatics team continues to work toward upcoming go-lives, including Bridge, which is barcode scanning for blood and breastmilk, and for CareAware Connect, which will introduce a variety of functions on the handheld Zebra devices.

There are ongoing efforts for onboarding as we streamline the process, including revamping the bundles as innovative technologies are introduced. Reports continue to be a focus, ensuring that data is available to leadership to improve patient outcomes. The Clinical Informatics team consists of two Nurse Informaticists (Lucy Raymond and Ghafar Kurdieh), and Director of Clinical Nursing Informatics (Sarah Fletcher).



The medical surgical experience

The Medical Surgical units at MedStar Southern Maryland Hospital Center provide care to patients and their families who have complex medical needs. It is our responsibility to ensure that all our patients have the best experience during their hospital stay. Each unit has a different specialty within the medical surgical spectrum.



2 South

Focuses on surgical, orthopedic, and colorectal surgical patients. The unit offers private rooms, which can help decrease potential infections, and offer extra space for mobility devices.



2 West

Cares primarily for medical surgical and dialysis patients. The Dialysis Center is also located there, which makes it convenient for patients to receive their dialysis within the same unit.



2 East

Specializes in the treatment of medical surgical and stroke patients. The nurses are stroke-certified and trained to complete



3 East

Manages chronic ventilator patients and those on continuous BiPaP. Respiratory therapy supports the team with caring for these patients.



3 West

Treats patients who have serious or acute heart problems. It's also the designated cardiology unit. Patients are monitored by telemetry and often prescribed a cardiac rehabilitation program, where they will learn about necessary changes in their diet, exercise, and other lifestyle factors.

The use of daily interdisciplinary rounds on each unit supports the communication and goal development for achievement of best practice and outcomes management.



Congratulations to the 2022 Nurses' Week award winners

Nurse of the year

Sarah Hutchinson, Emergency



Preceptor of the year

Gifty Senyo, 2 South



CNA/Tech of the year

Anna Harris, Critical Care



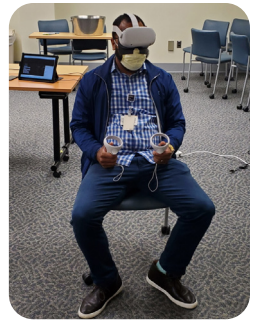
Leader of the year

Kimberly Brown-Gross, 3 East/3 West



Nurses' Week celebrates those who 'make a difference'

MedStar Southern Maryland celebrated the incredible work of our nurses by recognizing National Nurses' Week. 2022's theme honored "nurses who make a difference," highlighting the work that nurses do to change lives daily. From May 6-13, nurses enjoyed a variety of events, raffle baskets, daily nursing trivia questions, photo contests and more - culminating with the presentation of several annual nursing awards.



MedStar Southern Maryland Hospital Center is honored to recognize those nurses who have attained certification in specialty areas.



Nursing Administration

Karen Elliott, DNP, MHA, RN, NEA-BC
Lisa Hawksworth, MSN, RN, NEA-BC
Cody Legler, DNP, APRN, NP-BC, RN-BC, NEA-BC, CNL
Karen Mack, DNP, MBA, APRN, RN-BC, CCNS, ACNPC, ACNP-BC
Kristin Quade, MSN, RN, CNML

Nursing Professional Excellence & Resources

Theresa Acholonu, BSN, CWCN
Jennifer Bierbaum, DNP, APRN-CNS, AGCNS-BC, CENP, GERO-BC
Melissa Chaney, BSN, CWCN
Becky Dean, DNP, APRN-CNS, ACNS-BC
Sarah Fletcher, MSN, RN-BC
Angela Joyner, BSN, CWOCN
Mike Knapp, MSN, RN, NEA-BC
Toni Murray, DNP, RN, CENP, NPD-BC, CMSRN
Laura Ogle, DNP, CENP, CNE, CEN
Tammy Turner, BSN, CWOCN

