

NEWS & VIEWS

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



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in Lesbian, Gay, Bisexual, Transgender, & Queer Cancer Care
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Team Excellence,
Downtown

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Team Excellence,
Midtown

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Dialogues

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2021

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Neuro ICU at
Midtown

A Note of Thanks

On behalf of the editorial team, we would like to extend a heartfelt thanks and appreciation to **Dr. Lisa Rowen** for her editorial guidance and support over the past 14 years of this important publication. With the evolution of each new issue, comes the enjoyment of sharing our ideas and working with Lisa as we develop and curate new content. We would also be remiss without sending out a special thanks to **Casey Embert** for not only her vision to redesign this publication, but also her passionate commitment to helping identify and bring to our readers the many remarkable stories of accomplishment from our nursing and patient care services colleagues at both campuses. We wish them both the best in their new roles at the system level. Your support and commitment to making this publication exemplary will be missed.

Carolyn Guinn, MSN, RN, NEA-BC

Magnet Program Director, Clinical Practice and Professional Development
Editor-in-Chief, *News & Views*

Susan Santos Carey, MS

Operations Manager, Clinical Practice and Professional Development
Managing Editor, *News & Views*



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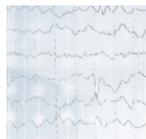
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Fall/Winter 2022	November 15, 2021
Spring 2022	February 7, 2022
Summer 2022	May 9, 2022

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NEWS & VIEWS is published quarterly by the Department of Nursing and Patient Care Services of the University of Maryland Medical Center.

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Lisa Rowen's Rounding Report

*Lisa Rowen, DNSc, RN, CENP, FAAN
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*Professor, adjunct
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Turning the Page

This Rounding Report – my last one as your Chief Nursing Officer – represents a poignant moment in my fourteen-year tenure at the University of Maryland Medical Center (UMMC). For the past six years, I've held a dual leadership role as the Chief Nursing Officer (CNO) of UMMC and the Chief Nurse Executive (CNE) of the University of Maryland Medical System (UMMS). Earlier this year, my transition into the CNE role on a full-time basis was

announced. While I'm excited for this opportunity, it marks a bittersweet time in my career.

I am overwhelmed by how much I will miss walking through the halls of the Medical Center every day and seeing the faces of my colleagues. Over the past fourteen years, I have developed such cherished connections with so many of

you that we are a family. The love and support you have for each other and that you've extended to me is palpable and inspiring. You are a spirited team with a passion for your profession and a relentless desire for making the impossible possible. I am filled with pride and gratitude for all we have accomplished together.

During my tenure at UMMC, I have seen small kernels of ideas grow into far-reaching initiatives implemented at the Medical Center, UMMS and beyond. Some that come to mind include: Get To Know Me Boards, Nursing Roadmap, and green sustainability initiatives. These innovations are creative

solutions to perpetual problems or challenges that once kept somebody up at night. Your continuous drive for excellence sparks positive change for our organization, team members and every patient and family member for whom we have the privilege to care.

As the CNE, I'll have the opportunity to develop a greater understanding of these types of novel ideas and best practices that have been successful in achieving desired outcomes at one member hospital and facilitate its dissemination to the entire System. I'll also be able to take a deeper look into current trends in the nursing profession and work closely with the UMMS CNOs to ensure we are all working towards the same goals.

As Nursing and Patient Care Services turns the page to the next chapter with a new Sr. Vice President and CNO leader, I am taking the liberty of challenging you with the question I ask myself everyday: how do you want to differentiate yourself in the most positive way possible?

We strive to do this as a health system and an academic medical center and I encourage you to consider it in your professional and personal lives as well. I think the best way to differentiate yourself is to focus on what you are truly passionate about. Pay attention to the work, ideas and projects that make you feel excited and motivated. Observe the people around you who exemplify the qualities you want to master and inspire you to be the best version of yourself. When you follow your heart and mind toward your passion, your professional and personal journey will become one of lifelong learning, constant evolution and fulfillment. Thank you for allowing me to learn and evolve with you. It's been the greatest privilege of my career. ♦

As Nursing and Patient Care Services turns the page to the next chapter with a new Sr. Vice President and CNO leader, I am taking the liberty of challenging you with the question I ask myself everyday: how do you want to differentiate yourself in the most positive way possible?

What's Great?

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

UMMC launched the **Innovation Challenge** for team members to propose innovative ideas and solutions to advance health care. The selected proposals will be granted up to \$125,000 to bring their ideas to fruition.

The Roving Vaccine Carts rolled through the downtown and midtown campuses to bring the COVID vaccine directly to UMMC team members in their work areas. To read more about this incredible initiative, please turn to page 16.

In April, the downtown campus started transitioning PPE distribution to new **CribMaster machines**. Now team members can easily access respirators, PAPRs, and head covers with a swipe of their badge. Don't forget to get fit-tested first!

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

JUNE

MEN'S HEALTH MONTH

7

CANCER SURVIVORS DAY

18-25

NURSING ASSISTANTS WEEK

JULY

FIREWORKS SAFETY MONTH

UV SAFETY MONTH

28

WORLD HEPATITIS DAY

AUGUST

CHILDREN'S EYE HEALTH AND SAFETY MONTH

NEUROSURGERY OUTREACH MONTH

9-15

HEALTH CENTER WEEK

18

NURSING GRAND ROUNDS

2-3pm

NEWS UPDATE

Cactus® Smart Sinks Standardize Controlled Substance Waste Disposal

Controlled substances (CS) include narcotics and other medications that have the potential for diversion and misuse. Many of these medications are heavily regulated since they have the potential for addiction. They also require accountability and disposal with a witness of any waste (or unused portion) in a way that is not recoverable. CS are used in the hospital to provide relief of pain and anxiety. Some examples include morphine, oxycodone, fentanyl, and diazepam or Valium®.

Until recently, CS has been disposed of by pouring waste down the sink. However, this is not environmentally friendly as this allows medications to enter our fresh water and potentially contaminate lakes and streams.



The University of Maryland Medical Center has implemented the use of Stryker's Cactus® Smart Sinks as containers for the alternative disposal of unused controlled substance waste. They have partnered with Curtis Bay Medical Waste Services to exchange the containers when full. Cactus® containers meet the federal

regulations and have been placed in all areas outside of the operating rooms that provide CS to patients. Key points to remember:

- Consider wasting a partial dose in the Cactus® system before partial dose administration.
- Continue to follow the current policy for documentation of CS waste with a witness.
- Do not dispose of sharps inside the Cactus®; dispose all sharps in sharps containers.
- Do not dispose of hazardous waste in the Cactus®; dispose hazardous waste in the black container.
- If the Cactus® system alarms, contact the Pharmacy Pyxis Team at #4550. ♦

RREBAR Partners with Alpha Kappa Alpha Sorority to Mentor Coppin State University Nurse Graduates

In June 2020, the cross-campus interdisciplinary group, Recognizing Racial Equity Belonging and Relationships (RREBAR), was created to address the expressed needs of nursing and patient care services leadership at the University of Maryland Medical Center's downtown and midtown campuses, to have meaningful conversations with their teams regarding race relations and the lived experiences of others. Its purpose is to identify ways in which we can promote a better understanding of race relations, how leaders can positively engage teams in discussion and have knowledge about handling challenging situations.

Despite where you are in your nursing journey, we all can recall the moment when we graduated from nursing school, and the joy we obtained from achieving this incredible milestone. In May 2021, RREBAR, in partnership with Alpha Kappa Alpha Sorority, Inc., embraced 48 Coppin State University graduating nursing seniors. Members of the RREBAR team had the honor of presenting each student with a stethoscope, penlight, a book on crucial conversations, and nursing shears. If this wasn't exciting enough, each student was also assigned an UMMC nursing mentor who provided a handwritten note of inspiration, including personal contact information for the student to stay in touch with them. Our 48 mentors included various nursing roles, ranging from clinical nurse II to chief nursing officer. Many of these nursing students have already accepted employment at UMMC.

In addition to our internal mission, RREBAR endeavors to promote growth within our local community and are currently looking at ways to do so. ♦



A Coppin State University graduating nurse receiving a gift bag from RREBAR

On March 2, 2021, after several months of construction and training, the Intermediate Care Unit officially opened at the midtown campus.

3 North IMC Shining Stars

On March 2, 2021, the Intermediate Care Unit officially opened at the midtown campus. Due to the need to increase the number of critical care beds, leadership made the decision to create a seven-bed IMC on 3 North.

After several months of construction and training of 3N nursing team members, the unit opened under the direction of **Nancy Santos**, MSN, RN, nurse manager, and her nursing team of Shining Stars. ♦



Supporting Inquiry and Innovation through Shared Governance

Inquiry (research, evidence-based practice, and performance improvement) is the driving force in advancing the profession of nursing. The Nursing Research & Evidence-Based Practice Council (NREBPC) and Nursing Performance Improvement Council (NPIC) separately identified the need for a more structured process around inquiry project development and support.

Upon recognizing their shared objectives, NREBPC and NPIC integrated and formed the Inquiry & Innovation Oversight Council.

The primary goal of the integration is to leverage local successes at the organizational level. As one council, members developed a strategy to track and support inquiry projects through an online project submission form (umms.org/submitproject). The new council provides oversight for all forms of inquiry projects and UMMC team members will be able to work with inquiry leaders to develop robust projects to improve patient outcomes. When possible, success from previous projects will be shared and implemented across the organization. The Inquiry & Innovation Oversight Council meets the 3rd Thursday of every month from 8:30am-10:30am. ♦

The Debut of the da Vinci X Robot

In 2021, the University of Maryland Medical Center (UMMC) Midtown Campus debuted the da Vinci X Robotic Surgery Program, under the leadership of the Chief of Surgery, **Michael Lilly**, MD; Chief of Anesthesia, **Tedric Henneghan**, MD; Director of Nursing, **Wanda Walker Hodges**, BSN, MS, RN, CRNA; and Operating Room Clinical Manager, **Natara Richardson**, MSN, RN. The da Vinci X Robot



enables surgeons to perform the most complex procedures through very small incisions with extraordinary precision. For our patients and our community, we are excited to provide this innovative technology that offers patients significantly less pain, less blood loss, less scarring, shorter recovery time, a faster return to normal activities, and better clinical outcomes.

A standardized training program for the robotics team was implemented, including credentialing, safety metrics, and case selection. The robot is used by multiple surgical specialties, encompassing general surgery, gynecology, urology and otolaryngology. UMMC remains committed to increasing access to care to the West Baltimore community by delivering on its promise to provide high quality, safety and efficient care to the community and beyond. ♦

ACHIEVEMENTS UPDATE



UMMC Respiratory Care Services Department Awarded Apex Status



UMMC's Respiratory Care Services team at the downtown campus has earned the prestigious 2021-2022 Apex Recognition Award from the American Association for Respiratory Care (AARC) for excellence in providing respiratory care to patients. This team received the award in the Acute Care Hospital category, one of only 13 centers nationwide, which recognizes significant contributions in the field of respiratory care and use of best practices aligned with evidence-based medicine.

"Respiratory care departments everywhere are coming off a hard year. Their skills and stamina have been tested like never before. As a vital component to a patient's care team, respiratory therapists work hard each day to deliver quality patient care," said Sheri Tooley, BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC, AARC president. "These teams reach high standards and bring specialized skills, unique to respiratory care departments. We are thrilled to honor these organizations as Apex Recognition Award recipients." This is a huge achievement for the team, one year in the making – similar to earning Magnet® or Beacon designations – and represents the pinnacle of achievement for the Respiratory Care Services team. This award highlights the level of training and skill our dedicated team of more than 200 respiratory therapists brings to the bedside each and every day.

This recognition is truly timely and well deserved. Earning AARC's Apex Recognition Award clearly demonstrates that UMMC's respiratory care program is among the finest in the country. ♦

3 North Achieves Zero CAUTIs for Three and a Half Years

Think back to November of 2017. That was a long time ago, right? Yes, that was 42 months or three and a half years ago. That was also the last time a patient on Midtown's 3 North medical/surgical unit had a catheter acquired urinary tract infection (CAUTI).

"It's everyone's business," **Nancy Santos**, MSN, RN, NEA-BC, 3 North nurse manager, replied when asked about her unit's accomplishment. She credits the whole team, while also acknowledging the hard work of **Mary Grace Genzola**, MSN, RN, the unit's former charge nurse and infection prevention champion.

According to Genzola, the secret to success is vigilance. As a member of the UMMC Infection Prevention Champions, she brought

the best practices back to her unit. Her daily rounds also included educating and coaching nurses to advocate for their patients related to the need for and duration of indwelling catheters.

"The culture has changed on our unit," Santos shares. Just last month, the patient care team including **Yasamin Sharifzadeh**, MD; **Ranee Hooker**, patient care technician; and **Wendy Azucena**, RN, charge nurse and nurse manager, conducted a ten minute huddle on the need for an indwelling catheter for a patient. The doctor even partnered with Hooker to confirm sterile technique on catheter insertion. 3 North truly uses a team approach to reduce CAUTI. ♦

The Magnolia Award

UMMC takes pride in the efforts and care provided by our team members. To honor our patient care technicians, ED technicians, sitters, certified nursing assistants, unit secretaries, monitor technicians, and surgical technicians, we have created The Magnolia Award which is given out quarterly. The award is a peer nomination designed to celebrate these individuals for their accomplishments as great care providers to our patients and our community.

Magnolia means dignity and nobility. The magnolia flower is a symbol of poise and pride. The strength of its bloom can also stand for self-respect and self-esteem.

