Celebrating excellence in nursing.
MedStar Southern Maryland Hospital Center

FY2019-2020 Nursing Report
Dear Nursing Colleagues,

It is with great joy and gratitude that I share with you this Division of Nursing report, recognizing the many enhancements and contributions made by our nursing colleagues over the past two fiscal years. The Medstar Southern Maryland Hospital Center nursing team has continued to evolve nursing practice, implementing contemporary, innovative and progressive programs and initiatives that support our highest quality and safety journey at Medstar Health and our Best Place to Work philosophy.

The unexpected COVID-19 Pandemic came upon us in the beginning of calendar year 2020, and without hesitation the MedStar Southern Maryland nursing team leaped into action in order to provide seamless and high-quality care to our community. It is with deep gratitude that the MedStar Southern Maryland nursing team is recognized for their continual resilience and commitment demonstrated in this unprecedented time, providing outstanding care to our patients, their families and our community. Even during a pandemic, the MedStar Southern Maryland nursing team was able to expand, implementing successful nurse extern and graduate nurse roles in the summer of 2020.

With great appreciation and recognition of our excellent nurses, we have maintained our level 4-Nurses Improving Care for Healthsystem Elders (NICHE)-exemplar status, designation, allowing us to deliver the highest quality of care to our elder patient population. We have continued to move forward in our Baby-Friendly designation journey and are in the final “designation” phase, implementing and optimizing a variety of women and infant practice changes along the way. In addition, our partnership with the Medstar Heart and Vascular Institute-Cleveland Clinic Alliance remains strong, offering additional types of complex care and treatment modalities to patients in Prince George’s and Charles Counties, MD.

Thank you for your continual and ongoing dedication to the MedStar Southern Maryland Division of Nursing. Together, I look forward to carrying out our inaugural Division of Nursing Strategic Plan in the forthcoming year, and together, I continue to look forward to taking care of our community and each other.

Kindest regards,

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Vice President & Chief Nursing Officer
Medstar Southern Maryland Hospital Center
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Several of these photos were selected prior to the COVID-19 pandemic. All patients and providers are expected to follow the current MedStar Health guidelines for safety including proper masking and physical distancing where appropriate. Learn more at [MedStarHealth.org/Safe](https://MedStarHealth.org/Safe).

**On the cover**
Pictured left: Jessica Zettek, RN and Ana Velasquez, RN. Pictured right: Veronika Adriazola, RN.
Pictured left to right: Dawn Morgan, BSN, RN, and Lucy Raymond, MSN, RN, Nursing Informatics coordinators.
Nursing Excellence

Nursing excellence is promoted with a coordinated approach to nurses’ clinical practice, professional development, and the technology that supports nursing practice. At MedStar Southern Maryland Hospital Center, the team of nursing excellence includes nursing practice and innovation (NPI), nursing professional development (NPD), and nursing informatics (NI). Together, these teams support clinical nurses and nurse leaders beginning at new associate orientation. Orientation includes learning about policies, clinical guidelines, nurse sensitive indicators such as prevention of pressure injuries, falls, and infections, and how to use MedConnect and other electronic health record systems. The teams also collaborate to implement changes to nursing practice, update nursing knowledge, and support performance improvement. A center for nursing excellence exemplifies the work of nursing as a profession and augments visibility of the nursing contribution to care within the hospital and the community it serves (Knox & Gharrity, 2004; McBride, 2011). The efforts in the team of nursing excellence, in collaboration with clinical nurses and nurse leaders, to implement new practices, enhance knowledge, and facilitate utilization of technology over the past two years are described in the following paragraphs.

Nursing Informatics

NI supported nurses during the migration to MedConnect, the electronic health record (EHR), beginning in November 2018. In that same period, VitalsLink machines were introduced as a new technology to monitor patients’ vital signs. In May 2019, the implementation of Cerner’s CareAware VitalsLink™ began electronically transmitting vital sign data into the EHR, eliminating the need for nurses and nursing associates to manually enter the data. In addition, the Zebra TC51 devices went live in February 2020 and included the Jabber application for Telephony that allows nurses to receive and send phone calls and call-system alerts needed for patient care. During the pandemic, NIs supported the addition of the MedStar Health Telehealth application that allows for virtual visits with patients, nursing, and providers. In FY 2020, MedConnect documentation was optimized to simplify nursing documentation and to decrease the number of computer alerts nurses receive. Instead of an alert to nurses regarding restraint management, fall risk, and pressure injury risk, nurses are now reminded with a task in their MedConnect worklist to initiate interdisciplinary plans of care (IPOCs) and tailor them to the needs of the patient.
Nursing Practice Innovation

