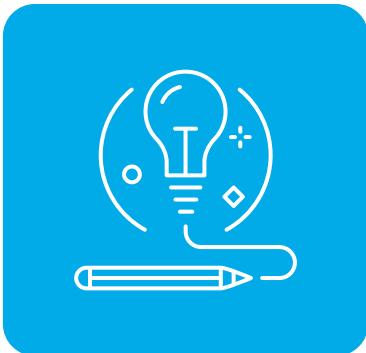


MedStar Southern Maryland Hospital Center

Celebrating excellence and innovation in nursing.

Fiscal Year 2021 Annual Nursing Report



It's how we treat people.

 MedStar Health

Table of contents



Patient Experience Moving Forward	4
Cardiology Moving Forward	5
Perioperative Services The Pandemic and Beyond	6
Emergency Services Optimizing emergency medicine after a successful expansion	7
Critical Care ICU Nurses' Perceptions of Barriers to Out-of-Bed Activities Among Patients Receiving Mechanical Ventilation	7
Inpatient Cardiology Services Opening of New Cardiology Unit on the Third Floor	8
Medical-Surgical Nursing Administration of Lidocaine and Ketamine drips on 2 South	9
Dialysis Unit Working Hard to Achieve the Best	9
Nursing Resource Management Nursing Resources 24 by 7	10
Women & Newborns Center The Little OB Unit that Could!	11
Nursing Practice Innovation A Positive Practice Environment	12
Behavioral Health 4 East Renovation Update	13
Nursing Informatics Supporting Nursing Workflows	14
Nursing Professional Development Maintaining the Quality and Relevance of Nursing Professional Development Activities During a Pandemic	15
Nursing Facts and Figures at a Glance	16

A message from the Vice President and Chief Nursing Officer



Dear Nursing Colleagues,

I am delighted and grateful to have the opportunity to share MedStar Southern Maryland Hospital Center's fiscal year (FY) 2021 report with you. As we set out on a journey to create the inaugural annual nursing plan, the enthusiasm and participation by all demonstrated our commitment to providing an innovative and contemporary nursing practice environment.

Upon returning to MedStar Southern Maryland in January 2020, I was struck by the desire and passion from the entire Division of Nursing to continue to evolve nursing practice, and to expand available services in our community for our patients. One of the strategic actions set in motion was beginning our journey to obtain the American Nurses Credentialing Center's (ANCC) Pathway to Excellence (PTE) designation, which supports our sustained focus on a positive and healthy practice environment for the nursing division, as well as the entire organization. I look forward to obtaining a formal PTE designation in Winter 2022.

Spring of 2020 took us all by great surprise, as the COVID-19 pandemic took over our professional and personal lives. Day after day, we were all searching for an "end." Although it did not come and the pandemic continued to peak over time, the resilience and dedication shown every day by each one of you was nothing short of heroic. Every minute of your presence with the patients battling COVID-19 made a life-changing difference and, for that, I am forever grateful.

Thank you for your heroic efforts and ongoing dedication to MedStar Southern Maryland's Division of Nursing. I look forward to continuing our journey of fostering a diverse, equitable and inclusive environment by achieving many milestones, together. You all make the difference in our community.

Kindest regards,

A handwritten signature in black ink that reads "Cody D. Legler DNP, APRN".

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

Patient Experience

Moving forward

No matter the circumstances, the Patient Experience team at MedStar Southern Maryland is committed to working better together daily to ensure our patients and their families have a positive experience. However, some of our patient experience initiatives had to be put on hold throughout the COVID-19 pandemic.

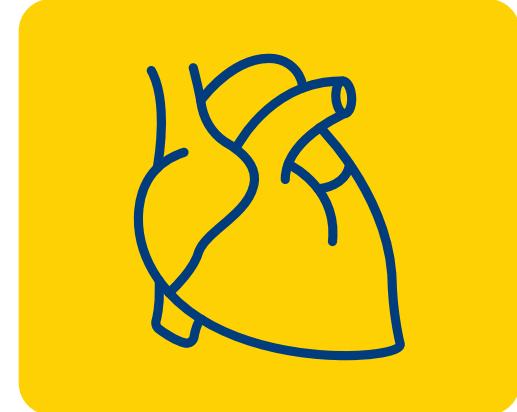
As we navigated through the pandemic, we were provided with opportunities on how to be more present and connected with our patients like never before. There were still many activities that took place behind the scenes which supported our patient experience journey moving forward. Our goal is to provide each patient with the very best care and experience, because they are the reason why we do what we do.