The program has begun at the midtown campus with its first recipient selected for the 1st quarter of CY21. See below.

Magnolia Recipient – 1st Quarter CY21



Kim Hall, PCT
4 South

Kim is the epitome of an amazing patient care technician (PCT). She connects with our patients in a

way that makes them feel special. She treats everyone like family. Whether it's the first time she is meeting with a patient or seeing them for the 4th time, they are family to Kim. I witnessed her taking the time to sit with each patient, talk to them, complete the Get To Know Me Board with them, and really engage in a conversation regarding who they are, what they like and what they don't like. Kim engages the patients and connects them to the midtown campus care delivery process. It makes me proud to see Kim on 4S. She is certainly a role model. ♦

UMMC Nurse Awarded Third Place in 2020 Hope Babette Tang Humanism in Healthcare Essay Contest

Sonia Max, MS, RN, CNL, clinical nurse I, Vascular Surgery Progressive Care Unit, has always loved to write and since entering the field of nursing, has found it to be a helpful way to process the meaningful experiences she has with her patients. Last spring, she wrote a reflection about a memorable day she had taking care of her first pediatric patient during her pediatrics clinical rotation during nursing school. She submitted a shortened version of this essay to the Hope Babette Tang Humanism in Healthcare Essay Contest through the Gold Foundation and earned third place.

The annual contest encourages medical and nursing students to reflect on their experiences and engage in narrative writing. For the 2020 contest, students were asked to use the following quote as inspiration to reflect on when they've experienced or observed, as an individual or as a team, the impact of human connection:

“Medicine cannot heal in a vacuum. It requires connection.” – *In Shock*, by Dr. Rana Awdish

A distinguished panel of judges reviewed over 200 submissions. Three winning essays from medical students and three winning essays

from nursing students were selected. The winning essays were published in the fall/winter issues of *Academic Medicine* and *Journal of Professional Nursing*. A recording of the essay was also aired on *Academic Medicine's* podcast. ♦

The following essay has been reprinted in *News & Views* with the permission from *Academic Medicine*.

Humanism in Healthcare, by Sonia Max, MS, RN, CNL

Pancreatic enzymes, a host of respiratory medications, two different antibiotics, a steroid, an appetite stimulant and to top it off, a surprisingly high dose of anti-depressants ...

“Far more medications than a 17-year-old should be taking,” I think as I scan through the chart of my first pediatric patient, Mia.

Upper respiratory infection, history of cystic fibrosis complicated by malnutrition, 6th percentile for weight, regular marijuana use ...

I log off. Following the cues of the sign posted on Mia's door, I gown up and pull on my gloves and mask. I pause, then knock.

“Come in,” I hear.

I walk into Mia's room. She is wearing a nasal canula, lying on her side, and watching a video on her phone. She is small, very skinny, with a jet-black bun tossed on top of her head, and looks more like 13 than 17.

“Hey Mia! I'm Sonia, I'm going to be your student nurse today,” I say cheerfully.

“Hi,” she says, without looking up.

I feel a blatant nurse-patient divide as I, in my isolation garb, nervously approach a pajama-wearing Mia to perform my assessment. When she sits up, I notice her shoulders are arched

forward into a kyphotic position, something I have seen only in the elderly. I fiddle with the pulse oximeter, trying to attach the cords and get an oxygen reading.

She takes the cords into her hands and clicks them into place.

“Oh, thanks!” I say, embarrassed that I am already making a fool of myself.

“Are you nervous?” Mia asks, sizing me up with a coy smile at the corner of her mouth.

“No, not really,” I lie, trying to sound nonchalant.

After gathering vital signs, I listen to Mia breathe. I hear her lungs crackle, and see the outlines of her central line port and ribcage through her white camisole. I document my assessment findings, and Mia reverts back to staring at her phone. When I'm done, I walk to the window and look out.

“You've got a really nice view here,” I say.

“Yeah, I like the rooms on this section of the unit because I can see the Domino Sugar sign there lit up at night,” she says, pointing. She comes over to join me. We kneel side by side on the window seat, and she orients me to the city of Baltimore below, my new home as a nursing student. She tells me about her

parents, her dad's girlfriend, her younger half-siblings, and her bulldog. She says she is pretty sure her brother's friend gave her the infection.

Over the next hour, Mia gets visits from a dietician who tells her she needs to eat more, and from a respiratory therapist who straps her into a vibrating vest that helps her cough up thick secretions.

Later in the morning I bring in cans of formula for Mia's tube feeding. As I prepare to administer the feeding, Mia picks up a can and pours it into her syringe attached to her gastric tube, watching the fluid disappear into her body. This is her everyday reality; she doesn't need my help.

When she is done, I ask if she wants to take a walk.

“Uh ... okay,” she says.

Max S. (2020). 2020 Hope Babette Tang Humanism in Healthcare Essay Contest: Third Place Nursing Student Essay: Mia. *Academic Medicine: journal of the Association of American Medical Colleges*, 95(10), 1542–1543. <https://doi.org/10.1097/ACM.00000000000003620>

The COVID-19 screening hotline's success led hospital leadership to request expanding it to include the entire University of Maryland Medical System's 15 hospitals and clinics.

ACHIEVEMENTS

First Runner-Up: ANA's All Pro Nursing Contest

The University of Maryland COVID-19 Screening Hotline was awarded first runner-up in the American Nurses Association (ANA) All Pro Nursing Contest. The following outlines the nomination published by the ANA that recognizes the work done by the team who made this possible during the pandemic.

The PREP Center, which under normal conditions performs histories and physicals for pre-operative patients, was redeployed as an employee screening hotline when all elective procedures were halted. In addition to creating standard policies and procedures for sick and exposed employees, the team built a 24/7 schedule to support the hotline within two days.

To ensure cohesion, the team used a variety of communication tools, including virtual group meetings and an encrypted texting-type app that meets Health Insurance Portability and Accountability Act requirements. Team members texted each other throughout the day to ask questions, provide updates, and share fun stories.

The hotline's success led hospital leadership to request expanding it to include the entire University of Maryland Medical System's 15 hospitals and clinics. Within two weeks, the team established a system-wide hotline.

As elective surgeries returned, leadership requested that the PREP Center reopen. The resilient team re-configured its schedule to allow for joint staffing of both the PREP Center and the hotline. The team continues to support two different workflows.

In the team's own words:

"These team members had to create a workflow from scratch in a compacted time period. Many similar processes would take months; this team did it within days. We became fond of the saying 'perfect is the enemy of good.' The team was determined in working toward this goal."

"The response [to the COVID-19 screening hotline] from employees (who were our patients in this workflow) was overwhelming. Many cried because they were so happy to reach someone who could provide them answers. Some team members stayed on the phone for long periods listening to patients talk, cry, or vent. The team excelled at using empathy and therapeutic listening." ♦



Back row, left to right
Carole Brokos, MSN, CRNP
 Nurse Practitioner
Patty Casper, MSN, CRNP
 Senior Nurse Practitioner
Trish Milburn, MSN, CRNP
 Nurse Practitioner

Ronnie Quattrini, CRNP
 Nurse Practitioner
Joyce Gun, MSN, CRNP
 Nurse Practitioner
LaToya White, MSN, CRNP
 Nurse Practitioner

Front row, left to right
Beth Waddell, MSN, CRNP
 Nurse Practitioner
Kellie Deal, MSN, CRNP
 Senior Clinical Program Manager
Mary Scott-Herring, CRNA
 Manager, Clinical Education and Professional Development

Nurse Practitioner Post-Graduate Critical Care Fellowship Receives ANCC Certification

The University of Maryland Medical Center's Nurse Practitioner Post Graduate Critical Care Fellowship has received certification with distinction by the American Nurses Credentialing Center (ANCC). It is the 19th post graduate program to be certified by the ANCC in the United States and is the only fellowship in Maryland, Delaware, or Virginia to receive this certification.

The fellowship is a nine-month training program that prepares nurse practitioner fellows to develop advanced clinical decision-making in the management of critically ill patients. The program is led by **Deborah Schofield, PhD, DNP, CRNP, FAANP**; **Brooke Andersen, MSN, CRNP**; **Ann Matta, MSN, CRNP**; and **Shannon Gaasch, MSN, CRNP**. ♦

As the beautiful bumble bee diligently works for the greater good of their colony, community, and the earth, so does Mary.

ACHIEVEMENTS



Mary Murray, MSN, RN, CCRN, SCNII retires after 40 years at UMMC

For forty years, Mary Murray dedicated her professional nursing career to the University of Maryland Medical Center. Her career began in neurotrauma when the Shock Trauma Neurotrauma Center first opened its doors in 1981. Over the years, Mary was instrumental in the work

of the center and the Neurotrauma Critical Care Unit (NTCC). She worked diligently on improving patient outcomes, focusing on infection prevention (CLABSI and CAUTI) and was involved in one of the first cranberry studies conducted on the NTCC unit to prevent CAUTIs.

She had a passion for creating a healthy work environment and promoting resiliency techniques to prevent secondary trauma/caregiver fatigue. Mary was also instrumental in engaging patients/families in the patient's plan of care to ensure clear communication and collaboration with the family to meet the patient's needs. Due to her passion for all that is excellent, Mary was the best choice to serve as the NTCC Magnet Champion for many years. As if that was not enough, Mary was known as an expert preceptor for new nurse graduates and new nurses joining

the NTCC team. She led an educational program to prepare IMC nurses to transfer to the critical care environment to ensure a smooth transition. As a senior clinical nurse II, Mary was the expert charge nurse and preceptor for those learning the charge nurse role.

Samantha Adams, BSN, RN, nurse manager, neurotrauma critical care and intermediate care, shares that “Mary has always embodied the art of nursing care, as she expressed such joy in her work and inspired her passion of compassionate and courageous care to all with whom she came in contact. As the beautiful bumble bee diligently works for the greater good of their colony, community, and the earth, so does Mary. She sees the light in all she comes across. Through her care and passion, she brings those comfort who are in pain, she brings safety to those who are in fear, she shows faith in all humanity as a perfect stranger and is the fiercest advocate to those in true need.”

In 2019, Mary transitioned to the Department of Care Management. **Helen Hash**, BSN, RN, manager, case management, states that “as a case manager, her clinical expertise and her excellent communication skills led to many successful relationships with post-acute partners. Mary's astute clinical assessments and identification of subtle patient changes resulted in avoiding many unnecessary hospital readmissions.”

Congratulations on your retirement, Mary! ♦

People's Choice Awards for Both UMMC Campuses

Respect and Integrity

Downtown: **Greg Ludlow**, Administrative Assistant, MICU

Midtown: **Marika Stettner**, Administrative Coordinator, Ambulatory Services

Teamwork and Collaboration

Downtown: **Wahid Ishraq**, Unit Secretary, Pediatric ICU (PICU)

Midtown: **LaNai Sarvis**, Program Assistant, Transitional Care

Excellence and Innovation

Downtown: **Georgia Spence**, Project Specialist, CPPD

Midtown: **Anne Jeter**, Administrative Assistant, CPPD

Diversity and Inclusion

Downtown: **Jocelyn Campbell**, Unit Secretary, 11 East (Medical Acute Care)

Midtown: **Sydney Gross**, Executive Assistant, Operations

2021 Administrative Professionals

PEOPLE'S
CHOICE
AWARDS

ACHIEVEMENTS



UMMC Downtown Campus Awarded Advanced Certification Comprehensive Stroke Center

The University of Maryland Medical Center's downtown campus has once again achieved The Joint Commission's Advanced Certification as a Comprehensive Stroke Center. With this two-year designation – its 3rd re-designation – UMMC remains one of an elite group of health care organizations focused on highly-specialized stroke care. Led by **Marcella Wozniak**, MD, associate professor of neurology at the University of Maryland School of Medicine and medical director of the Comprehensive Stroke Center, and **Karen Yarbrough**, DNP, ACNP-BC, CRNP, director of the Comprehensive Stroke Center, the clinical team continually strives to provide the most advanced care to stroke patients. ♦

You Made a Difference Program

The team members at UMMC do amazing things every day to heal and save lives. Sometimes we lose track of how important the little things are in creating a healing and nurturing environment for our patients, their families and each other. The Patient Experience Team receives comments from our patients in various ways, including from Press Ganey Surveys, discharge phone calls, emails, and phone messages. The team began considering ways to disseminate these comments in a meaningful way. From this came the You Made a Difference Program.



Diamond Davis, Patient and Family Care Liaison, Weinberg 5

The program is simple. Special comments are chosen monthly that reflect the dedication we have to our patients. Each recipient receives a certificate that quotes the patient's words, and a challenge coin that can be kept in their pocket or a special place to remind them every day of the difference their kindness or actions makes in our patients lives. We often think that the little things are just us doing our job; but to our patients, it means everything.

One of the recipients is **Diamond Davis**, pictured to the left. To learn more, please visit <http://intra.umms.org/ummc/departments/patient-experience-and-c2x/c2x/you-made-a-difference-program> ♦



The challenge coin

Initial Five-Year Accreditation for Physical Therapy Residency in Orthopedics

The University of Maryland Physical Therapy Residency in Orthopedics has received approval for an initial (five year) accreditation through the American Board of Physical Therapy Residency and Fellowship Education. This has been a long journey and one that demonstrates the excellence and collaboration across the University of Maryland Rehabilitation Network (UMRN), practices and academia. This is the first and only accredited physical therapy (PT) residency developed and sponsored by the University of Maryland. While this began as a UMRN initiative, it would not have been possible without partnership from the UMSOM Physical Therapy and Rehabilitation Science (PTRS) Department. Our UM

strength is further enhanced because the residency primes highly qualified professionals for permanent hire and/or for matriculation into post-residency fellowship programs.