Nursing Professional Development

Izabella Balakirsky, MSN/Ed, RN, CCRN
Amalia Berger, RN, MSN, CEN
Stephanie Chamberlain, RN, BSN, CCRN-CMC
Laura Garifo, MSN, RNC-OB, C-EFM
Karen Graham, MSN, RN, CNOR
Kristin Wright, MSN, RN, NPD-BC

Case Management

Valarie Barnes, MHA, RN, ACM-RN, CPHM
Juanita Conley, RN, CCM
Sienna Oribello, RN, CCM
Jennifer Trowell, RN, CCM

Quality & Accreditation

Wanda Banks, MPS, BSN, RN, CPHRM
Melanie Massey, BSN, RN, CCDS
Marian Rabeno, BSN, RN, CCDS
Jann Russell, RN, CCRN Emeritus

Women & Newborns

Toni R. Boyd, DNP, MSN, RN, NE-BC
Ashley Burroughs, ADN, RNC-OB
Pamela Dorsey, ADN, RNC-MNN
Robert Emerson, MSN, RNC-NIC
Cathy Gibson, BSN, RNC-OB, IBCLC, C-EFM

Joy Harper, BSN, RNC-OB, C-EFM
Gay Hessler, ADN, CLC
Carol Jewell, BSN, RNC-LRN
Sparkle Lopez, MSEP, BSN, IBCLC
Loretta Lehman, ADN, RNC-MNN
Dawn Lish, ADN, RNC-OB
Angela Middleton, ADN, IBCLC
Rosslyn Mullen, BSN, RNC-OB
Elizabeth Phelps, MSN, RNC-LRN
Marian Stokel, BA, ADN, IBCLC, RNC-OB
Melissa Wedding, ADN, RNC-OB
Jennifer Wood, BSN, RNC-OB, C-EFM

Critical Care

Vandana Kalaskar, BSN, RN, CCRN
Hye Yon Kwon, BSN, RN, CCRN
Patricia Roberts, BSN, RN, CCRN
Cheryl Spritzer, MSN, CRNP, ACNP-BC
Hawa Stanley, MSN, RN, ONS

OR/Surgery

Manisha Gonsalves, MSN, CRNP, NP-C
Trudy Lawrence, BSN, RN, CNOR
Lesa Poinsett, MSN, CRNP, WHNP-BC

Radiology/IR

Ima Sasu, MSN, CRNP, ACNP-BC

2 East/2 West

Khadijatu Koroma, MSN, CRNP, NP-C
Charity Okafor, MSN, CRNP, NP-C
Lisa Page, MHA, BSN, RN, CMSRN

3 East/3 West

Frances Atuonah, MSN, CRNP-BC
Kim Brown-Gross, MSN, RN, CRNP-PMH
Nancy Mack, BSN, RN, PCCN
Marie Tsodzou, MSN, CRNP, FNP-BC

Behavioral Health/ Psychiatry

Alice Beukam, MSN, PMH-BC
Agerie Ejigu, MSN, CRNP, PMHNP-BC
Nadine Missiet Fogoum, MSN, CRNP, PMHNP-BC
George Frimpong, MSN, RN, PMH-BC
Jayne James, MSN, RN, PMHCNS-BC, PMHNP
Ndubuisi Okoroafor, MSN, CRNP, PMHNP-BC
Maira Rodriguez, MS, RN, PMH-BC, CNE
Kenya Saleh, MSN, CRNP, PMHNP-BC
Immaculata Ulu, MSN, CRNP, PMHNP-BC
Helen Viban, MSN, CRNP, PMHNP-BC

Cardiology Services

Patricia Baker, MS, APRN, CNS, CCRN, CCNS, FCCM
Cynthia Bither, MSN, CRNP, ACNP-BC, ANP-BC
Nancy Clark, MSN, CRNP, ANP-BC
Wale John Ojeyinka, MSN, CRNP, AGACNP-BC
Lauren Skowera, MSN, CRNP, AGACNP-BC
Laura Topper, MSN, CRNP, ANP-BC