With that in mind, we developed and implemented a patient experience infrastructure. This framework includes a Patient

Experience Service Excellence (PESE) Steering Group, a PESE Committee and three other workgroups that cover the areas of PESE, hospital and finance as well as analytics. Their main objective is to identify areas of opportunity by closely studying our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data, Studer Comments and grievances. Once the areas are identified, action plans are created and implemented to focus on improving patients' overall care and experience.

In addition, we also developed a program called the 5 Star Excellence, Every Patient, Every Time Patient Experience Program, which incorporates the "Communicate with Heart and Respond with Heart" models. The ability for us to improve and become more efficient at providing care to our patients and their families is key to moving forward. When we commit to applying these models and working better together as a team, anything is possible!





Cardiology

Moving forward



The Cardiology service line within MedStar Southern Maryland continues to build the in- and outpatient services, despite the COVID-19 pandemic. We realize that staying connected with loved ones is important, especially for those patients who are hospitalized. The enhanced use of virtual technology has allowed our physicians to connect with their patients, as well as their family members, in real time via a secure visual and/or messaging portal.

Expansion of support staff, direct patient caregivers and providing ongoing education continues to occur. Examples include the addition of a nurse educator for Critical Care and Cardiology services; roll out of an interventional cardiology fellowship including a rounding cardiologist on the inpatient units; and welcoming three new interventional cardiologists to the cardiac catheterization lab.

While new physicians and support staff are important, our service line now incorporates Advanced Heart Failure services and installation of advanced state-of-the-art

technology within the procedure area. Thanks to this new equipment, physicians can confer with their colleagues at tertiary centers, see heart structures with 3-D ultrasound capabilities and have superior control of the contrast injections used during procedures.

In addition to our affiliation with the nation's No. 1 heart program, Cleveland Clinic, we had conferences with the MedStar Heart and Vascular Institute to review internal processes and enhance the delivery of care for our heart attack patients, as well as those who need cardiac catheterizations for direction of their medical therapy.

These internal enhancements are aimed at improving patient experience. So far, we have been successful as demonstrated: (1) through monitoring of cath lab usage with rapid room turnover; (2) requests for rapid occupation of beds for both outpatients and Emergency Room patients; and (3) discharged feedback from the 24-hour patient call back program for same day outpatient which underscores a successful patient-focused service line.



Perioperative Services

The pandemic and beyond

The COVID-19 pandemic brought forth a multitude of challenges, concentrated efforts on caring for our patients despite all odds, having daily conversations to understand our new world and how we could make it better. Continuing to maintain high standards of care in Perioperative Services during the pandemic was, and still is, at the core of what we do and how we have approached our changing world and beyond.

While at the height of the Pandemic, Perioperative Services was faced with decreased elective volumes. Fortunately, our commitment to ensure we did our part in supporting critical nursing needs throughout the hospital was at the forefront for our unit and staff.

Managing the requirements of COVID testing for our surgical patients, as well as ensuring that we supported the increased Personal Protective Equipment (PPE) needs and safe operations to provide this surgical care, became our focal point while moving elective surgeries back into our workflow. Thanks to the collaboration amongst our nursing Perioperative leadership team, surgeon leaders and associates at MedStar Southern Maryland, we were able to bring elective surgeries back on campus which has led to consistent increased volumes.

Fiscal Year	Surgical Volumes	Endoscopy Volumes
2020	253	130
2021	315	171

As we anticipated growth and volumes, we enhanced our leadership team by adding an assistant nursing director for the Operating Room to our Perioperative Services leadership team. This addition has created an even more enhanced surgical experience for our patient and surgeon customers.



Our umbrella of services also includes the Central Sterile Processing (CSP) department which has provided support for the entire hospital before and throughout the pandemic. During the height of the pandemic, CSP assisted the Respiratory Therapy team in ensuring all needed equipment for our ICU, such as Maquet Respiratory Cassettes, was sterilized and processed daily in a timely manner. As our surgical volumes grew, so has the workload in the CSP department as shown in the chart below.

Fiscal Year	Instruments Processed in CSP
2020	24,948
2021	28,943

In the midst of all this, our Perioperative Services team helped lead Medstar Health in our quest to streamline the pre-operative process, and also move nurses from redundancy in documentation to spending more time providing patients with face-to-face care. The Upgrade Value Program (UVP), which was launched successfully in 2021, has improved the documentation process in several pre-operative surgical care areas. UVP continues to enhance our associate and customer experience.

Moreover, MedStar Southern Maryland acquired a state-of-the-art surgical robot called da Vinci XI. This acquisition has enhanced our Minimally Invasive Surgical Program for general, gynecological and urology service lines. Our dedicated specialty teams have performed over one dozen da Vinci XI procedures in less than two weeks. The Perioperative Services team looks forward to increasing volumes over the weeks and months ahead.