Greg Mesa, PT, MSPT, COMPT, serves as the program director for the residency and he is to be congratulated for leading an impressive cross campus UM professional group through the process of standing up the first UM PT residency program. It is only because of the teamwork, collaboration and sheer determination of the cross-campus leaders involved that we have been able to launch and sustain this new program during a pandemic. Special thanks are extended to **Andy Pollak**, MD for his continuing support and for the PT fellowship opportunity provided (post residency) at the University of Maryland Orthopaedics Camden Yards faculty practice. ♦

ACHIEVEMENTS

Promotions as of January 2021

SENIOR CLINICAL NURSE I

Jamie Adams, BSN, RN, OCN
Kaufman Infusion Center

Julie Barnhouse, BSN, RN, PCCN
Cardiac Surgery Stepdown

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

Natalie Decker, MSN, RN, CNL
Pediatric Emergency Department

Lauren Grubbs, BSN, RNC-MNN
Inpatient Perinatal/GYN and Labor & Delivery

Kerry Havranek, BSN, RN, CEN
Adult Emergency Services

Emanuelle Lima, BSN, RN
Cardiac Surgery Intensive Care Unit

Brittany Martin, BSN, RN, CCRN
Medical Intensive Care Unit

Amanda Mazer, BSN, RN, CCTN
Transplant Intermediate Care

Brittany Plummer, BSN, RN, PCCN
Medical Intermediate Care

Siobhan Reed, BSN, RN, TCRN
Multi Trauma Critical Care

Jara Title, BSN, RN, CPN
Pediatric Progressive Care Unit

Kelsey Whelan, BSN, RN, SCRNP
NeuroCare Intensive Care Unit

Lindsey Ottenheimer Whitling, BSN, RN, CCRN
Cardiac Surgery Intensive Care Unit

Shamia Wyche, BSN, RN, CCTN
Transplant Intermediate Care

Meghan Wyvill, BSN, RN
Medical Intensive Care Unit

SENIOR CLINICAL NURSE II

Amy Brown, BSN, RN, CPST
Maternal Child Outreach

Crystalyn Fallin, MS, RNC-OB, C-EFM
Labor & Delivery

Julia Hong, BS, RN, CCRN
Medical Intensive Care Unit

Sarah LeCompte, BSN, RN-BC
Psychiatric Emergency Services

Sigrid Mays, BSN, RN, CCRN, CSC, CPAN
Post Anesthesia Care Unit

Bosede Olagunju, BSN, RN-BC
Psychiatric Emergency Services

Danielle Rother, BSN, RN, OCN
Serpick Infusion and Multidisciplinary Center

Alivia Stenzel, MS, RN, SCRNP
Neuro Trauma Intermediate Care

Promotions as of April 2021

SENIOR CLINICAL NURSE I

Katherine Bohlen, BSN, RN, BMTCN
Blood & Marrow Transplant Unit

Kristi Cortez, BSN, RN, VA-BC
Vascular Access Team

Sarah DeSantis, BSN, RN, CPN
Pediatric Progressive Care Unit

Jillian Fiedler, BSN, RN, CPN
Pediatric Progressive Care Unit

Jocelyn Hahn, BSN, RN, C-EFM
Obstetric Care Unit

Trista Keller, BSN, RN, FNE-A
Adult Emergency Department

Johanna Laue, MS, RN, CNL
Mother/Baby Unit, Inpatient Perinatal GYN

Alison Leahy, BSN, RN
Interventional Radiology

Elizabeth Lindenberger, BSN, RN, C-EFM
Obstetric Care Unit

Ashley Loftice, BSN, RN
Greenebaum Comprehensive Cancer Center, Stoler Infusion

Kaitlyn Martiniano, BSN, RN, CCRN
Medical Intensive Care Unit

Tina Norris, BSN, RN, CAPA, LMT
Surgical Endoscopy Care Unit

Michelle Patrylak-Quint, BSN, RN, CEN, CFRN, CTRN, CCRN, PHRN, NRP
Maryland Express Care

Riley Scheeler, BSN, RN, SCRNP, CCRN
Neurosciences Intensive Care Unit

Julia Schmelz, BSN, RNC-MNN
Mother/Baby Unit, Inpatient Perinatal GYN

Jamie Scoff, BSN, RN
Blood & Marrow Transplant Unit

Rebecca Spiegel, MS, RN
Adult Emergency Department

Ashley Waak, BSN, RN, CCRN
Cardiac Care Unit

SENIOR CLINICAL NURSE II

Susan Breitenother, MS, RN, CCRN
Pulmonary Diagnostic Procedures

Melissa Davis-Gilbert, BSN, RN, CCRN
Surgical Intensive Care Unit

Jacqueline Hamil, MS, RN, CNL, CEN
Adult Emergency Department

Maria Milarina San Pedro, BSN, RN, PMH-BC
Adult Behavioral Health

One Patient's Request: One Caring Response

"If I could just see him," was the reply a 3 South patient gave **Christopher Cooper**, midtown patient advocate, when he asked if there was anything he could do for her. She was talking about seeing her husband. This 3 South patient had just shared with Cooper that her husband was a patient on 3 North and had recently been admitted from a nursing facility. When Cooper inquired about the last time this patient had seen her husband, the answer was six months. Due to the pandemic, she had only been able to speak with him on the phone during this lengthy separation.

Cooper reached out to social workers **Sandra Dublin**, LBSW and **Krystal Tripp**, LBSW, who were able to acquire iPads so the couple could connect virtually and they did. When Cooper returned the next day, the wife was happy and said it was good to see her husband on the iPads, but she repeated her request again – "If I could just see him."

For the second time, Cooper went into action coordinating with **Candice Hargrove**, MSN, RN, 3 South nurse manager; **Nancy Santos**, MSN, RN, NEA-BC, 3 North nurse manager; both of the couple's nurses, **Tsehay Endalew**, BSN, RN, CMSRN CNII, 3 South, and **Jasmin Johnson**, BSN, RN, CNII, 3 North, to try and meet her request. The patient family care liaison, **Taylor Stiles**, and the members of the medical team were also part of the group creating a safe plan to make this visit possible.

With all the necessary precautions taken, the wife was brought to her husband's room. Cooper described the reunion by stating, "The look on her face! She started crying! And his face lit up!" In addition to a big thank you, the wife told Cooper that she was able to get her husband's phone number so she could call him at 5:00pm and listen to the news together. She shared that this was an evening ritual that went back many years and how nice it was to do this again.

Due to the many actions of Cooper, Stiles and the clinical team, a bit of normalcy was restored for this couple during the pandemic when so many other patients were unable to see their loved ones. ♦



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

ACHIEVEMENTS, from page 13

New Certifications in January 2021–June 2021

NURSING

Cardiac Medicine Certification

Cardiac Care Unit

Kalynn Niroda, BSN, RN, CCRN-CMC

Stephen Raymond, BSN, RN, CCRN-CMC

Certified Pediatric Nurse – CPN

Pediatric Progressive Care Unit

Sarah Brenk, BSN, RN, CPN

Jessica Kenney, BSN, RN, CPN

Minji Kim, BSN, RN, CPN

Jennifer Wood, BSN, RN, CPN

Critical Care Registered Nurse – CCRN

Cardiac Care Unit

Kelly Devine, BSN, RN, CCRN

Kimberly Johnson, MSN, RN, CCRN

Florence Tijones, BSN, RN, CCRN

Ashley Waak, BSN, RN, CCRN

Cardiac Surgery Intensive Care Unit

Emily Athanas-Linden, BSN, RN, CCRN

Lauren Davis, BSN, RN, CCRN

Emma Lima, BSN, RN, CCRN

Grace Sumney, BSN, RN, CCRN

Critical Care Resuscitation Unit

Zoe Gasparotti, BSN, RN, CCRN

Claudia Theis, BSN, RN, CCRN

Joseph Walker, BSN, RN, CCRN

Medical Intensive Care Unit (MICU)

Ariel Cartwright, BSN, RN, CCRN

Malcolm Harkins, MS, RN, CNL, CCRN

Kaitlyn Martiniano, BSN, RN, CCRN

Pediatric Intensive Care Unit

Thomas Hobbs, RN, CCRN

Surgical Intensive Care Unit

Taylor Cifelli, BSN, RN, CCRN

Christine Paje, BSN, RN, CCRN

Hannah Rupard, BSN, RN, CCRN

Critical Care Registered Nurse – Cardiac Surgery Certification – CCRN-CSC

Cardiac Surgery Intensive Care Unit

Ashley Arena, BSN, RN, CCRN-CSC

Alex Cha, BSN, RN, CCRN-CSC

Certified Perioperative Nurse – CNOR

Trauma OR

Ashley Dickinson, BSN, RN, CNOR

Tiffany Holley, BSN, RN, CNOR

Certification in Adult Progressive Care Nursing – PCCN

Cardiac Progressive Care Unit

Jessica Mitrick, BSN, RN, PCCN

Oncology Certified Nurse – OCN

Radiation Oncology

Lori Campbell, RN, OCN

Stoler Clinic

Rachael Tavik, BSN, RN, OCN

CARE MANAGEMENT

Accredited Case Manager-Social Work – ACM-SW

Catherine Miller, MSW, LCSW-C, ACM-SW

Certified Case Manager – CCM

Jenna Carl, MS, RN, CCM

CLINICAL NUTRITION SERVICES

Certified Clinical Transplant Dietitian – CCTD

Stacey Senter, MS, RD, LDN, CNSC, CCTD

RESPIRATORY THERAPY

Advanced Critical Care Specialist – ACCS

Sarah Donley, BS, RRT- ACCS

Through Spring 2020, Fall 2020, and now Spring 2021 – with your support and that of other UMMS facilities, we have graduated 1,154 students.



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

Gratitude for All Things UMMC



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

As we emerge from the COVID-19 pandemic, I am profoundly grateful for the strength of the partnership between the School of Nursing and UMMC. Simply put, we could not have done all that we did without you.

From the earliest stages of the pandemic, as it became necessary to eliminate in-person clinical learning experiences for our students throughout the long climb back to something approaching a “normal” environment – you have been there with us every step of the way, making it possible for us to continue to prepare the next generation of nurses. We have procured PPE, instructed students in donning and doffing, and reworked clinical learning schedules with the help of eternally positive UMMC-based instructors. Together, we kept three cohorts of students on track while their learning was what I would term “pandemic-encumbered.” Through Spring 2020, Fall 2020, and now Spring 2021 – with your support and that of other

UMMS facilities, we have graduated 1,154 students from entry-into-practice baccalaureate students and master’s level Clinical Nurse Leader students, to RN-to-BSN, masters, and doctoral students. We did not miss a beat – but that belies the hard work and shared commitment that was ever present behind the scenes. An enthusiastic shout out to each one of you, in the great tradition of nursing – you made it possible for us to carry on!

Special thanks to Dr. Karen Doyle for her partnership on the vaccination clinic at the Southern Management Corporation Campus Center (SMCC) where our students and faculty joined you in common cause; and for her patience as we transitioned clinic operations to the University of Maryland, Baltimore. And finally, but certainly not the last word on this, as the search process gears up, a heartfelt thank you to our colleague, Dr. Lisa Rowen, for all that she has done and we have accomplished together not only during this time, but throughout her tenure. ♦

Introducing Rita Linnenkamp, Magnet Program Coordinator at UMMC’s Midtown Campus



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

In November 2020, **Rita Linnenkamp**, MSN, RN, NEA-BC, Magnet program coordinator, joined the midtown campus team. She hit the ground running working collaboratively with **Carolyn Guinn**, MSN, RN, NEA-BC, Magnet program director, to guide Midtown nurses on the journey to achieving Magnet status. Born and raised in Maryland, Rita has always lived and worked in the Old Line State. Her nursing career began at Anne Arundel Medical Center in Annapolis, Maryland where she started as a new graduate nurse and advanced to leadership roles. In 2017, she left Anne Arundel to join UMMS, assuming the position of director of patient experience at UM Capital Region Health.

During her 24 years in nursing, Rita is most proud of her work as the Magnet program coordinator for Anne

Arundel’s initial Magnet designation and with the patient family advisors at Capital Region. Through her role at Capital Region, she realized the foundation of a great patient experience is connected to nursing excellence. This prompted her to seek out the opportunity to join the team at UMMC Midtown to help implement the Magnet model, our chosen roadmap to achieving nursing excellence. “I love capturing stories of excellence and that’s why I am here,” states Rita.

Outside of work, Rita enjoys her two young grandchildren. She shares that “Grandma is the best title ever. I earned it and wear it proudly.” To relax and slow things down a bit, Rita enjoys spending time outdoors and can be found paddle boarding and hiking around Maryland. ♦

The roving cart campaign seeks to dispel myths, combat fear, and enhance confidence, while providing immediate vaccine access.

Roving Vaccination Cart

Increasing Confidence and Vaccine Uptake

As we work together to end COVID-19, we are excited about the efficacy and safety of the vaccines. However, we now face the challenge of vaccine hesitance. To address this, the UMMC Vaccine Confidence Steering Committee was assembled to develop strategies to turn hesitance into confidence. One of the most successful ideas has come from **Nat'e Guyton**, DM, MSN, RN, CPHIMS, NE-BC, vice president of patient care services & chief nursing officer, midtown campus. She used the

confidence, while providing immediate vaccine access. With so many virtual meetings, having human exchanges through the sharing of real-life COVID experiences has been key to our success.