Acute Pain Service/Palliative

Faramade Eruanga, DNP, MSN, CRNP, FNP-BC
Angelica Ferrazzi, DNP, CRNP, AGPCNP-BC
Linda Ukeje, MSN, CRNP, NP-C

Anesthesia

Veronica Amos, MSN, CRNA
Cassandra Griffin-Weathers, MSN, CRNA
Ernestine Kaloko, MSN, CRNA
Mabinty Kamara, MSN, CRNA
Kevin Leveling, MSN, CRNA
Linda McDowell, MSN, CRNP, FNP-BC
Dawn Mills, MSN, CRNA
Jacqueline Mitchell, MSN, CRNA
Christopher More, MSN, CRNA
Michael Mulhearn, MSN, CRNA
Chigozie Ndugma, DNP, CRNA
Zuriashwork Nigatu, MSN, CRNA
Oluwatoyin Orunja, DNP, CRNA
Usha Parker, MSN, CRNA
Caroline Pembroke, MSN, CRNA
Derek Rall, MSN, CRNA

Gastroenterology

Nicole Dease, MSN, CRNP, AGACNP-BC
Kathryn Peacher, MSN, CRNP, NP-C

Clinical Advancement Program

Cathy Gibson, BSN, RNC-OB, IBCLC, C-EFM
Elizabeth Phelps, MSN, RNC-LRN
Patricia Roberts, BSN, RN, CCRN

Nurse Leadership Directory



Cody D. Legler,
DNP, APRN, NP-BC, RN-BC, NEA-BC, CNL
Vice President and Chief Nursing Officer
301-877-5510
Cody.D.Legler@MedStar.net



Anne Johnson, MSN, RN
Nursing Director, 2 South
301-877-4455
Anne.Johnson@MedStar.net



Kristin Quade, MSN, RN, CNML
Sr. Nursing Director, Nursing Operations
301-877-5577
Kristin.E.Quade@MedStar.net



Lisa R. Page, MHA, BSN, RN, CMSRN
Nursing Director, 2 East/2 West
301-877-4585
Lisa.R.Page@MedStar.net



Sunita A. Waddell, DNP, MSN, RN
Sr. Nursing Director, Nursing Operations
301-877-4537
Sunita.Waddell@MedStar.net



Jared Paul, MSN, RN
Nursing Director, Cardiac Cath Lab
and Interventional Radiology
301-877-4591
Jared.A.Paul@MedStar.net



Lisa T. Hawksworth, MSN, RN, NEA-BC
Sr. Nursing Director, Nursing Excellence
& Resource Management
301-877-5651
Lisa.T.Hawksworth@MedStar.net



Deborah A Walker, MHA, BSN, RN
Director, Perioperative Nursing
301-877-5545
Deborah.A.Walker@MedStar.net



Kim Brown-Gross, MSN, RN, CRNP-PMH
Nursing Director, 3 East/3 West
301-877-4617
Kimberly.Brown-Gross@MedStar.net



**Jennifer Bierbaum, DNP, APRN-CNS,
AGCNS-BC, CENP, GERO-BC**
Director, Nursing Practice Innovation
301-877-5854
Jennifer.Bierbaum@MedStar.net



Wendy Post, DNP, MSN, RN
Nursing Director, Women & Newborns
301-877-4617
Wendy.S.Post@MedStar.net



Sarah Fletcher, BS, MSN, RN-BC
Director, Nursing Informatics
301-877-7408
Sarah.E.Fletcher@MedStar.net



Laura Ogle, DNP, CENP, CNE, CEN
Director, Nursing Professional Development
301-877-4252
Laura.M.Ogle@MedStar.net



Maira Rodriguez, MS, RN, PMH-BC, CNE
Executive Director, Behavioral Health
(301) 877-7421
Maira.Rodriguez@MedStar.net



Martha L. Miller-Dunlap
Director, Patient Experience
301-877-5534
Martha.Miller@MedStar.net

**MedStar Southern Maryland
Hospital Center**

7503 Surratts Road, Clinton, MD 20735
301-868-8000 • MedStarHealth.org



MedStar Health