Emergency Services

Optimizing emergency medicine after a successful expansion

To meet the increasing needs of our community, MedStar Southern Maryland embarked upon an Emergency Department (ED) expansion project which took place during the COVID-19 pandemic, and later completed in late 2021. This \$43 million project included a re-design of space and functionality, along with an additional treatment space of 18,000 square feet. This expansion increased overall capacity to 50 treatment spaces.

Treatment spaces include state-of-the-art technology such as specially designed areas to meet the safety needs of our Behavioral Health population, those with isolation and decontamination needs, as well as our Emergency Medical Services colleagues. This thoughtfully designed space has optimized workflows which created an opportunity to

expedite care. In addition, access to the most advanced care modalities is now possible thanks to a new Magnetic Resonance Imaging (MRI) system that was installed, along with other upgraded technologies throughout the ED.

All in all, the ED expansion project has been deemed the largest renovation project in MedStar Southern Maryland's history. With the continuation of COVID-19 and other health care needs, this project came at the right time for our community as our department has been experiencing an increase in visits, confronted with complexity and wavering needs. The new ED affords our clinicians the ability to continue focusing on privacy, dignity and improving the overall patient experience while having the technological advancements on hand to expedite treatment.



Critical Care

Opening of the Intermediate Care Unit



At the beginning of 2021, MedStar Southern Maryland opened a six-bed Intermediate Care Unit (IMCU) to better serve our patient population and community. The IMCU - which was designed to provide monitoring and care of patients with potentially severe physiological instability requiring technical life sustaining support - is a medical/surgical telemetry unit with staff consisting of registered nurses, nurse technicians and monitor technicians/unit secretaries. The types of patients by specialty include, but are not limited to, general medical-surgical, cardiac diagnosis, respiratory diagnosis, renal failure and neurovascular diagnosis.

A multidisciplinary team inclusive of nurse leaders, nursing excellence, hospitalists, intensivists and ancillary staff created a scope of service that outlines inclusion and exclusion admitting criteria, along with the skill level of nursing personnel needed to care for the patient population. Oversight of the IMCU is provided by members of the



Intensive Care Unit nursing leadership team, along with medical collaboration from the hospitalists. The IMCU's opening has created an ability to manage patients in the appropriate care environment, while maintaining capacity within other levels of care and service.

Inpatient Cardiology Services

Opening of the new third floor Cardiology Unit

In late 2021, MedStar Southern Maryland implemented a new cardiac unit on 3 West. Its purpose is to serve as a specialized, in-house unit for treating patients with heart problems. The multidisciplinary approach to care includes a diverse team of physicians, nurses, case management specialists, a congestive heart failure (CHF) coordinator, cardiac rehabilitation staff, a physical therapist, and the unit educator, all of whom focus on providing care for a wide range of cardiac conditions. The unit is telemetry monitor capable and monitored remotely by technicians, located in a designated space on the cardiac unit.

Specialized services are provided for patients with multiple cardiac issues such as CHF, chest pain, S-T elevated myocardial infarction, Non-ST elevated

myocardial infarction, status post cardiac catheterization and arrhythmias. Emergency Room physicians use specific criteria to place patients on the cardiac unit after coordinating with a hospitalist. The hospitalist then works in close coordination with a bed board coordinator to assign patients on the cardiac unit. Nursing staff are responsible for evaluating and treating patients according to physicians' orders. In addition to monitoring cardiac readings, cardiac unit nurses are responsible for educating patients and their families about individual medical conditions. The cardiac unit also collaborates with the Cardiac Rehabilitation team and CHF coordinator during a patient's stay to support and motivate lifestyle changes, and to ensure a safe discharge back home.



Medical-Surgical Nursing

Administration of lidocaine and ketamine drips on 2 south

Pain management options have been expanded at MedStar Southern Maryland. A plan was created to facilitate the use of ketamine and lidocaine infusions while patients remain on a medical surgical unit. Infusions of ketamine and lidocaine are beneficial for post-surgery patients, as well as those with chronic diseases, in terms of controlling pain. The need for opioid analgesics may be decreased when pain is better controlled.

Because most post-surgical patients are placed on 2 South, it was identified as the best place to perform infusions. Registered nurses (RNs) who work on 2 South were educated on the use of both ketamine and lidocaine via online modules, as well as in-person competencies. Job aides were also created to facilitate adoption of this initiative. Its success is credited to the collaboration between Nursing Education, RNs, Pharmacy team, anesthesia specialists, acute pain services and Informatics.