While the core methodology remains the same, implementation has been tailored to fit the needs of each campus. The roving cart team tours at various times and includes a vaccinator, registrar, canvasser, runner, and an organizer. The teams are comprised of multidisciplinary clinical professionals, clinical support, operations and administrative team members. The organizer coordinates the tour; the canvasser solicits interest; the runner picks up the vaccine from the pharmacy; and the vaccinator gives the shot and documents. Sometimes “celebrity” vaccinators (senior clinicians willing to be influencers) administer vaccines and provide education. Using a workstation on wheels, the registrar schedules both appointments. The team is equipped with vaccination cards, syringes prefilled with the Pfizer vaccine, an emergency kit, and information forms in English and Spanish, as well as snacks, drinks, I Got Vaccinated buttons, and gift bags that are given out once a team member is vaccinated.

The focus has been on departments with low vaccine rates and high exposure/outbreaks; however, success has been found when visiting units unexpectedly and by popping up in high- trafficked areas. The pre-registration and scheduling processes, which some find complicated, are eliminated; this helps to save time. We are able to reach employees who cannot break away from their work areas, have limited computer access, and who work when Employee Health is closed. We’ve learned that anxiety, misinformation, personal core beliefs, and concern about the fast development of the vaccine play roles in hesitance. Confidence is rooted in peer support, a safety-oriented unit culture, leader engagement, trust and education. During a one-month period, 78 midtown and 162 downtown team members have been vaccinated. To date, there have been no negative reactions observed.

Respecting each employee’s feelings about vaccinations is important. Displaying sensitivity when approaching someone about the vaccine can make all the difference. It takes all of us to make this happen and it is our pleasure to continue our roving cart campaign to ensure workforce safety. ♦



Above: David Marcozzi, MD and team vaccinate near the DTC cafeteria

Above right: Saverio Mirachi, MD and the MTC roving team comfort an employee



3-Cs model to develop and implement a roving vaccination cart. The cart, named *Roving Hope*, was launched on April 20th at the midtown campus (MTC) and on April 30th at the downtown campus (DTC). At the MTC, *Roving Hope* is led by Guyton, **Sydney Gross**, executive assistant; **Toshunia Robinson**, MSN, RN, clinical nurse manager, Center for Diabetes & Endocrinology and Hope Suite; and **Erin Valentine**, CBCP, emergency manager. At the downtown campus, *Roving Hope* is led by **Diana Johnson**, PT, MS, senior director, Patient Care Services; **Suzanna Fitzpatrick**, DNP, ACNP-BC, FNP-BC, senior nurse practitioner, Division of Vascular Surgery; **Paul Goskowski**, assistant director, food services; and **Jeffrey Wolf**, MD, FACS, medical director, otorhinolaryngology.

The 3-Cs model is built on a foundation that addresses **confidence** (decreased trust in safety and effectiveness), **complacency** (low perceived COVID risk), and **convenience** (vaccine accessibility). The roving cart campaign seeks to dispel myths, combat fear, and enhance

Wellness and Resilience Resources for UMMC Team Members

By Gena Stanek, MS, RN, APRN-CNS, CNS-BC
RISE Program Co-Lead

UMMC has many resources that span the continuum, from staying well and resilient, to professionals who can help cope with a crisis or stressful event. Health care workers are naturally resilient, but the complex work environment, as well as outside stressors can prevent us from using existing resources to keep us healthy, engaged in our work and home lives, and feeling mentally and physically grounded.

“Health care occurs in highly stressful workplaces that require precision, intensity and care. As a result, team members often report moral distress and burnout” (Davis & Batcheller, 2020). Leading national organizations such as the Institute for Healthcare Improvement (IHI), National Academy of Medicine (NAM), American Association of Critical Care Nurses (AACN), the American Nurses Association (ANA) and others all endorse implementing strategies to cultivate resilience, improve workplace joy, and promote self-care.

Numerous resiliency resources, webinars, tools and strategies exist and are available for UMMC team members. It is important for everyone to be aware of these helpful resources and know how to access them. You can find these resources on the UMMC Insider at <https://www.umms.org/employee-wellness-support/hospital-specific-resources/ummc-employees>

For more information on wellness and resilience, please refer to these additional resources:

1. Carter, K., Hawkins, Joy at work: Creating a culture of resilience. *Nursing Management*, December 2019, 35-42.
2. Recognize and Address Moral Distress Tool *Recognizing Addressing Moral Distress Quick Reference Guide (aacn.org)*, accessed 5-12-21, 5:48 pm.
3. Moran, D., Wu, A.W., Connors, C., Chappidi, M.R., Sreedhara, S.K., Setler, J.H, and Padula, W. V. Cost-Benefit analysis of a support program for nursing staff, *Journal of Patient Safety*, 16 (4), December 2020, e250-e254.

REFERENCE: Davis, M., and Batcheller, J. Moral distress in the workplace: Creating a resiliency bundle, *Nurse Leader*, 2020, March, 1-5.

Resource	Description
UMMC Support Continuum https://www.umms.org/employee-wellness-support/hospital-specific-resources/ummc-employees	A one-page resource with links to a continuum of resources and a free, downloadable wellness app
UMMC Support Programs https://www.umms.org/employee-wellness-support/hospital-specific-resources/ummc-employees/programs	Details and links to information for: <ul style="list-style-type: none"> • Employee Assistance Program (EAP) • CareBridge • Professional support • RISE – Trained Peer Responders • Support groups
Workplace Violence Prevention http://intra.umms.org/ummc/departments/workplace-violence-prevention	Support for team members related to workplace violence, including tips for handling violent situations, a checklist to use when team members experience a workplace violence event, and security contact information.
Resilience / Relaxation Rooms Downtown campus locations: <ul style="list-style-type: none"> • Gudelsky 9 waiting area • Gudelsky 5 waiting area • Weinberg 5 multi-purpose room Midtown campus locations: <ul style="list-style-type: none"> • 3N Oasis room • 3S conference room • 3S shared office 	A quiet place to decompress from the busy patient care setting. Open 24/7
Take 5 Program https://www.umms.org/employee-wellness-support/hospital-specific-resources/ummc-employees	See someone having a bad day? Encourage them to take five minutes to relax, use a resilience room, take a walk, or eat a healthy snack. Make sure the team is aware of the UMMC Support Continuum page with links to a full continuum of resources and a free, downloadable wellness app.
Diversity and Inclusion http://intra.umms.org/ummc/departments/diversity-and-inclusion/employee-resource-groups	Information about getting involved with two employee resource groups – People of Color (POC) and LGBTQ+

Recipient of
**CNO Award
for Team
Excellence**
Downtown

MultiTrauma Critical Care

By Lisa Rowen, DNSc,
RN, CENP, FAAN
Chief Nurse Executive
University of Maryland
Medical System

Senior Vice President of
Patient Care Services &
Chief Nursing Officer
University of Maryland
Medical Center

Look no further than the MultiTrauma Critical Care Unit (MTCC) for a remarkable team that embodies excellence and an esprit de corps.

Under the leadership of **Alison Lembo**, MSN, MBA, RN, CMSRN, nurse manager; **Donna Mursch**, BSN, RN, CCRN, assistant nurse manager; **Karen McQuillan**, MS, RN, CNS-BC, CCRN, CNRN, TCRN, FAAN, clinical nurse specialist; and **Sam Galvagno**, DO, PHD, FCCM, medical director, MTCC exemplifies resilience, teamwork, and innovation in the face of the COVID-19 pandemic.

A 24-bed unit in the R Adams Cowley Shock Trauma Center, MTCC provides multidisciplinary care to critically ill patients who have sustained multiple traumatic injuries or severe life-threatening single system injuries. The dedicated team is comprised of 83 nurses, five patient care technicians, two dedicated nurse practitioners, unit secretaries, exercise technicians, providers, a pharmacist, a patient and family care liaison, and a social worker.

“This team is amazing because no matter what challenges we faced over the past year, the core values were always maintaining high quality patient care and ensuring patient and team member safety,” said Alison Lembo. “The teamwork has been phenomenal and the team member resolve is admirable. During a post-COVID-19 debriefing session, the common source of resilience for the frontline team was the support of their colleagues, and I love that they have that. A pandemic has the potential to breed isolation and animosity, but instead, this team found solidarity. We have developed a very collaborative dynamic that helps each of us achieve our full potential. I doubt that we would have successfully made it through the pandemic without the level of trust and mutual respect that has been forged amongst the frontline team members and the leadership dyad.”

The MTCC team goes above and beyond, not only for each other, but for each of their patients. A testament to their unrivaled compassion is evident in this letter of gratitude from a former patient sent last year. He writes:

“It is clear that you do not think of your work as a ‘job’; it is clear that it is a labor of love. No words can express my appreciation for the care that you gave

me. You were kind, compassionate, helpful, and never minded being bothered. You went over and above the call of duty to accommodate my religious needs. You tried as hard as possible to protect my dignity and decency. I was very uncomfortable, due to my injuries and surgeries, and you never lost patience trying to make me comfortable.”

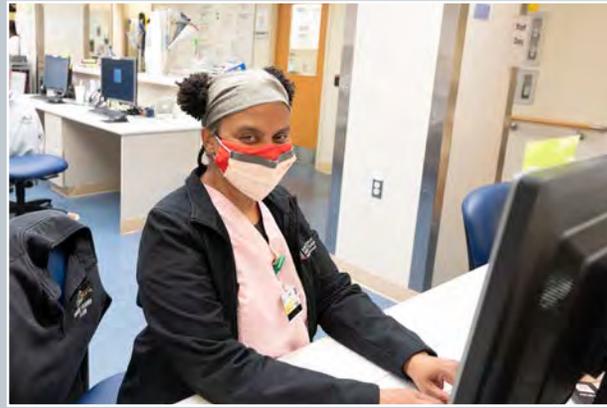
These thoughts are echoed by Karen McQuillan, who witnesses this team’s exceptional skills and compassion every day. “The courageous care provided on MTCC is excellent,” she said. “The nurses and those they work with truly rise to every challenge presented and do what is needed to take the best possible care of their patients.”

It is clear that the MTCC team shares the mission



Left to right: Alison Lembo, MSN, MBA, RN, CMSRN, Nurse Manager; Donna Mursch, BSN, RN, CCRN, Assistant Nurse Manager

to be the embodiment of safe, patient-centered, and state-of-the-art care for the critically injured and ill. In March 2020, after the World Health Organization declared the coronavirus outbreak a pandemic, it became inevitable that MTCC’s patient population would soon expand to include COVID-19 trauma patients. The MTCC dyad team formulated a comprehensive COVID-19 Preparation Plan before the first COVID-19 patient was ever admitted to the unit. This unique 15-page document guided MTCC’s strategic approach to COVID-19 as events began to unfold. This allowed MTCC to seamlessly transition into a PUI unit, then



Left: Marie Kiley, BSN, RN, TCRN, Clinical Nurse II
Right: Catherine Hayes, Unit Secretary



Far left: Manjari Joshi, MBBS and William A. Teeter, MD, MS
Left to right: Chris Kolokythas, MS, CRNP, Nurse Practitioner; Shannon Gaasch, MS, CRNP, Nurse Practitioner

one of three COVID-19 ECMO units, and finally a unit able to effectively handle COVID-19 trauma patients.

In addition to excellence of the team and team members, the leaders are committed, talented, and experienced. Lembo previously managed Shock Trauma Acute Care, Orthopedics, and MultiTrauma IMC6 before joining the MTCC leadership team in September 2019. What fuels her fire for leadership is facilitating process improvements that harness individualized strengths and interests. She also has a passion for throwing a spotlight on those amazing accomplishments that many team members take for granted; bragging about ourselves is not always easy!

Mursch was a SCNII on MTCC before accepting her new role as the assistant nurse manager in December 2019. Before her role as an assistant nurse manager, she was a trauma nurse for 18 years. She was an instrumental nurse leader in the Molecular Adsorbent Recirculating System (MARS) program development and continues to champion this, and other quality and process improvement initiatives.

In March 2020, Dr. Galvagno accepted the position as medical director of MTCC. External to MTCC, and with an extensive leadership background as a Commander at Andrews Air Force Base for an aerospace medicine squadron, he serves on the US Air Force

Reserve Command Advisory Board in the Office of the Command Surgeon, headquarters, USAF Reserve Command. He is also a public health advisor for the National Capitol Region military leadership.

In April 2020, Dr. Galvagno also took over as the Hospital Incident Command System (HICS) operations section chief, responsible for all clinical operations in the hospital, including both the ambulatory and inpatient response during the COVID-19 pandemic. Simultaneously, he did not lose sight of the unit mission. In conjunction with Karen McQuillan, MTCC developed unit-based high acuity skills training. By May 2020, 53% of MTCC team was trained for ECMO, an increase from 25% originally. MTCC successfully decannulated all COVID-19 ECMO patients they received, which contributed to a 67% COVID-19 ECMO decannulation rate for the Shock Trauma Center; surpassing the national average of 61% as of June 2020.

“The ‘can-do’ attitude of our unit was truly exemplified during the COVID-19 pandemic,” said Dr. Galvagno. “Our unit took the hospital lead for admitting all critically ill PUIs, which were mostly medical patients, then created additional negative pressure capacity to not only safely admit trauma patients but also non-trauma patients with COVID-19.

“THIS TEAM IS AMAZING BECAUSE NO MATTER WHAT CHALLENGES WE FACED OVER THE PAST YEAR, THE CORE VALUES WERE ALWAYS MAINTAINING HIGH QUALITY PATIENT CARE AND ENSURING PATIENT AND STAFF SAFETY.”