In November of 2018, the NPI role was formalized at MedStar Southern Maryland with the addition of an advanced practice registered nurse as the NPI Lead. In keeping with the MedStar Health philosophy of systemness, the NPI Lead participates in and directs hospital and MedStar Health system-wide programs and initiatives. In FY 2018, the NPI Lead enhanced the newly created nurse champion program(s) for pain, skin, fall, contemporary primary nursing (CPN), and gerontologic care with tactics to increase participation in monthly meetings, recruitment, and education of unit-based champions. Champion education included participation in system-wide meetings where they learn from one another and subject matter experts. In FY 2019, and FY 2020, the NPI Lead focused in identifying nursing practice strengths and opportunities for improvement. Action plans were developed in collaboration with the NPD team and other multidisciplinary teams. Policy and procedure work will continue into FY21 and will remain constant. Quality analyses performance improvement (QAPI) workgroups are being formed to address system level changes such as titratable drips, heparin, medication management, and Alaris BD infusion pump management.

The NPI Lead also continues to serve on multiple councils and committees, both at the hospital and systemwide. The MedStar Health Nurses Improving Healthcare for Health System Elders (NICHE) is chaired by the MedStar Southern Maryland NPI Lead. The NPI Lead also serves as the MedStar Southern Maryland representative to the MedStar Health Nursing Peer Review Committee and co-chairs all MedStar Southern Maryland champion programs, Quality Nursing Practice Council, and QAPI workgroups including suicide prevention (National Patient Safety Goal 15), aggressive patients, and telemetry.

Nursing Professional Development

MedStar Southern Maryland’s NPD team has identified system and local level priorities for professional development opportunities for all nurses. Several training opportunities were implemented or re-energized, such as the preceptor workshop, charge nurse workshop, basic arrhythmia course, ECG interpretation learning module, ventilator management training, stroke patient simulation, and intensive care and emergency bridge programs. These training programs have allowed nurses to become prepared to assist with the onboarding and development of new to practice nurses in the nurse residency program (NRP). The NRP continued to expand the number of new to practice nurses in almost every nursing setting.

As the number of nurses grows, professional growth and career development will remain a high priority. In 2018 and 2019, MedStar Southern Maryland hosted two chief nursing officer sponsored nursing certification review courses: Stroke Certified Registered Nurse and Progressive Care Certified Nurse. The NPD team was also instrumental in launching the contemporary primary nursing model of care in 2018 and involvement in the nurse champion programs. In FY 2020, the NPD team supported new practice and the knowledge required to care for patients with coronavirus (COVID-19). This included teaching nurses how to safely use personal protective equipment and cross training telemetry nurses to assist with the care of COVID-19 patients in the critical care unit, under the team nursing model. NPD will continue to create and sustain an environment for evidence-based practice development and implementation that fosters professional growth and commitment to life-long learning.

Pictured left to right: March 2020 nursing cohort, Jeanine Carney, RN, April Branch, RN, Daniel Jones, BSN, RN, Adrienne Hall, RN, and August Lawrence, RN.
At MedStar Southern Maryland Hospital Center, there are more than 60 nurses who regularly receive extra, specialized training, help train other nurses in their respective units, and lead the charge in adapting to new hospital policies and procedures. These nurses are known as nurse champions, and belong to one of five champions programs, including:

- Contemporary Primary Nurse Champions
- Fall Nurse Champions
- Geriatric Resource Nurse Champions - Nurses Improving Healthcare for Health System Elders (NICHE) Program
- Pain Nurse Champions
- Skin and Wound Nurse Champions

Each program is led by a combination of nursing professional development (NPD) specialists, nursing practice innovation (NPI) specialists, and nursing directors. The nursing informatics (NI) team supports the programs by providing MedConnect support with reports about use of interdisciplinary plans of care (IPOC) and improvements in nursing documentation and decision support identified by the nurse champions.

These five programs have been gradually phased in, but there has been an increased focus to strengthen all five of them in the past year. Currently, nurse champions are present on every nursing unit, including the post-anesthesia care unit (PACU) and emergency department.