Dialysis Unit

Working Hard to Achieve the Best

The dialysis unit, located on the 2 East/2 West patient care unit at MedStar Southern Maryland Hospital Center, has had a busy year with just over 3,000 hemodialysis treatments that were provided. In late 2021, the dialysis unit recently acquired a brand-new fleet of Blue Start 2008T hemodialysis machines which are infection control friendly. Blue Start 2008T machines are top of the line and require mixing fewer products by hand, providing an enhanced and better controlled practice environment. They also require less pretesting and transporting of heavy equipment which saves time for the dialysis nurses. Another benefit of having these machines is that less equipment will have to be rinsed and bleached at the end of the day.

Patients who are admitted to the units on 2 East/2 West receive their hemodialysis treatment conveniently next door. Dialysis is offered in such a convenient way and has had such a positive impact on overall patient satisfaction. Patients are never far from their rooms as the primary staff provide quality care throughout their stay. When need be, patients on other units are either transferred to the dialysis unit or provided bedside dialysis in their respective room.



Nursing Resource Management

Nursing resources 24 by 7



MedStar Southern Maryland now has a Nursing Resource Management department! This department's goal is to support the entire Division of Nursing with supplemental staffing, as required, to facilitate a safe level of care for our patients.

Over the past year, Nursing Resource Management streamlined our process for onboarding, managing and extending the assignments for our travel nurses, which has provided consistency and communication to all involved. We have also added a liaison from the American Mobile Nursing agency to assist with rounding on our travel clinicians, promoting collaboration that fosters a positive work environment.

In addition, we have worked to recruit, maintain and hire new RNs, certified nursing assistants and unit secretaries to our Float Pool team. We have reinforced our two-tier commitment program here at MedStar Southern Maryland and made adjustments to this program, per the recommendations from our system leadership team.

Finally, our team of nursing supervisors has implemented staffing huddles twice a day to maintain situational awareness of staffing throughout the house. The team also rounds on the patient care units frequently to validate and verify the status of admissions, discharges and transfers. This allows us to manage staffing and patient care effectively in each department.

It was a wonderful year of growth for the Nursing Resource Management department, as well as the overall support provided by our department for both nurses and patients!

Women and Newborns Center

The little OB unit that could!



In FY21, we delivered a total of 969 babies with 25.8 percent of newborns being admitted to the Special Care Nursery.



The Women & Newborns Center at MedStar Southern Maryland is a Level II Maternity Center as defined by the American College of Obstetricians and Gynecologists (ACOG). Labor and delivery, as well as the Special Care Nursery, are designated as level II services which means that we deliver and care for mothers and babies that are gestationally 32 weeks or greater.

Additional capabilities of a Level II Maternity Center include having RNs with competence in level II care criteria, an obstetrician-gynecologist available around the clock and an ability to stabilize or transfer high-risk women and newborns that exceed such criteria. Fortunately, MedStar Southern Maryland has 24/7 coverage for both obstetrician and pediatrician thanks to our hospitalist program. RNs in Labor & Delivery and the Special Care Nursery take calls which allows us to staff up during times when there's an influx of patients.

Despite our level II designation, more than 78 percent of our patient population is categorized as high acuity. Most of our patients come in with multiple co-morbidities along with pregnancy. We care for a plethora of patients at risk for hemorrhage, as well as pregnancy induced hypertension and opioid addiction. In FY 21, we delivered a total of 969 babies with 25.8 percent of newborns being admitted to the Special Care Nursery. The national average of newborn admissions to a Special Care Nursery is 14.4 percent, according to 2011 data from March of Dimes nonprofit organization which has helped millions of babies survive and thrive over the past 80 years.

Newborns treated in our Level II Maternity Center include those with prematurity, respiratory distress, Neonatal Abstinence Syndrome or Neonatal Opioid Withdrawal Syndrome. Our team of skilled level II RNs, along with our pediatric hospitalists, care for these at-risk newborns by collaborating with respiratory therapists. Our unit can care for newborns that need respiratory support with a ventilator for less than 24 hours. If support is needed over 24 hours, we will transfer them out.

Overall, we have a highly skilled nursing staff to complement our physician partners which is unusual for a small community hospital. Our nursing staff holds the highest number of certifications at MedStar Southern Maryland alone.

Nursing Practice Innovation

A positive practice environment

Pathway to Excellence

A critical capability during FY2021 at MedStar Southern Maryland was to begin a journey toward obtaining a Pathway to Excellence (PTE) designation. This designation extends a positive practice environment to the nursing profession, and is key to nurse retention and recruitment efforts as the PTE plan includes several initiatives to prepare for a FY23 designation.



In order to help guide MedStar Southern Maryland along its PTE journey, Tipton Communications has been providing consultation services since early 2021. A PTE readiness assessment was also conducted by Tipton in early 2021 to identify potential gaps in designation requirements. Readiness assessment scheduling lent time to develop gap mitigation strategies throughout both FY21 and FY22. In addition, a comprehensive cost analysis was also developed.