This was followed by a transition to serving as an ECMO overflow unit where we received COVID-19 patients, and several trauma patients, requiring ECMO. Our survival for all COVID-19 ECMO patients remains 100%! We also treated several high-acuity liver failure patients during the same time with excellent results and a very high survival rate, including two liver transplants. All of this is a testament to the dedication, expertise, and flexibility of our nursing team, respiratory therapists, and everyone who works on our unit. I have never worked with such an amazing group of intensive care professionals!"

One of the most important contributions to the MTCC COVID-19 preparedness efforts were the nurse-led initiatives that organically developed the moment PUI patients were planned to arrive at MTCC. The frontline team turned their trepidation into a mission to ensure patient and team member safety through adequate preparation of the physical space and

resources, education of staff in biocontainment skills, and an increase of staff trained in high acuity skills such as CRRT and ECMO. This small frontline team used the COVID-19 Preparedness Plan and created the MTCC COVID-19 Planning Team and MTCC COVID-19 Education Team.

The MTCC COVID-19 Planning Team received training from the official Biocontainment Team to become site surveyors and site surveyor trainers. They then transformed the MTCC clinical area to emulate that of the Biocontainment Unit (BCU). They obtained the necessary equipment and PPE, created COVID-19-related signage, and developed reference material for the team. Part of the reference material included donning and doffing of PPE, COVID-19 patient transport, and a myriad of policies and procedures that evolved rapidly such as aerosolizing procedure protocols. Dr. Galvagno created a website for MTCC, which has a page dedicated to these COVID-19 resources. >>

Left to right:
Donna Mursch, BSN, RN, CCRN, Assistant Nurse Manager; **Sarah Downs, MSW, LCSW-C**, Social Worker; **Alison Lembo, MSN, MBA, RN, CMSRN**
 Far right:
Emily Suprynowicz, BSN, RN, Clinical Nurse II



Left: **Samantha Cody, BSN, RN, CCRN**, Senior Clinical Nurse I
 Far left to right: **Jennifer Holl, BSN, RN**, Clinical Nurse II; **Paula MacDonald, BSN, RN, TCRN**, Clinical Nurse II



After trialing several team member suggestions, this team also relocated the report room out into the larger family waiting area and modified the seating arrangements for improved social distancing. After clarifying their own processes and training 42% of the MTCC team to be site surveyors, the team leads offered to train other non-BCU Trauma units that could expect to see COVID-19 patients in order to increase unit safety and self-sufficiency. These efforts created and sustained a 0% patient to staff COVID-19 transmission rate.

The MTCC COVID-19 Education Team initiated the unit-based, nurse-led education efforts on ECMO and CRRT. In addition to the aforementioned increase in ECMO proficiency, this team also increased CRRT trained nurses from 60% to 69% of MTCC nurses. They also built strong relationships with the Cardiac Surgery Intensive Care Unit team who lent their

expertise during the first wave of ECMO training. To prepare for multiple surge scenarios, the team also trialed various team nursing models with non-ICU trauma nurses and developed an Intermediate Care Unit (IMC) vent training program with the neighboring MultiTrauma IMC5 nurses. The increase

in team member versatility and autonomy, while maintaining a sense of staff safety and high quality patient care, created a great sense of pride in the MTCC team. While navigating the pandemic together, they made it abundantly clear that they loved learning and growing together as a team.

“I have worked on this unit for twenty years now,” said **Melanie Griffith**, BSN, RN, clinical nurse II. “Whether it be a staffing need, incredibly sick patients, or just the revolving door of admissions and discharges; we get it done. Our ability to work as a team is second to none. There is no place I would rather call home than MultiTrauma Critical Care!”

The MTCC COVID-19 Education and Planning teams have been able to share their innovative work around the COVID-19 pandemic with a national audience. Their poster, “Embracing a Culture of Versatility and Autonomy through Nursing Lead Pandemic Preparedness,” was accepted for presentation at the 2020 TraumaCon, the annual Society of Trauma Nursing conference. They also published several papers about their pandemic preparedness efforts in the *Annals*

of Thoracic Surgery, Shock, and Innovations: Technology and Techniques in Cardiothoracic and Vascular Surgery. Currently, they are writing future publications on well-established programs such as the MARS treatment, which removes albumin-bound toxins from the blood. This year, nursing leadership and unit-based nurse practitioners developed a unique consent for this treatment as well as a more formalized indications for use policy and a notification algorithm for ease of communication amongst the team when a consult is initiated.

The remarkable work of MTCC extended beyond the pandemic this year. They implemented Shock Trauma’s first exercise technicians in March 2020. These individuals trained with Physical Therapy, Occupational Therapy, and the Safe Patient Handling Team. They participated in the Early Mobility course and led the unit’s Early Mobility Program. MTCC already had a steadfast culture of nurses mobilizing every patient out of bed into the chair every day, but now they have a duo of exercise technicians dedicated to mobility leveling, patient range of motion exercises, patient ambulation if possible, and an increased use of standing beds. The MTCC exercise technicians also assist in the mobilization of the ECMO patients. Since implementing the Early Mobility Program in March 2020, MTCC has had zero falls with injury. In the quarter prior to its implementation, MTCC had four falls, one with injury.

Despite the pandemic, there were some things that had to remain business as usual, such as the unit focus on recruitment and retention. When interviews became virtual, the Peer Interview Committee remained committed to providing as realistic a share-time experience as possible. The Orientation Committee was on full throttle as MTCC onboarded over 40 new nurses during 2020. It became even more vital for the preceptors and Peer Mentorship Committee to embrace and support these newcomers, some of whom had never set foot on the unit prior to accepting the position, some of whom started while MTCC was trialing team nursing, and all of whom could say that nothing felt normal about joining a new team in a new hospital, and sometimes in a new state, without being able to see anyone’s faces. To instill a small sense of normalcy, MTCC’s Orientation Committee created the “Behind the Mask” board where they post unmasked photos of colleagues.

“The MTCC team is full of the smartest and most heartfelt people I have ever met, and I am thankful to have learned from each one of them over the past few months,” said **Emily Suprynowicz**, BSN, RN, clinical nurse II. “I am a better nurse because of this unit and the people in it.” >>

Sara Hyde, BSN, RN,
Clinical Nurse II and
Abby Trask, BSN, RN,
Clinical Nurse II



"ALL OF THIS IS A TESTAMENT TO THE DEDICATION, EXPERTISE, AND FLEXIBILITY OF OUR NURSING TEAM, RESPIRATORY THERAPISTS, AND EVERYONE WHO WORKS ON OUR UNIT."



Colin Dabagian, BSN, RN,
Clinical Nurse II

With a mission to recruit, resource, and retain nurses, MTCC's first year turnover rate dropped from 46% in FY19 to 35% in FY20, when national turnover rates increased due to the pandemic. New initiatives to sustain the downward trend include a new Staffing and

Scheduling Committee, an Orientation Roadmap, and the development of a Trauma Fellowship. The goal of the Trauma Residency Program is to provide monthly support and education to experienced new hires in Shock Trauma, and embrace them in a similar way to how new graduate nurses are embraced in the New Grad Residency Program. MTCC plans to pilot this program, and, if proven successful, it will expand to other Shock Trauma units.

Alison Lembo, a leader whose foundation is built upon unit culture, empowers her team to be the change they want to see. On MTCC, culture change is facilitated through a robust, unit-based shared governance structure that focuses on excellence, continuous improvement, and teamwork. Under Lembo's guidance, MTCC has expanded their staff-led councils and committees from eight to 14. Yes, 14! This does not include the additional 12 UMMC councils or committees that MTCC has representation on, or the five Shock Trauma councils that each have MTCC representation. When calculating engagement of full-time team members, 70% of qualifying MTCC nurses are engaged in a hospital, trauma or unit-based council or committee. MTCC nurses truly embody the Magnet mission of shared governance.

Donna Mursch also participated in the restructuring of the STC shared governance model. To expand MTCC council representation, it was decided that each council would have at least one MTCC SCN present, who would mentor at least one or two team

members in the council. This allows everyone to find the council or committee that brings them joy and ensures that they are successful in it.

In between their extraordinary efforts to lead the way in pandemic preparedness and nurturing a highly engaged workforce, the MTCC team also finds time to have fun and celebrate each other. In August 2020, they held a Spirit Week, during which they had an ice-cream social, played "Guess Who?" with baby pictures of each team member, and sent "Lifesaver" peer-to-peer thank you cards. Then, at the end of each year, team members can nominate each other for unit superlatives, like Rookie of the Year, Unsung Hero, and Superman.

Navigating the trials and tribulations of the pandemic together has made a tight-knit family of the MTCC team. Its cohesiveness is admirable and palpable, even to its interdisciplinary partners.

"Working with the nurses and teams of the MultiTrauma Critical Care Unit, I am so proud of the resilience, the work ethic and the ability to care for our patients and each other day in and day out," said **Sarah Downs, MSW, LCSW-C**. "Our unit is a family; every nurse, nurse practitioner, attending physician, and additional supportive parties all work together, and, most importantly, make you feel included and important. I have loved working with everyone on the MultiTrauma Critical Care Unit and am proud to be a part of such an amazing team!"

Despite the pandemic, MTCC modeled resiliency, adaptability, and resourcefulness, while not losing focus on those things that are most important to them as a team committed to high quality patient care, education, and team member autonomy. This team is a model for multidisciplinary accountability and practice, continues to evolve and innovate, and is an inspirational example of team collaboration and excellence. Congratulations to all members of the MTCC on receiving the CNO Award for Team Excellence! ♦

UMNursing Care Coordination Implementation Collaborative

The UMNursing Care Coordination Implementation Collaborative (CCIC) was established as part of a five-year project that is supported by a Maryland Nurse Support Program II grant. As a collaborative effort between the University of Maryland Medical Center and the University of Maryland School of Nursing (UMSON), UMNursing CCIC aims to promote care coordination and patient-centered care across Maryland hospitals while continuing to expand the care coordination focus area/courses.

By **Eun-Shim Nahm, PhD, RN, FAAN**, Professor and Program Director, Nursing Informatics, University of Maryland School of Nursing;

Mary Etta Mills, RN, ScD, FAAN, Professor, Organizational Systems and Adult Health, University of Maryland School of Nursing;

Greg Raymond, DNP, MBA, RN, NEA-BC, Vice President of Nursing and Patient Care Services, Clinical Practice & Professional Development, Neurosciences, and Inpatient Psychiatry, University of Maryland Medical Center; and

Rachel White, BSN, RN, Nurse Specialist, Organizational Systems and Adult Health, University of Maryland School of Nursing

“Having a vibrant academic-practice partnership is critical as we prepare the next generation of nurses, as well as the current nursing workforce, to meet our evolving health care needs,” says **Jane Kirschling**, PhD, RN, FAAN, dean and professor, University of Maryland School of Nursing. “This includes the need for exquisite care coordination. The efforts of Drs. Greg Raymond, Eun-Shim Nahm, and Mary Etta Mills to design and implement care coordination and patient-centered care across Maryland hospitals exemplifies how collaboration between nursing education and practice truly has a positive impact on patient outcomes.”

Care coordination is a patient-centered approach that is used to develop care plans guided by patients’ specific needs and preferences, provide education to patients and families, and facilitate continuity of care across health care settings. Care coordination helps improve the quality, safety, and efficiency of health care, and is an essential component to achieve the Institute for Healthcare Improvement’s Triple Aim Initiative which is a framework that describes an approach to optimizing system performance. The Future of Nursing 2020–2030 recommends the role of nurses be expanded throughout the continuum of health care to improve the health of the nation while decreasing costs.

“Providing patient-centered, coordinated care is a crucial element of nursing,” says **Lisa Rowen**, DNSc, RN, CENP, FAAN, chief nurse executive, University of Maryland Medical System and chief nursing officer, University of Maryland Medical Center.

“Individualizing care and education for patients can help lower readmission rates, improve communication and planning across the continuum of care, and make it easier for patients to navigate the health care system. The UMNursing CCIC program is an excellent opportunity for UMMC nurses to expand their competencies to meet the needs of critically ill patients in the state of Maryland.”

STARTING JULY 2021, PRACTICING NURSES WILL HAVE ACCESS TO ONLINE CONTINUING EDUCATION MODULES ON CARE COORDINATION AND PATIENT-CENTERED CARE, AND AN INTENSIVE TRAINING WORKSHOP.

The goals of UMNursing CCIC are to provide practicing nurses and students with actionable knowledge/skillsets in care coordination, facilitate quality improvement projects in the areas of care coordination and patient-centered care, and assess the impact of the project on selected patient outcomes, as well as nursing practice and education outcomes.

Starting July 2021, practicing nurses will have access to online continuing education modules on care coordination and patient-centered care, and an intensive training workshop. By participating in the program, nurses will be able to enhance their knowledge and skillset to deliver well-coordinated, patient-centered care in the current value-based care environment, earn CEUs, and acquire the knowledge needed to take a care coordination or case management certification examination.

The UMNursing CCIC team will also support and assist with nurses’ quality improvement projects and scholarly activities that are aligned with the UMNursing CCIC grant project. For more information about the UMNursing CCIC project or to contact a project leader, please visit <https://www.nursing.umaryland.edu/research/funded-research/ccic> ♦

Recipient of
**CNO Award
for Team
Excellence**
Midtown

3 South Medical/ Surgical Telemetry

By Nat'e Guyton, DM, MSN,
RN, CPHIMS, NE-BC
Vice President of Nursing &
Patient Care Services
Chief Nursing Officer
UMMC Midtown Campus

The evolution of 3 South has been a remarkable journey that has been marked by new beginnings, requiring grit, determination, and resilience.