Perhaps the largest benefit we’ve received from these nurse champions is that they are providing peer to peer education and clinical expertise to their colleagues. Nurse champions are motivated for positive outcomes for patients and are engaged in monthly educational activities outside of their typical duties. The Contemporary Primary Nurse Champion program denotes a model of care that identifies one primary nurse for each patient and supports relationship-based care through one-on-one interactions between nurses and patients. NICHE is a national nursing education and consultation program designed to improve geriatric care. The three remaining champion programs are focused on preventing and managing falls, wounds, and pain.

Champion programs are interdisciplinary in their approach; champions collaborate with physicians, physical therapists, pharmacists, social workers, and others across MedStar Southern Maryland. Certified nursing assistants are also engaged in educational and improvement activities in the falls, skin/wound, and geriatric nurse champion programs.
Pictured left to right: Lactation team members, Marian Stokel, RN, and Cathy Gibson, BSN, RN, lactation services coordinator, Sparkle Lopez, MHEP, BSN, RN and Interim Director, Women & Newborns Center, Brenda Freborg, MSN, RN
Final Phase of Baby-Friendly Designation

Baby Friendly Designation assures our patients and families that we are aligned with best practices related to breastfeeding. Giving birth at a baby-friendly hospital has the benefit of enhanced breastfeeding support by knowledgeable staff. The Women & Newborns Center has entered the 4th and final phase of our 4-year journey to achieve Baby-Friendly Designation at MedStar Southern Maryland Hospital Center. We have completed the first three phases.

**Discovery**
The discovery phase consisted of a formal assessment of the current practices and development of our Baby-Friendly Task Force. A quality improvement plan was developed.

**Development**
During this phase we developed and aligned our policies, prenatal/postpartum teaching plans, staff training plan and data collection plan. All of this was submitted and approved by Baby-Friendly.

**Dissemination**
The next step was to ensure that all staff has completed the training as well as completion and posting of all pertinent policies. Verification of policies, education and three months of data collection was sent to Baby-Friendly for approval. We were required to reach 80% to pass this phase.

**Designation**
The quality improvement plan is fully implemented at this point. We have completed our readiness interview and our onsite assessment is tentatively scheduled for the beginning of September 2020. We are anticipating a call to confirm specific dates.

The overall goal is to keep mother and baby together as much as possible, so the postpartum team is currently working on several initiatives to keep mother and baby together even when the baby may need increased care such as photo-therapy, vital sign monitoring and antibiotic therapy. This aligns with best practice and increased patient satisfaction.

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**The 4-D Pathway to Baby-Friendly Designation**

- **D1 Discovery**
  - Register with Baby-Friendly USA
  - Obtain CEO Support Letter
  - Complete Self Appraisal and Facility Data

- **D2 Development**
  - Registry of Intent Award
  - Multidisciplinary Committee
  - BFHC Work Plan

- **D3 Dissemination**
  - Data Collection Plan
  - Prenatal/Postpartum Teaching Plans
  - Staff Training Plan
  - Infant Feeding Policy

- **D4 Designation**
  - Implement QI Plan

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Pictured left to right: Breastfeeding support group member and Sparkle Lopez, MHEP, BSN, RN
Our Nurses.

Our Heroes.

We’re In This Together

Bringing New Efficiency Standards to Cath Lab Operations

The cardiac cath lab at MedStar Southern Maryland Hospital Center received high praise from Cleveland Clinic for two projects aimed at improving cath lab efficiency. Physician champion and Chairman of Cardiology, William Suddath, MD, along with Director of Cardiology Services, Ora Reaves, MBA, BSN, RN, led their team to improvements in cath lab room turnover times and first-case on time starts. These projects are well-suited to clinical and continuous improvement as each has defined time points. With defined time points, it becomes easy to recognize outliers, or identify what factors impede on-time case starts and room turnover times. Once the factors were known, Dr. Suddath and Ora were able to implement an improvement plan. Working as a team, the cath lab has decreased the room turnover time by more than 50%, and tripled the number of on-time case starts.

With this demonstrated success, the cath lab team is undertaking more quality improvement projects in the future which will consist of decreasing hospital transport time from rural areas using state of Maryland air transport for suspected ST elevation myocardial infarction patients.

(Cleveland Clinic’s Heart & Vascular Institute, Consult QD, Jan. 30, 2020).

Pictured: Cath lab used for diagnostic testing and cardiac intervention.