With formal approval to move forward, a PTE workshop was held in mid-2021, for a multidisciplinary group of standard writers. A timeline was then developed for routine submission to Tipton for the Elements of Performance (EOP) documents required for designation. Writing the EOPs then commenced with each standard leader. Subsequently, MedStar Southern Maryland formally announced its plan to obtain a PTE designation, via a letter from vice president and chief nursing officer Cody Legler, DNP, APRN, NP-BC, RN-BC, NEA-BC, CNL, and former hospital president Christine Wray, FACHE.

In addition, MedStar Southern Maryland submitted its PTE application last year to the American Nurse Credentialing Center. A PTE logo for the hospital was initiated in the fourth quarter of FY21, vetted through the PTE Steering Committee and then officially endorsed.

Work will continue with gap mitigation into FY22 as MedStar Southern Maryland anticipates a completed PTE application to submit in Spring 2022. A hospital-wide survey on the Nursing Professional Practice environment is also anticipated for the first quarter of FY23. The journey toward achieving a PTE designation strives to



enhance the Nursing Professional Practice environment at MedStar Southern Maryland, making our hospital a preferred place of employment within the region.

Nursing Sensitive Indicators

Nursing sensitive indicators (NSIs) remain integral to the nursing practice environment and overall patient experience. Despite the COVID-19 pandemic, NSI outcomes at MedStar Southern Maryland continue to improve. Continuous performance interventions have been adopted to maintain improvement trajectory.

FY21 performance strengths include:

- Fall rate decreased from 3.73 to 2.93 (FYTD). Goal is < 2.98. Falls action plan continues to evolve with interventions such as fall mat utilization, fall reduction commitment pledge, consistent fall risk signage across all inpatient units, and fall alarm workflow enhancements.

- HAPI rate decreased from 3.93 to 2.07 (FYTD). Goal is < 3.15 and advanced stage HAPI decreased from 2.04 to 1.26 (FYTD). HAPI reduction action plans are in a continuous quality improvement state with augmentations in peer to peer coaching/accountability, admission, discharge, upon transfer dual person skin assessments, and reinforcement of evidence-based practice interventions.
- CAUTI ICU rate remains at 0.0%. CLABSI ICU rate remains at 0.0% and CLABSI non-ICU rate 0.78, goal is < 0.8 Standardized Infection Ratio (SIR). Continued work in reinvigorating the CAUTI/CLABSI Committee with development of a vascular access algorithm in effort to decrease central line placements continues. In addition, daily communication emails enhance accountability in line removal indications strategies.
- 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 include:

- CAUTI non-ICU rate is 0.78, goal is < 0.6. The CAUTI/CLABSI Committee was re-established by initial bi-weekly meetings to combat rate increases. Evidence-based interventions are reinforced by daily communication regarding inclusion criteria for all urinary catheters and IMOC checklist redevelopment.



External benchmarking with BARD Zero-In Study was put on hold due to COVID-19 activity. Considerations for FY22 participation are in discussion.

- 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 a SPH audit tool. Partnership with Environmental Services also continues to ensure an adequate supply of soft goods are readily available.

Behavioral Health 4 east renovation update

Plans continue to construct a brand new inpatient Behavioral Health unit on 4 East. Despite minor setbacks as a direct result of the COVID-19 pandemic and delays of construction funding from the state of Maryland, renovations have finally begun! This project was scheduled to begin in the first quarter of 2020; however, it was delayed until late 2021 and is very much underway. Renovations are slated to be completed in Spring 2022, along with a grand opening.

This project aims to enhance our ability to provide a much more therapeutic environment for treating patients. The old Behavioral Health unit only had one treatment area, no time out areas and no examination areas. Fortunately, our newly renovated unit will have at least four different treatment areas, as well as examination and quiet rooms for our patients. It will also have an abundance of technical, audio and visual capabilities that will allow us to: (1) better interact with the court system for our



involuntary patients; and (2) better meet the needs of our patients.

To say that we are very much excited is an understatement. Updates will continue to come as this project continues—stay tuned!

Nursing informatics

Supporting nursing workflows



FY 2021 was an exciting time in patient care at MedStar Southern Maryland thanks to nursing technology that improved overall workflow operations in several key areas.

Hardware

Clinical Nurse Informatics (CNI) partnered with the Information Technology (IT) team to replace the clinical desktops and wall-mounted computers, which enable better access for documentation purposes. The need for Workstations on Wheels (WoWs) was also assessed—WoW devices will be replaced in FY 2022. This replacement will help nurses and nursing associates document more efficiently, as close to real time as possible.



MedConnect

CNI partnered with the direct-care nurses and nurse leaders from MedStar Southern Maryland's Women and Newborns Center in early 2021 on the successful implementation of a new application called MedConnect PowerChart Maternity.