Who we are: The 3 South team takes pride in providing high quality care. In alignment with our professional practice motto, “We heal, We teach, We discover, We care,” 3 South has maintained exceptional quality, with a low rate of falls, CAUTIs, CLABSIs, and HAIs. The team is proud to serve as the unit where many new graduate nurses start their career and hone their clinical skills. Our unit provides the highest level of care to Midtown’s most diverse and medically complex patient population.

The beginning: In 2013 the unit underwent a major transformation, during which it was upgraded to a 25-bed medical, surgical, and telemetry unit with private rooms equipped with all-inclusive bathrooms. This transition allowed for a robust care delivery model to serve our dynamic patient population and our community. The leadership and team members were amazing and agile, always willing to learn and grow.

Where we are now: In 2020, clinical nurse manager Silver Powell led the design and implementation of Midtown’s first and only COVID-19 unit, which became the first unit at Midtown to admit a COVID-positive patient. Under Powell’s leadership, the team on 3 South developed a care delivery model that would ensure the

**IN JUST 21 DAYS THE UNIT WAS BUILT,
SUPPLIES WERE IN PLACE, AND TEAM
MEMBERS WERE TRAINED.**

frontline team members were safe while providing optimal care. The team created workflows that would best suit their new patient population; transformed the open concept unit to a closed biocontainment-like unit; donned personal protective equipment; and met with support services team members and leaders who would provide care for this new patient population from lab and pharmacy to environmental services. In just 21 days the unit was built, supplies were in place, and team members were trained.

Why we do what we do: The day the first COVID-19 patient was discharged from 3 South was inspiring for everyone. To watch this patient walk out of the hospital after fighting the battle with COVID-19 made the team’s hard work worthwhile. To know that the 3 South team made a difference in this patient’s life signified true transformation. And so, like a butterfly with full-grown wings, the 3 South team has adapted and reached their goal of delivering optimal, compassionate patient care for the greater community of West Baltimore. >>

Back row, left to right: **Amber Oaks, RN**, Clinical Nurse II; **Cathy Smith, RN**, Clinical Nurse II; **Candice Hargrove, BSN, RN**, Nurse Manager; **Patricia Colfield**, Patient Care Technician
Front row, left to right: **Yaa Owusu**, Unit Clerk; **Minjung Gil, RN**, Clinical Nurse I; **Ayo Lambertis, BSN, RN**, Clinical Nurse I



LIKE A BUTTERFLY WITH FULL-GROWN WINGS, THE 3 SOUTH TEAM HAS ADAPTED AND REACHED THEIR GOAL OF DELIVERING OPTIMAL, COMPASSIONATE PATIENT CARE FOR THE GREATER COMMUNITY OF WEST BALTIMORE.



Left to right: **Amber Oaks, RN, Clinical Nurse II** and **Cathy Smith, RN, Clinical Nurse II**



Far left, with back to viewer: **Adriuna Jackson, Patient Care Technician** and **Candice Lewis, BSN, RN, Clinical Nurse II**



Immediate left: **Vera-Rachel Liku, BSN, RN, Clinical Nurse II**



Left to right:
Patricia Cofield, Patient Care Technician;
Candice Hargrove, BSN, RN, Nurse Manager;
Yaa Owusu, Unit Clerk;
Cathy Smith, RN, Clinical Nurse II;
Amber Oaks, RN, Clinical Nurse II;
Minjung Gil, RN, Clinical Nurse I;
Ayo Lambertis, BSN, RN, Clinical Nurse I
 With back to viewer:
Tracy Smith, MS, RRT, Manager, Respiratory Care Services

Addressing Cultural Competency

in Lesbian, Gay, Bisexual, Transgender & Queer Cancer Care

By Stephanie Russell, BSN, RN, OCN and Nancy Corbitt, BSN, RN, OCN, CRNI



Left to right: Nancy Corbitt, BSN, RN, OCN, CRNI and Stephanie Russell, BSN, RN, OCN

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) identifying people make up 4.5% of the U.S. population, roughly 11 million people (Conron & Goldberg, S.K, 2020). Sexual orientation and gender identity are social determinants of health. This population is burdened with health inequities, including higher rates of smoking, alcohol, substance abuse, anxiety and depression. Cancer disparities stem from these issues, as well as faction-specific risks, including increased rates of HPV and HIV transmission in men who have sex with men, increased rates of obesity and nullparity, reduced cervical cancer screening in lesbian and bisexual women (those assigned female at birth), and decreased rates of health insurance in transgender individuals. These experiences create an increased risk for anal, lung, breast, ovarian and cervical cancer (Griggs et al, 2017). LGBTQ people face barriers in health care, including denial of care, negative attitudes and behavior, exclusion from cancer screening campaigns and implicit bias that leads to avoidance of the health care setting (Margolies, Joo, & McDavid, 2017).

National health care organizations, including the Institute of Health, Office of Disease Prevention and Health Promotion, and the American Society of Clinical Oncology, recognize the need for actionable strategies to reduce health disparities for sexual gender minorities. Organizational evaluation against national benchmarks, such as the Human Rights Campaign Healthcare Equality Index (HRC HEI) is important for understanding how care can be improved at a local level. (HRC, 2020). Workforce development is a key strategy to addressing LGBTQ disparities. >>

THE TRAINING FOCUSED ON ASSESSING BIAS, INCREASING HEALTH KNOWLEDGE, CREATING A SAFE ENVIRONMENT, AND ADAPTING CARE TO LGBTQ HEALTH NEEDS.

An interdisciplinary team from the University of Maryland Greenebaum Comprehensive Cancer Center identified the need to increase awareness and improve disparity in this population starting with cultural competency training provided by the National LGBT Cancer Network. Fourteen multidisciplinary team members received training to serve as cultural competency champions. Champions assisted in developing a custom LGBTQ training, which included videos, interactive exercises and class discussion. The training focused on assessing bias, increasing health knowledge, creating a safe environment, and adapting care to LGBTQ health needs. Fifteen sessions trained 110 participants, including providers, clerical team members, nurses, and social workers.

Participants completed a six-item Likert scale survey pre- and post-sessions that assessed self-efficacy related to LGBTQ health knowledge and attitudes towards LGBTQ patients. Training was evaluated using a paired-samples t-test. Team members were significantly more likely to agree with these statements:

- Organizations should make their bathrooms accessible to gender variant patients/families and team members.
- I am likely to intervene in a homophobic interaction at work.
- I am confident in asking gender identity questions that are appropriate to my job.
- I am confident in my ability to provide appropriate LGBTQ resources for my clients.

As we move forward as an organization, we will continue to be proactive for all LGBTQ health care needs by providing inclusive intake forms and processes, a welcoming and safe environment, and consistent evidence-based cultural competency team member training. By following guidance from HRC and HEI tools and looking to exemplar LGBTQ health resource centers, such as Chase Brexton Health Care, we will improve our mission of providing inclusive and equitable care. ♦

Who is out there?
Roughly 11 million LGBTQ people in U.S.
1.3 million transgender individuals
Maryland: 198,000 LGBTQ residents
Cultural Competency Training Components
Discuss the components of our gender and sexual identities.
Identify health disparities affecting LGBTQ patients.
State reasons why LGBTQ patients avoid health care.
Discuss ways to create a welcoming environment for LGBTQ patients.

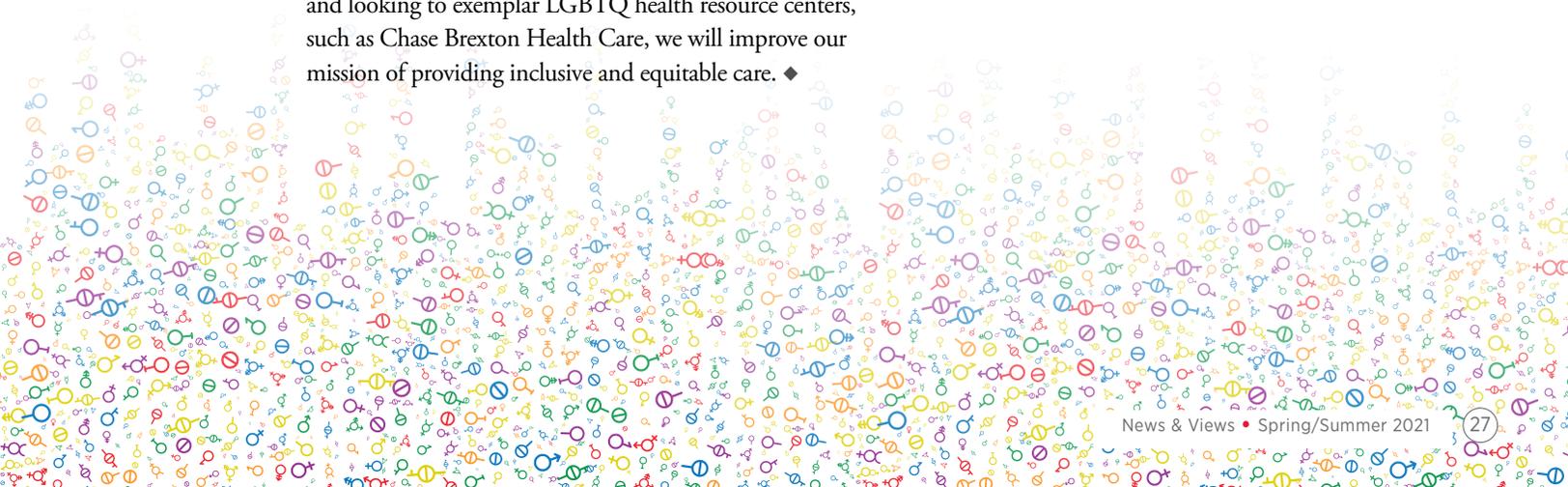
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MIDNIGHT DIALOGUES

Enhancing Collaboration Between Nurses and Providers

The Midnight Dialogues quality initiative stemmed from a town hall meeting held by unit team members and surgical service leaders to improve communication and collaboration through a structured rounding process at night. Midnight rounds promotes participation and sharing of pertinent patient information and plan of care. It also facilitates cooperation and mutual respect amongst the interdisciplinary team. The purpose of midnight round quality improvement is to enhance communication and collaboration between nurses/providers, and decrease escalation/delays in care with fewer adverse events.

The initiative was piloted on three surgical services lines: Acute Care Emergency Service (ACES), Surgical Oncology (SONC), and Minimally Invasive Surgery (MIS). The project charter was created utilizing the IMPRV methodology. After an extensive literature review and bi-weekly meetings, strategies were developed to enhance communication between these teams. The rounding process and roles of the various participants were clearly identified during the education phase through huddles, team meetings, and one-to-one dialogues. A rounding tool was created to facilitate the process. Charge

nurses were required to complete an audit at the end of rounds to ensure accountability and consistency. Feedback was gathered through pre- and post-surveys to identify barriers and opportunities for improvement. UMMS safe reports were reviewed to monitor trends with code/resuscitation, transfers to a higher level of care, and patient deterioration events. Utilizing the Plan-Do-Study-Act (PDSA) methodology, data was analyzed and the rounding process was refined based on each unit's limitations.

Results from the pre- post-collaboration and communication survey demonstrated significant improvement in all categories.

- 51% (RN) and 41% (MD) increased perception on shared collaboration and decision-making amongst the teams.
- 41% (RN) and 27% (MD) increase in communication between physicians and nurses while making decisions.
- 20% (RN) and 13 % (MD) increase in nurses and physicians planning together before making decisions.

UMMSafe reports compared from 2019Q4 to 2020Q4 (implementation phase) indicated a decrease in reports in the following areas: (6%) resuscitation/code events and (19%) transfers to a higher level of care. There was a 6% increase with unexpected deterioration in patient conditions. Due to the increase in UMMSafe reporting, an increase with patient deteriorating events may be due to the team member's improved awareness with filing safety events as instructed by the project team during the implementation of the initiative.

The midnight rounds quality initiative improved communication and collaboration between nurses and providers. A culture of accountability and respect was strengthened amongst the interdisciplinary team. This created situational awareness and led to a decrease in the number of escalated events and prevented delays in care. The next phase of the initiative is to expand to other surgical services/divisions, as well as to create a sustainability plan. ♦

By Barbara Bosah, MS, BSN, RN, PCCN;
 Beverly Dukes, MHA, BSN, RN;
 Leilani Dabalos, BSN, RN;
 Robbie Francisco, BSN, RN, PCCN;
 Rosalie Velasco, BSN, RN, CMSRN; and
 Genevieve Vidal, BSN, RN, PCCN, Surgical Acute Care & Surgical/Thoracic Intermediate Care Unit

Left to right: Barbara Miller, CRNP; Cherease Street, MD; and Gregory Bittle, MD



Left to right: Kyesha Fuller, BSN, RN, CNI and Hadassah Hollander, BSN, RN, CNI

UMMC CELEBRATES ALL



CERTIFIED NURSES

Laied Dechsi, BSN, RN, CMSRN, CNII

National Nurses Certification Day

By Hannah Asiem,
DNP, MSN, RN and
Stella Oloruntoyin,
BSN, RN, CAPA

National Certified Nurses Day is recognized annually during the month of March. Due to the pandemic, last year's celebration breakfast and awards ceremony were cancelled. However, this year, the Certification Committee did not let the continued COVID-19 restrictions keep them from celebrating the resilience of our certified nurses. Different activities on both campuses were planned throughout the week of March 15-19th.