Pictured left to right: Eshetu Eshete, Director, Cardiology Services, Ora Reaves, MBA, BSN, RN, Valerie Morgan, Pamela Harris, Patricia Baker, MS, RN, Tawanna Devine-Scott, Norman Scott, and Iyobosa Bazuaye.
As of March, 2020, TC51 devices (short for TC51-HC touch computers, also known as “zebras”) are now present on each nursing unit, along with a few other locations around the hospital such as the cardiology department. They currently function as a three-in-one device for nurses to make calls, send secure messages and receive alerts. Using TC51s, nurses and nursing technicians can now direct calls specifically to another clinician, versus dialing a more generic Spectralink number. “There are several devices on each unit so that nursing leaders, nurses, and nursing techs can use them,” said Cody Legler, Vice President and Chief Nursing Officer. “Each nurse has a unique login, so devices can be passed on to another nurse when the shift changes. These new devices replace the phones our nurses used to carry around and they give clinicians easier access to each other.”

TC51s are more portable and offer more sophisticated messaging and alerts systems than the previous technology. This new system optimizes the safety component in caring for patients. Nurses are no longer solely relying on being able to see and hear the call bell light in patient rooms, the new devices function as an alert system whenever a patient hits their call button. The future state of TC51 devices across all MedStar Health locations will include added capabilities such as scanning barcodes to ensure accuracy for medication administration, specimen collections, and proper patient identification. The devices will also integrate with MedStar Health’s systemwide Electronic Health Record (EHR) system. As time goes on, it is hopeful that there will be even more palpable effects of using TC51s. “They could help improve patient satisfaction scores and lead to better outcomes such as preventing falls and better pain control for our patients,” said Legler.
Pictured: Nurse extern and nursing student, Valecia Cave.
Nurse Extern Program

Preparing nursing students to enter the workforce is a primary goal of many nursing programs. However, many students never have the opportunity to work in a hospital or a clinical environment before graduation. Nurse extern programs provide that valuable experience by allowing students to work at a hospital during school. They also provide several benefits to the partnering hospital.

To support nursing professional development and training, MedStar Southern Maryland Hospital Center launched its nurse extern program in June 2020. Similar programs are available at all other hospitals in the MedStar Health system. During the program, nurse externs work a full-time schedule at MedStar Southern Maryland for approximately six weeks in the summer. The students perform basic technical duties, including medication administration and patient assessment, under the direct supervision of a registered nurse. Nurse externs are encouraged to retain their employment throughout their academic school year, and upon graduating from nursing school, the nurse extern has the opportunity to join MedStar Southern Maryland full time.

Teamwork is especially important for nurse extern candidates. Having a strong desire to engage with an interdisciplinary team, while maintaining a focus on education, is also vital. To be considered, nurse extern applicants must complete an application and an admissions interview. They must meet the job description requirements and have already completed certain coursework. Additionally, applicants may request to work in specific areas of the hospital, based on availability. The critical care unit and Women & Newborns Center tend to be the most popular areas requested by students.

Pictured: Nurse extern and nursing student, Valecia Cave.
Division of Nursing: Medical Service Line Update

Many renovation projects have recently taken place at MedStar Southern Maryland Hospital Center. The first of several included 1 East and 1 West moving to the 3rd floor. This was necessary for the emergency department renovation project. With the move to the 3rd floor, designated observation beds were identified. The designation of observation beds allows for finite focus on treatment and discharge in a timely manner for our patients. These changes were embraced by our associates. In addition to physical changes, the 3rd floor is the identified chronic ventilator unit. The nursing associates have received training and are skilled in chronic ventilator management.

Under the guidance of MedStar Health’s system nursing team, several initiatives and programs have been developed and implemented to enhance the quality of care provided to our patients.

Across the Division of Nursing, the implementation of the nurse driven telemetry protocol was developed. This protocol incorporates the safe discontinuation of the telemetry for patients that do not meet the criteria. This protocol has made it possible for our patients that do require cardiac monitoring to have the device available and the use expedited. Furthermore, this has helped expedite the admission process for our patients.

In addition to the telemetry protocol, the full capacity protocol was developed to expedite admissions from the emergency department. This patient centered goal is focused on enhancing the patient admission experience.

MedStar Southern Maryland listened to associates and included an initiative to support the bedside clinicians. A nursing runner position was created. This position is a support associate who completes errands and other tasks that previously took clinicians away from the bedside.

The Division of Nursing is proud of these accomplishments and is committed to further enhancements to continue to provide excellent care to our patients.