One advantage of this new application is the integration with other disciplines and MedStar Health hospitals for continuity of care regarding our maternity patients. Documentation now flows between all clinical areas using MedConnect, providing greater visibility for maternal history and fetal monitoring across MedStar Health. The PeriWatch Vigilance maternal-fetal monitoring system that accompanied the MedConnect PowerChart Maternity application enhances safety of the delivery process for mothers and their newborns.

New Emergency Room Technology

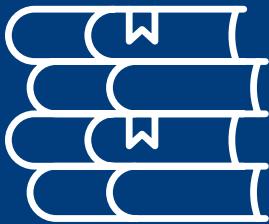
With the opening of our new Emergency Department (ED) in April 2021, CNI again partnered with IT and the Telecommunications team to streamline a number of nursing workflows. The hospital's new Cisco telephone system added a call parking feature, which puts callers on hold in a digital cloud and allows any associate to take the call. Four new Behavioral Health rooms with a secure nurse's station also contributed to unique technology workflows for communication and documentation purposes. CNI assisted with identifying and improving Wi-Fi connectivity challenges in the new ED. Fortunately, no issues have been reported in several months.



Leveraging MedConnect Task to Improve Nursing Practice

In collaboration with the Med-Surg and Critical Care nursing directors, CNI improved documentation workflows as a reminder for nurses to provide and document chlorhexidine bathing, a treatment used for preventing infections. This improved our percentage from nearly 30 percent to almost 90 percent, a significant improvement that is beneficial for patient outcomes and also puts a key nursing task front and center in the workflow.

MedConnect



Nursing professional development

Maintaining the quality and relevance of nursing professional development activities during a pandemic

NPD-led nursing celebrations during Nurses' Week

Congratulations to our associates of the year:

CNA/Tech - Ashley Williams (ED)
Preceptor - Paola Iwanow, BSN, RN (ED)
Nurse - Elena Lunasin, MSN, RN (ICU)
Nurse Leader - Kristin Quade (ED)



The Association of Nursing Professional Development defines Nursing Professional Development (NPD) as a specialized nursing practice that facilitates the professional role development and growth of nurses, and other healthcare personnel along the continuum from novice to expert, as described by Patricia Benner. We are committed to providing quality education to our associates to support not only their growth and development, but to also create an environment that allows them to translate that knowledge to the bedside, providing optimal care for our patients.

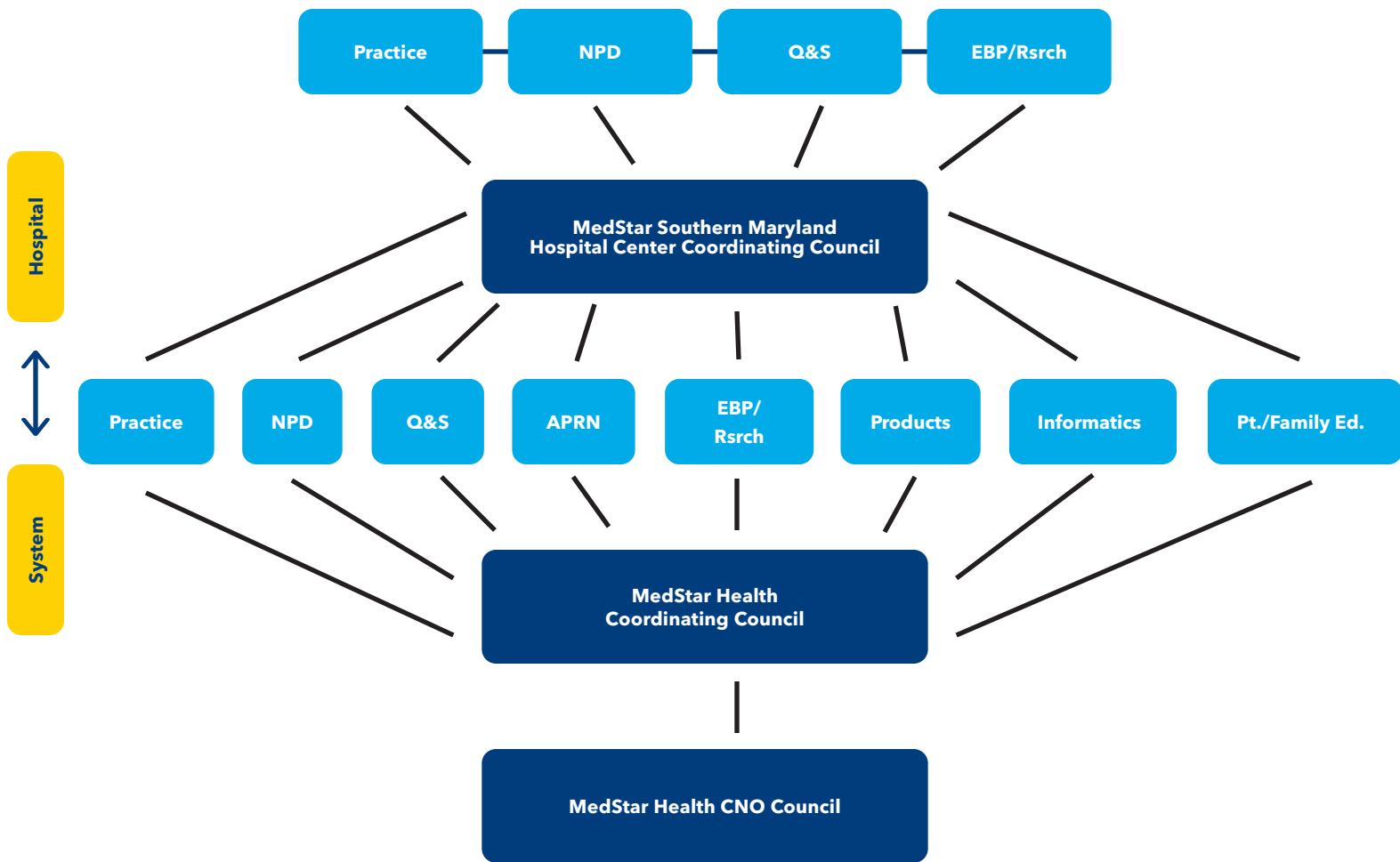
The COVID-19 pandemic has created some challenges regarding how and where we deliver education/training, in addition to balancing its frequency with staffing demands and critical educational need. Some of these activities included training in care of chest tubes (Critical Care, Med-Surg); analgesic infusions (PACU, ICU, 2 South); intravenous line insertion (Critical Care, Med-Surg); and phlebotomy (Critical Care). Our NPD specialists have overcome challenges by demonstrating resilience, innovation and teamwork to meet the demands at MedStar Southern Maryland. We have a star team!