One of the activities held at the midtown campus was a certification fair that not only allowed nurses to highlight why they are proud to be certified but it also provided information to encourage others to obtain their certification. Since the traditional Certified Nurses breakfast did not occur this year, the committee members decided to take the celebration to the certified nurses. This was accomplished by taking celebration carts (Midtown even had music playing) on day and night shifts to the inpatient units, ambulatory and other areas on both campuses.

Certified nurses who participated in the cart activities had the opportunity to have their picture taken in a fun photo frame and were provided healthy snacks and ink pens; certified nurse pins were provided for the midtown campus nurses. All certified nurses were entered in a raffle to win attractive warm up jackets donated by Willow Tree and Trauma Care, as well as uniform gift cards donated by Uniform Advantage. There were 13 winners in total across both campuses, along with 10 winners of certified nurse pins at the downtown campus.

The certification awards ceremony was held virtually in May during Nurses Week. The ceremony recognized the winners from both 2020 and 2021. Congratulations to all the winners and for making the commitment to becoming nationally certified. To view the awards ceremony, access the link on the *Insider* at <https://vimeo.com/546211637>. ♦

Nurses Week 2021

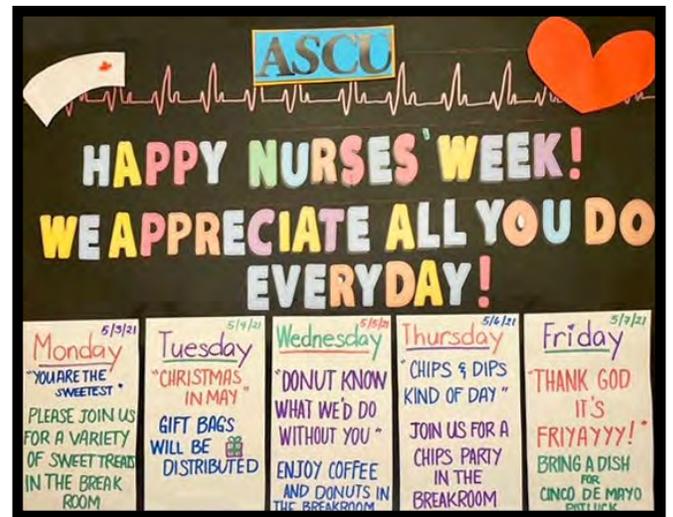
The University of Maryland Medical Center (UMMC) celebrated Nurses Week from May 5-12, 2021. The theme of this year's celebration was Connections, Commitment and Resilience in order to reflect upon the complexity, distress, and loss we've experienced during the COVID-19 pandemic.

Due to COVID restrictions still in place, all of the events were held virtually. The week started with the Certification Awards celebration, recognizing nurses who have gone above and beyond to distinguish themselves by achieving specialty certification in their area of practice. Nursing Grand Rounds followed that afternoon with two senior clinical IIs from the Greenebaum Comprehensive Cancer Center, **Nancy Corbitt**, BSN, RN, OCN and **Stephanie Russell**, BSN, RN, OCN, presenting Addressing Cultural Competency in Lesbian, Gay, Bisexual, Transgender and Queer in the Cancer Center. Unit-based team celebrations were held throughout the week.

Nominations for the Nursing Excellence Awards opened in January and over 575 nominations were submitted from both campuses for 17 nursing excellence categories; 57 recipients were selected. The virtual Nursing Excellence Awards ceremony was held on Thursday, May 6th. Two units, MultiTrauma Critical Care and 3 South Medical/Surgical Telemetry were selected for the CNO Award for Team Excellence. Nursing Excellence honorees and recipients received certificates and award plaques and award booklets were distributed to each unit.

Gifts were distributed to all team members in Patient Care Services throughout the week. This year, team members were treated to bento lunch boxes filled with treats from Charm City Chocolates and a gift card to redeem with any of the UMMC hospital food vendors. The team from Clinical Practice and Professional Development assembled the gifts, packaged them by manager, and distributed them over three days leading up to Nurses Week.

The midtown campus held additional celebratory events for their nursing team. Nurses were treated to several breakfast and lunch meals throughout the week and weekend. They were also invited to enjoy an aromatherapy rounding cart and attend a Sip and Paint activity. Midtown also celebrated 3 South Medical/Surgical Telemetry, an award recipient for the CNO Award for Team Excellence, with special decorations and desserts. To end Nurses Week with a bang, they relaxed with yoga and enjoyed a fun Nurses Cap Day celebration. ♦





All recorded events and the Nurses Week Awards booklet can also be viewed online:

Certification Awards: <https://vimeo.com/546211637>

Nursing Grand Rounds: <https://vimeo.com/547937689>

Nursing Excellence Award ceremony: <https://vimeo.com/546220664>

Nursing Excellence Award booklet can be viewed on the *Insider* at: <http://intra.umms.org/ummc/nursing>



Creation of the Neuro ICU at UMMC's Midtown Campus

WITH THIS TRANSITION, SIX BEDS ARE NOW DEDICATED TO THE NEW NEUROLOGICAL SERVICE LINE, AND TWELVE ARE DESIGNATED FOR MEDICAL ICU PATIENTS.

By Carol Aresco, CRNP; Suzy Falconer, MA, PMP; and Tonja Marell-Bell, MSN, RN, CNML

We are proud to announce the transformation of critical care at UMMC's midtown campus. The ICU has now expanded to 18 beds, including six new neuro critical care ICU beds. Our goal is to ensure timely access to expert neuro critical care and life-saving interventions across both UMMC campuses. To do this, faculty physician leaders and the midtown team responded by developing a new integrated neuro critical care service that spans both campuses. With this transition, six beds are now dedicated to the new neurological service line, and twelve are designated for medical ICU patients. This also required the creation of a new seven-bed medical intermediate care unit on the third floor of the campus.

Planning for this programmatic expansion began over 18 months ago and nurse education launched in November 2020. The nursing team, led by **Gemma Sarmiento**, BSN, RN, CCRN, ICU clinical educator; **Tiera Spencer**, BSN, RN, CMSRN, patient placement and supplemental nurse manager; **Richard Cooks**, MSN, CRNP, AGACNP-BC, ICU/Neuro ICU nurse manager; and, **Tonja**

Marell-Bell, MSN, RN, CNML, director of nursing, embraced new educational content and acquired additional skills focused on non-surgical neurological critical care. The team member training included the latest innovations from medical technology companies BD and Zoll, with education on Targeted Temperature Management using intravascular and esophageal cooling devices. Additionally, team members were trained on neurological assessment, continuous EEG monitoring, plasmapheresis and IVIG infusions.

In collaboration with the downtown campus neuro ICU nursing leadership team, the midtown campus team concluded their education and training by shadowing in the downtown neuro ICU. This partnership allowed team members and leadership from both campuses the opportunity to learn, grow, collaborate and build strong relationships.

The integration of the provider teams occurred in February, 2021, led by **Avelino Verceles**, MD, medical director of pulmonary and critical care; **Neeraj Badjatia**, MD, medical director of neuro critical care; and **Carla Aresco**, CRNP, neuro critical care advanced practice program manager. The midtown campus neuro ICU accepted the first neurological critical care patient on March 3, 2021. As of June 1, the unit has admitted over 47 patients from across UMMS and the state of Maryland. ♦



Left to right: Corey Duggan, BSN, RN; Happiness Oguariri, MSN, RN; Richard Cooks, MBA, MSN, CRNP, AGACNP-BC; Melissa Motta, MD, MPH



Left to right: David A. Eller, R.EEGT and Taylor Sadarananda, MSN, RN

Below, left to right: Gemma Sarmiento, BSN, RN, CCRN; Doware Merchant, BSN, RN; Richard Cooks, MBA, MSN, CRNP, AGACNP-BC; and Corey Duggan, BSN, RN



NOTE the NUMBERS

13

outstanding UMMC nurses from the downtown and midtown campuses were recognized in Baltimore magazine's annual "Excellence in Nursing" issue in May. These honorees were recognized by their patients, families, and colleagues for the heroic way in which they placed themselves at the frontlines to provide safe, quality, and compassionate care to our community. To read more about these nurses, visit Baltimore magazine at <https://baltimoremagazine.com/section/health/top-nurses-in-baltimore-2021/>

\$7,500

was raised during UMMC's National Nutrition Month Food Drive in March. This amount potentially provides nearly 21,900 balanced meals to Marylanders with limited or no access to healthy food options.

550



nursing excellence nominations were submitted to honor UMMC nurses, APRNs, and support teams who exhibit the meaning of commitment and connections during a time that has challenged our abilities more than any other in our professional lifetime. The Nursing Excellence Awards ceremony was held virtually on May 12, 2021 and can be viewed on the UMMC Insider at <http://intra.umms.org/ummc/nursing>.

6,904

UMMC team members have received the COVID-19 vaccine as of May 14, 2021, which includes 6,065 team members at the downtown campus and 839 team members at the midtown campus. To register for the COVID-19 vaccine, please visit <http://bit.ly/covid19vaccineform>.

1,987

doses of the Pfizer COVID-19 vaccine have been administered by the Medical Center's mobile vaccination effort as of May 14, 2021. These clinics were strategically located across West Baltimore to make sure residents with limited access to mass vaccination sites could also receive the life-saving measure. Nearly 85% of those vaccinated were Baltimore City residents. Thanks to our UMMC Community Health Improvement Team, the Baltimore City Health Department, local faith leaders, and prominent community members, our community is even closer to being COVID-free!

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

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

DAISY Award

DOWNTOWN



JANUARY

Bonnie Carpenter, BSN, RN
Surgical Intensive Care Unit

Bonnie went beyond herself to take care of me. She is sweet, reliable, and professional. Every detail that I asked for, she accomplished 110% of my expectations.

She is a good communicator and clearly explained what I should do and how I should take my meds at home. She also scheduled a conference call with my family; I was thankful for that. Bonnie is an angel.



FEBRUARY

Nicole Brooks, BSN, RN
Digestive Health Infusion Center

My husband and I have received exemplary support from Nicole Brooks for over five years, and to us, she has been a superstar! When my husband got sick back in 2015, he was unaware that he had been flaring up for six full months, because he had never really been sick before. As a result of this and never having heard of ulcerative colitis (UC), we were slow to get medical attention.

Finally diagnosed, we were bewildered as to the flood of medical terms and treatments due to the severity of this UC. He was literally within days of losing his colon. Trying to balance this crisis with our young kids – 4, 6, and 8 years old – and an incapacitated husband was a nightmare for me and the worst crisis to hit our young family. Having been spared the loss of his colon, we were swamped with logistical and coordination issues in his ongoing treatment.

Enter 'one stick Nicole' (my husband's nickname for her because she has never had to "stick" him with a needle more than once for an infusion in all these years). We were often confused with all the new medical terms and how the various departments interacted for sample collection, getting portal responses, etc. At every infusion, Nicole would graciously counsel my husband and me on how treatments typically go, time frame variations for recovery, and basically, she became the main 'go-to' person' for day-to-day information and advice.

To this day, Nicole is always available to get us set up. Whenever we have to come to Baltimore, she always lays the groundwork on who we have to contact, accurately coordinates the timing of the infusion Rx delivery, and calls ahead for us to the other departments.

Nicole has had a tremendously positive effect on my husband, me, and our entire family alleviating us of so much fear and stress. She has found ways to work around our schedule requirements between our two different kids' school pickup and drop-off times, advising us if there were issues with traffic due to road closings, ball game events, and



MARCH

Meghan Borkowicz, BSN, RN
Neonatal Intensive Care Unit

The NICU had a patient whose mom was COVID positive and in the Lung Resuscitation Unit (LRU) on ECMO and trached. Her baby was born at 32 weeks gestation and required intubation while his mom continued to decline unaware that her baby was delivered. When the LRU team believed that mom wouldn't survive, they asked if her baby could visit to get pictures for the family. This was a turning point for mom, and she began to improve. Meghan had been one of his primary nurses and had the opportunity to take him to visit her daily. When she was healthy enough to be decannulated, the LRU worked with Meghan to throw the family a baby shower. Meghan worked with our team to raise over \$1,000 and the LRU raised over \$8,000! Meghan spoke with dad, who visits daily, to determine what the family needed. The team was able to purchase everything on their list, plus gift cards. The day of the event was so special. Mom's room was decorated; the gifts were wrapped. Dad and baby were able to attend and everyone surprised mom. Meghan said her only wish was that every nurse could have this enlightening experience. In these stressful and uncertain times, it has been really heartwarming to see such a positive experience. Meghan has truly gone above and beyond.



APRIL

Melissa Coulter, BSN, RN
Adult Emergency Room

While working a shift in the Adult Emergency Department, an older female patient was presented in the afternoon with symptoms of an aortic dissection. Very quickly it became obvious that the patient was critically ill and would need a lot of resources emergently if she was to survive.

As we rallied and obtained blood for a massive transfusion, the team then made it clear that the patient would not survive her injury regardless of any intervention we could implement. At that point, all of us collectively held our breath as the doctor began this conversation with the patient and her son via phone.

Once the patient and her son made the decision to forgo surgery and begin palliative care, the nursing staff became emotional knowing that we would be supporting the patient as she passed away. What made this

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

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

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

more emotionally challenging was that the patient's family was unable to be present and we would be fully responsible for her last moments on this earth. As I struggled with my own emotions, as well as the primary nurse to this patient who was still dealing with the recent loss of her own mother, Melissa Coulter really stepped up (despite having her own patient assignments) and became a source of support for the patient and the unit.