Pictured: Cheryl Jones, serving as a redeployed nursing runner during COVID-19.
Pictured: Stacey Whiting, RN, assisting a patient with a cardiac ventilator.

Pictured left and right: 1 East and 1 West moved to the 3rd floor to accommodate the new emergency department renovation project.
Teamwork in Perioperative Services

Perioperative services has been successful in cross training all post-anesthesia care unit (PACU) and endoscopy nurses to our preoperative holding area, allowing staff resources to be managed effectively in all areas of care for our patients. The central sterile processing (CSP) department has been integral in internalizing the sterile processing needs for both off site Medstar Health ambulatory centers and internal ambulatory offices. This collaboration has improved patient care across the system. Currently 80% of our CSP team is recognized for national certification.

Perioperative services kicked off 2019 with its first SPIRIT Award Staff Recognition Awards Program. Perioperative SPIRIT Award 2019 recipient Jimmy Green, endoscopy technician, was presented with a certificate, and an engraved mantel trophy denoting his accomplishment. Several associates who received recognition were honored with certificates and engraved plaques. The awards were determined by demonstrating the SPIRIT Values and exemplary work performance. Nominations were submitted by colleagues, other departments, surgeons and anesthesia personnel.

MedStar Southern Maryland Hospital Center perioperative services department has also consistently led the Medstar Health System for both first-case on time starts (FCOTS) and turnover time (TOT).

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<tr>
<th>FCOTS 2018-2019</th>
<th>2018</th>
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<tr>
<td>MSMHC</td>
<td>88.3%</td>
<td>84.9%</td>
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<th>Perioperative Services TOT 2018 - 2019</th>
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<th>2019</th>
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<tbody>
<tr>
<td>MSMHC</td>
<td>34.5 minutes</td>
<td>36.0 minutes</td>
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Pictured left: Director, Deborah Walker, MHA, BSN, RN presenting endoscopy technician, Jimmy Green with the 2019 perioperative SPIRIT Award. Pictured right, left to right: Sterile processing department associates, Gwen Carter, assistant director, Joanne Dixon, George Hampton, Lai Leung, and Godslove Dankwah.
Continuous renal replacement therapy (CRRT) is used for critically ill hemodynamically unstable patients experiencing acute kidney injury. After much collaboration with nephrology, dialysis, pharmacy, critical care, nursing professional development, and nursing informatics, CRRT services were offered at MedStar Southern Maryland Hospital Center beginning December 2019. Providing this service to the community enables patients to receive the highest quality of care and remain close to home and family, improving overall patient satisfaction and experience. Since the inception of these services, the critical care unit has not had to transfer patients to other facilities for this treatment. The critical care unit has now provided CRRT services to over one dozen patients, including COVID-19 patients. CRRT provides a slow continuous 24 hour per day treatment for critically ill patients. CRRT filters the patient’s blood through a special filter that removes toxins and excess fluid, returning the clean blood to the patient.
MedStar Southern Maryland Hospital Center’s Emergency Department

MedStar Southern Maryland Hospital Center’s emergency department (ED) leadership team and associates have worked diligently over the last two years to elevate and improve patient care delivery and the patient experience. With multiple new projects and the ever-changing environment that is medicine, the ED staff has excelled at meeting the needs of the community.

In 2018 MedStar Southern Maryland’s ED expanded its emergency preparedness capabilities in becoming a designated Special Pathogens Assessment Center for the state of Maryland. The design and build of specialized treatment space, coupled with the education and training of staff, ensure we can provide comprehensive care to any level of special pathogen that may present to our hospital.

The development of the provider in triage process in 2019 provides a rapid evaluation of patients presenting to the ED before being placed in a care space. The triage nursing team’s expansion to match the provider in triage availability ensures that the treatment process is started expeditiously, improving patient outcomes, and patient satisfaction.

In August 2019, the ED expansion project officially broke ground as the ED split into two separate care spaces. While the EMS entrance remained the same, patients arriving by personal vehicle now enter through the renovated inpatient unit for care. While the departments function independently, the team focuses on collaborative care and treatment.

In February 2020 the ED upgraded its capability with the use of the telehealth platform for all patients presenting with stroke symptoms during hours when there is not a neurologist within the hospital. This platform allows for the virtual evaluation of all potential stroke patients by a neurologist who then collaborates with the ED attending in determining best treatment options for the patient.
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