Certified Nurses' Day

Special recognition to our 77 certified nurses!



Nursing collaborative governance structure



Safe Patient Handling (SPH)

Nurses Improving Care for Health System Elders (NICHE)

Contemporary Primary Nursing (CPN)

Nursing Leadership Council/Forum (NLC/NLF)

Nursing Professional Development (NPD)

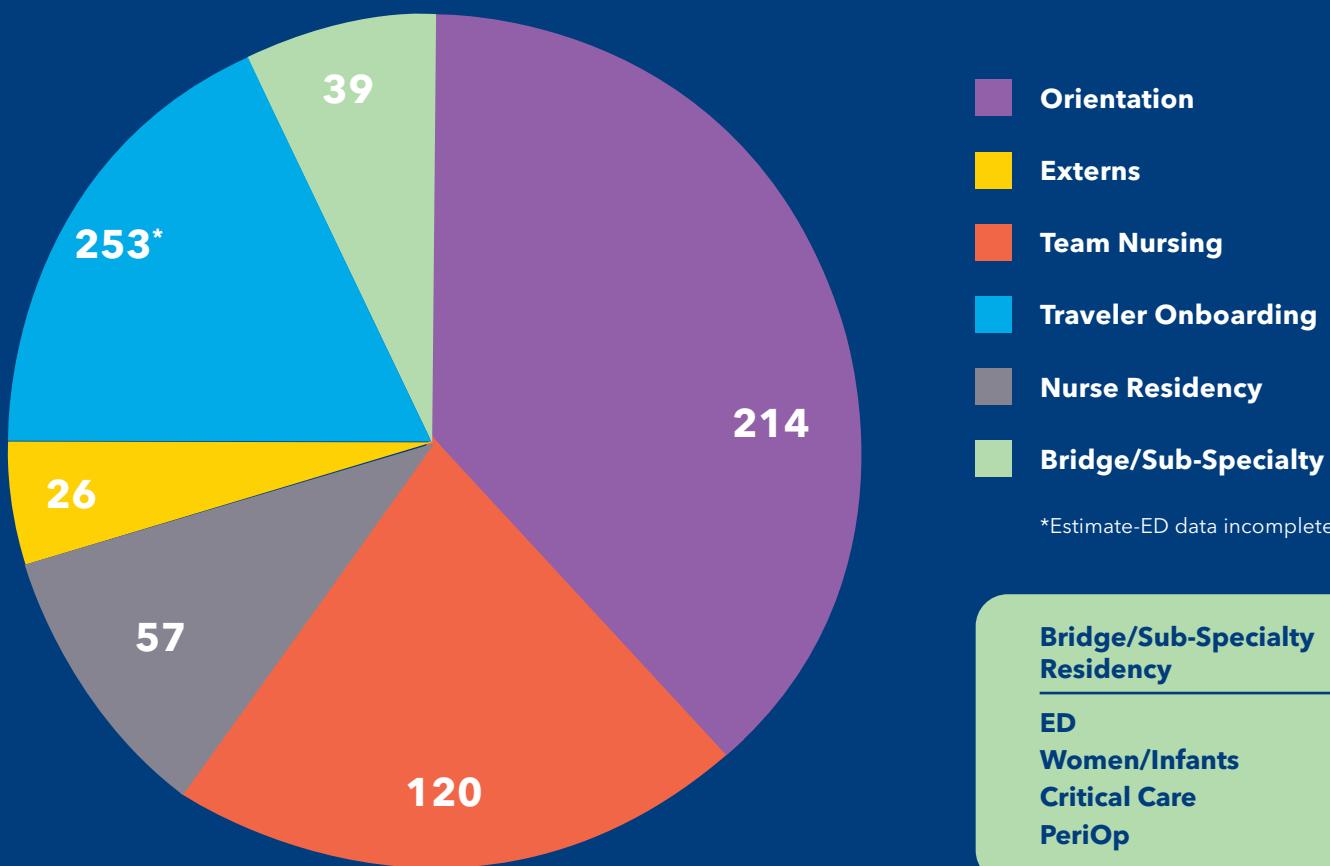
Quality & Safety (Q&S)