In addition to supporting the primary nurse, Melissa sat with the patient so that she would not be alone in her final moments. She was caring, empathetic, and handled herself with grace during this difficult time. She was present for the patient, held her hand, and emotionally supported her as she passed on. I truly believe in this moment Melissa personified compassion and what it means to be a nurse.



MAY

Jasmina Begollari, BSN, RN
Child and Adolescent Psychiatry

Jasmina works as a charge nurse on P4G. One day we had a lot of call outs and she stepped right in to help her colleagues. She is always willing to help out in any way she can; she is an excellent team player. The unit really appreciates all that she does for the unit. She never says no – just jumps right in without complaining. The staff really enjoy working with her. She is a very pleasant person with a positive attitude. This particular day she really helped us a lot with everything that was going on during a very busy shift.



JUNE

Isabella Edler, BSN, RN
T4 – Neurotrauma ICU

I received a telephone call one evening from a police officer notifying me that my younger brother was in critical condition due to a self-inflicted gunshot wound to the head. My sister and I immediately traveled from New York to Baltimore to be at our brother's bedside. It was almost midnight when we arrived and we were greeted by Bella, his night nurse. She was warm, welcoming, calm and so incredibly compassionate under the most painful of circumstances. I am a critical care nurse in NYC and I expected to be that defensive family member who becomes fiercely protective of their loved one. Instead, Bella allowed me to be a grieving family member and I was able to focus on my final moments with my sibling.

My brother's condition was futile, yet she continued to provide him with delicate and exceptional care. Not only did she take care of

my brother, she also took care of my sister and I. Our first night in the hospital was a nightmare, but Bella was by our side. I fell asleep holding my brother's hand and woke up to a blanket that Bella had wrapped around me. When my role changed from nurse to family member, from composed professional to grieving sister, Bella allowed me to let my guard down and truly grieve my brother. I felt safe. My sister and I felt safe leaving my baby brother in Bella's care.

We were able to spend his last moments in peace. Bella was respectful of our space and allowed me to provide basic care to my brother so that I could show him a few last acts of my love. Around midnight on his 19th birthday, we took my brother off of life support after being pronounced brain dead. Bella was by our side. She made him a happy birthday sign, she indulged us by looking at photos and listening to stories and she even took his fingerprints so that we could take that little piece of him home. During such a traumatic and unbelievably painful time, Bella made sure that she attended to all of our needs. I had every intention of assisting with post-mortem care, but instead I left my brother in Bella's hands because I trusted her.

While my sister and I walked out of the hospital without our sibling, we also left Baltimore incredibly grateful to Bella. Words can never describe how much her kind acts meant to us during the worst day of our lives. Bella gave us strength when we ran out; she brought smiles to our faces during a dark time. My sister and I will never forget her; she is truly an exceptional nurse and deserves much, much more than a Daisy award.

MIDTOWN



JANUARY

Robin Pedron, BSN, RN
3 South, Medical/Surgical/Telemetry

I remain in awe of Robin, who after 30 years of experience working as a bedside nurse, has perhaps one of the happiest countenances that you will encounter. He has cultivated a spirit of optimism and an attitude of happiness that is inspiring, infectious, and endearing. Robin can make even the direst situations appear surmountable. It is this consistent positive attitude of "we can do this" that spills over fostering an environment of teamwork. Robin arrives every day at work greeting his fellow staff members with his signature "Good morning", that entices a smile out of even the most irritable of hearts. Additionally, he is and has always been the voice of reason and a calming presence even when dealing with the most difficult of patients. Robin is whom I aspire to be more like, and I am sure that if we all adopted even just a tenth of his wonderfully cheerful disposition of approaching each day with a positive outlook, we could lighten the load of pessimism.



FEBRUARY

Julia Eckert, MSN, RN
Emergency Department

When I was in the ER, Nurse Julia went above and beyond her duties to make sure my IV was intact and done properly. Since I am a hard stick she made sure I was comfortable in every way. She checked up on me without me having to use the call button. She was very attentive to my needs. I feel if anyone deserves this award it is Nurse Julia, and I will make it my duty to come back to see if she has received it or not. So please, as a patient of hers, please give her this nomination as she more than deserves it. Thank you.



MARCH

Christie Sawyer, BSN, RN
GI/ENDO

Christie is proactive and always willing to go the extra step in patient care. She calls all the procedure patients ahead of time and communicates with the GI office. She is a great procedure room nurse but an even better charge nurse. We experienced a very difficult period with the COVID pandemic and chronically short staffing issues at the endo suite. When Christie is charge nurse, she makes things move smoothly. She has been a pillar to our service.



APRIL

Sara Fitzgerald, MS, RN, CDE (*top left*)
Amanda Palmer, MPH, RN, CDE (*bottom left*)
MTC Diabetes Clinic



Sara and Amanda go above and beyond for the pediatric diabetic patients and their families. They know the importance of newly diagnosed pediatric diabetic inpatients going home with the proper medications and supplies. They connect with the inpatient nurses and using technology, include pictures, make sure these families have what they need to be successful at home and not have to come back to the hospital. Sara and Amanda will coordinate after hours and on weekends as needed. They take pride in knowing that due to their collaboration and diligence these patients are not readmitted in the first 30-60 days.

With COVID, many of these young patients have lost the support of the school nurse in their health journey. Sara and Amanda have been extra creative in working to ensure these patients have an effective support system for their health. Kudos to Sara and Amanda for their great work.



MAY

Tanya Williams, RN
6N/6S Behavioral Health Unit

On a daily basis, Tanya makes a huge difference in the care and treatment of our patients in psychiatry. She is consistent, knowledgeable, and is truly a leader in all things related to psychiatric nursing and care. I want to emphasize and highlight Tanya's skills in verbal de-escalation. In a situation that could have led to patient or staff personal injury, Tanya expertly used verbal de-escalation to calm the patient, problem solve, and set clear boundaries. Her actions made the entire unit safer for all the other patients and team members. She was empathetic and clear in her communication; she helped the patient feel heard; and she reduced the chance for violence.

This is not unusual for Tanya; she regularly makes the unit a safer and more therapeutic place. I have learned so much from Tanya over the past two years and I hope she can be recognized for all of her contributions to our patients and hospital.

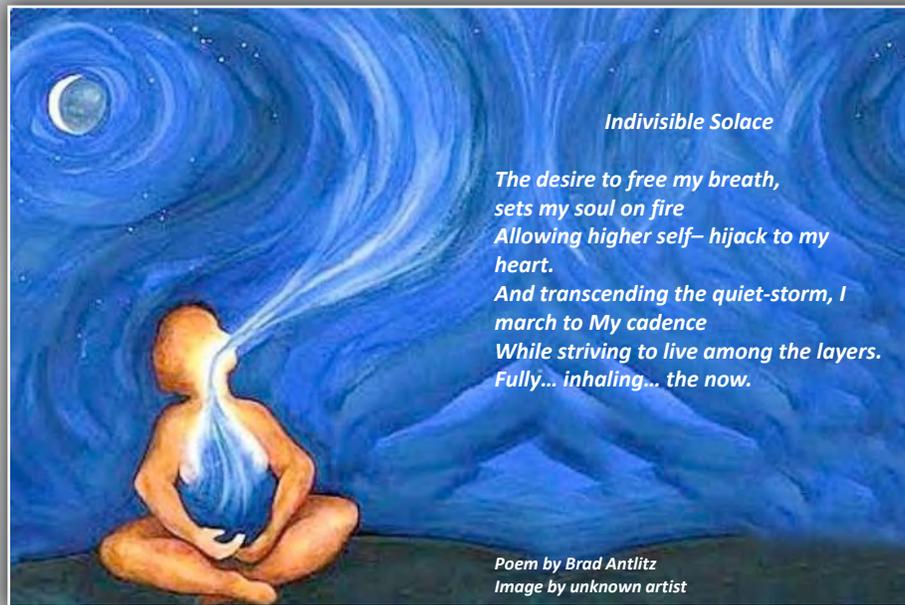


JUNE

Roxanne Aguilera, RN
ICU

Roxanne has displayed leadership qualities that we aspire to see in all of our unofficial leaders on the unit. Roxanne has continuously risen to the occasion, supporting her colleagues (as charge nurse/mentor/preceptor), providing exceptional care to her patients while also showing compassion to all the new graduates that are joining our team during a pandemic. She has recently taken on the role of chair of the Falls Committee and has truly been passionate in improving our quality measures within the ICU. Specifically, she has taken the time to orient one of our newer nurses that has been struggling in adapting to the fast pace of the unit. She has been such a positive role model with her orientee, and has shown time and time again expertise in patience with the new graduate, allowing the new grad to blossom into a well-rounded nurse.

During the pandemic, the unknown of what was ahead caused us all to hold our breath, increasing the anxiety within our bodies and souls. To express how he was feeling during this time, **Brad Antlitz**, BSN, RN, assistant nurse manager, Neurotrauma ICU/IMC, shared this poem that he wrote with his colleagues.



Brad goes on to say that “in case, you’re having trouble fully releasing the wound-up tension you are experiencing, take a moment to recognize that the lever lies within each of us. One way to detach from this tension is to engage our breath or indivisible solace. Enjoy!”

We DISCOVER

Generating Evidence-Based Practice Questions



By Gyasi Moscou-Jackson, PhD, MHS, RN

Evidence-based practice integrates clinical expertise and patient preferences, with the best evidence, to inform decision-making. In order to identify the BEST evidence, it is important to develop a focused, answerable question that will be used to guide one’s literature search. PICO is the most commonly used practice question format.

- **Population (P):** The specific patient, population, or group of interest. Who is impacted by the clinical issue or practice problem? Be specific (e.g., adults inpatients).
- **Intervention (I):** The main intervention and/or process you have questions about. This could be a treatment; clinical, educational, or operational intervention; policy change; structure or process of care; or best practice. (e.g., two RN skin assessment)
- **Comparison (C):** The alternative intervention or standard of care (e.g., one RN skin assessment). The comparison is not “how,” but “what” you will compare. If the goal is to identify current evidence around a specific problem, a comparison is not required.

- **Outcome (O):** How was the problem identified? What metrics indicated there was a problem (i.e., safety or quality data; patient survey results; clinical outcomes; team member or organizational metrics)? This will be the outcome that that you hope to change (e.g., HAPI rate).

Below are two good examples of questions using the PICO methodology:

In adult inpatients (P), how does two RN skin assessment (I) compared to one RN skin assessment (C) affect HAPI rates (O)?

What are the best practices (I) for preventing/improving/managing the HAPI rate (O) in adult inpatients (P)?

Overall, a well-structured practice question drives the evidence search and increases the likelihood that the best evidence to inform practice will be found. For more information, please go to:

PICO Practice: <https://guides.lib.unc.edu/picol/specialty>

JHEBP Question Development Tool: <http://intra.umms.org/ummcl/nursing/cppd/research/nursing-ebp/ebp-tools>

REFERENCE: Fineout-Overholt, E., & Johnston, L. (2005). Teaching EBP: asking searchable, answerable clinical questions. *Worldviews on evidence-based nursing*, 2(3), 157-160. <https://doi.org/10.1111/j.1741-6787.2005.00032.x>



JOIN US AT THE

2021 Clinical Practice Summit

September 10 – 17, 2021



Learn about the research, process improvement, and evidence-based practice projects being conducted at UMMC by patient care services and clinical staff.

Stop by the Weinberg Atrium to hear from staff and participate in poster rounds on:

Friday, Sept. 10 1 – 2 pm	Monday, Sept. 13 9 – 10 am 11 – 12 pm 1 – 2 pm 3 – 4 pm	Tuesday, Sept. 14 Midtown Lobby 1 – 2:30 pm	Friday, Sept. 17 10 – 11 am 1 – 2 pm
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AWARDS

Awards will be distributed to patient care services staff for the following categories:

- Best EBP Poster
- Best IQI Poster
- Best Miscellaneous Poster
- Best Research Poster
- People’s Choice Award – DTC & MTC
- Best COVID-Related Project
- Best DNP Project

For more information or questions, email nrebpc@umm.edu.

When their beloved Golden Retriever died at the age of 14, **Renay Tyler**, DNP, RN, ACNP, vice president of ambulatory services and associate chief nursing officer, and her husband, John, were heartbroken. But while they missed having a dog, they just did not want to experience that amount of attachment and grief again. So, three years ago, they volunteered to be puppy sitters for Guiding Eyes for the Blind (GEB), a non-profit organization that provides guide dogs to people with a vision loss.



Now, they serve GEB in two ways. They are available to raisers who need someone to watch their puppy while they are on vacation. Some puppies also formally spend short stays with them to practice their “house manners” and ensure they can adjust to new environments. Early on, they were also asked to be a puppy “starter”, where they receive a puppy at eight weeks old and raise them until they are about six months old. They have since raised two black labs, Neville and Dennis.

Training is very consistent so no matter who handles the dogs, they all respond to the same commands – sit, stand, down, stay, etc. They are also taught to walk without pulling, wait patiently for food bowl placement, watch their raiser’s face for positive reinforcement, go into their crate themselves, and “get busy” only on command. They also gradually expose them to social settings such as stores, restaurants, and distractions such as bikers, joggers, traffic, and crowds. The puppies stay with a raiser until they are ready for formal training – typically around 16-18 months of age.

“This is such a formative and rewarding time,” says Renay. “To see them experience all the new things in their new world with such excitement is so much fun.” ♦

To learn more about Guiding Eyes for the Blind, please visit guidingeyes.org