Evidence Based Practice/Research (EBP/Rsrch)

Advanced Practice Registered Nurse (APRN)

Patient/Family Education (Pt. Family Ed.)

Education & Training



Bridge/Sub-Specialty Residency

ED	9
Women/Infants	12
Critical Care	17
PeriOp	1

Orientation

CNA/Tech	49
Graduate Nurse	46
Registered Nurse	38
Nurse Extern	32
MHT	22
NTP	18
ERT	7
Cath Lab Tech	2



Unit-based educational highlights for FY21.



Women and Newborns Center

Multidisciplinary pop-up drills for high-risk perinatal emergencies were performed to maintain clinical knowledge, critical thinking, communication and teamwork.

Critical Care Unit

- RNs participated in a Critical Care Skills Fair which included continued education on the anticipated capnography device, dry suction chest tubes, peritoneal dialysis, and ventilatory safety and alarm management
- In early Spring 2021, all RNs from the ICU participated in a three-hour training on intra-aortic balloon pump procedures to meet the needs of our population



Cardiac Catheterization Lab/Interventional Radiology/CVIC

- Various nursing education sessions were held throughout the year, focusing on topics such as pulmonary embolism/deep vein thrombosis assessment and treatment; pulmonary artery set-up and monitoring; heart failure and electrophysiology interventions; and new equipment training on an updated intravascular ultrasound device and a new cardiac blood gas monitoring machine
- During unit-specific competencies, staff completed self-learning packets with two separate quizzes on moderate sedation and coronary perforation, as well as a clinical scenario on a post-electrophysiology patient with groin complications
- Focused on transition to ZOLL medical defibrillators
- RNs from CVIC were also cross trained to provide back-up assistance to the non-invasive cardiology nursing position; administer tilt table tests, nuclear and dobutamine stress testing; and TEE/cardioversions.



Nurse Residency Program

- Assists new-to-practice nurses in adjusting to the RN role by focusing on evidence-based practice, professional growth and development
- Residents work together on evidence-based projects with the goal of improving patient safety and experience



Perioperative Services

- There were multidisciplinary in-services for low volume/ high risk procedures (Malignant Hyperthermia and Fire) in the OR with anesthesia
- New equipment and products were purchased for including the AirSeal machine and da Vinci Xi robot; training and in-services were done for periop staff as well as medical staff
- Just-in-time education and information were disseminated as new processes needed to be implemented



Medical Surgical Services

- Med-Surg nurses were cross trained to serve as nurse extenders in Critical Care and Emergency Service
- Just-in-time training occurred to care for COVID-19 patients and their families with ever changing nursing practices
- Contemporary primary nursing principles were applied and patient-centered care remains the focus of care



Emergency Services

- Annual training was held for RNs about Thermacor1200, chest tube drainage system, blood culture contamination reduction, port-a-cath accessing/ deaccessing, and Cathflo Activase competencies
- Separate annual training for ED techs included topics related to care of patients in restraints, blood culture and phlebotomy skills

It's how we treat people.

**MedStar Southern Maryland
Hospital Center**

7503 Surratts Road, Clinton, MD 20735

301 868-8000 • MedStarSouthernMaryland.org



MedStar Health