

# NEWS & VIEWS

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



16 A Day in the Life of  
the Biocontainment Team

18 Ready for  
the Fight

29 UMMS Supports the Baltimore  
Convention Center Field Hospital

30 Behind-the-Scenes Heroes:  
Information Technology

# MASKS ON!

I wear my mask because:

**"I want to live."**

— ANGELA S.



IN THIS TOGETHER

# MASKS ON!

I wear my mask because:

**"I want to protect myself and my family."**

— WAYNE G.



IN THIS TOGETHER

# MASKS ON!

I wear my mask because:

**"I want to protect my family when I get home."**

— JOHN Y.



IN THIS TOGETHER

# MASKS ON!

I wear my mask:

**"To protect everyone."**

— MAXIMA B.



IN THIS TOGETHER

# MASKS ON!

I wear my mask because:

**"It is the right thing to do."**

— ZAINAB B.



IN THIS TOGETHER

# MASKS ON!

I wear my mask because:

**"It's the right thing to do."**

— TAREQ A.



IN THIS TOGETHER

# MASKS ON!

I wear my mask because:

**"I want to protect my family, friends and loved ones."**

— RANDALL J.



IN THIS TOGETHER

# MASKS ON!

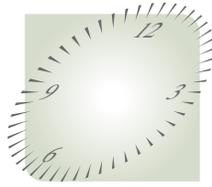
I wear my mask because:

**"I want to protect the vulnerable."**

— ERIKA G.



IN THIS TOGETHER



**16 A Day in the Life of the Biocontainment Team**  
Three Biocontainment Team nurses share their experiences as they help prepare UMMC to take on the COVID-19 pandemic.



**18 Ready for the Fight**  
UMMC staff realize a greater sense of purpose as they care for COVID-19 patients at UMMC.



**29 UMMS Supports the Baltimore Convention Center Field Hospital**  
University of Maryland Medical System and Johns Hopkins Medicine co-manage the 250-bed field hospital in Baltimore City.



**30 Behind-the-Scenes Heroes: Information Technology**  
UMMC's IT department rose to the occasion to meet the new needs of our staff and patients during the COVID-19 pandemic.

ISSUE	SUBMISSION DUE DATE
Fall/Winter 2020	November 16, 2020
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Summer 2021	May 10, 2021



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## Lisa Rowen's Rounding Report

*Lisa Rowen, DNSc, RN, CENP, FAAN  
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## Our New Normal

**W**e continue to hear the term “new normal” because the COVID-19 pandemic has dramatically changed our world. It’s true that what was once “normal” to us is now different. COVID-19 changed our behaviors and infiltrated our society, travel, economy, communication, workplaces, schools, events, places of worship, and relationships. Yes, our new normal now includes face masks and socially distancing. We meet up with family, friends and colleagues in a virtual fashion. Our new normal also includes something equally as important for us to grapple with and address: equity and social justice for all people.

We are living through two parallel and historic times. A time of COVID-19 and a time of reckoning with the structural and systemic racism in the United States. A conversation about racism can evoke many emotions, including discomfort. We all need to learn to accept or “be in” this discomfort because it means we are thinking about it, talking about it, and doing something about it.

If we can accept the discomfort and be open to learning how racism has affected our lives, we will realize we have a duty to address how it affects the environment we create for each other and the health care we deliver to our patients.

To recognize that structural racism is real, just consider the disproportionate impact that COVID-19 has on people of color. We’ve seen a profound intersection of structural racism in the form of health care inequities of the COVID-19 impact on racial and ethnic minority groups. Data available from New York City revealed that death rates of Blacks/African-Americans were 92.3 and Hispanics/Latinos were 74.3 deaths per 100,000 population, compared to 45.2 deaths in Whites and 34.5 deaths in Asians per 100,000 population (<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04162020-1.pdf>) Current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups.

As we know, health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than in Whites. In public health emergencies, such as COVID-19, these conditions can frequently isolate people from the resources they need in order to prepare for and respond to outbreaks.

**What are some of the factors that contribute to health disparities?** The U.S. Centers for Disease Control and Prevention includes the following factors (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>):

**A lack of access to health care.** It is more difficult to receive health care at an earlier point, if ill, for people who do not have a regular provider.

**Not having health insurance.** Compared to Whites, Hispanics are almost three times as likely to be uninsured and Black/African-Americans are almost twice as likely to be uninsured.

**Serious underlying medical conditions.** Individuals without health insurance are more likely to report they cannot see a provider because of cost.

Continued on page 12.

WE ARE LIVING THROUGH TWO PARALLEL AND HISTORIC TIMES. A TIME OF COVID-19 AND A TIME OF RECKONING WITH THE STRUCTURAL AND SYSTEMIC RACISM IN THE UNITED STATES.

# What's Great?

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

The Children's Heart Program at the University of Maryland Children's Hospital (UMCH) is ranked among the nation's top 50 pediatric cardiology and heart surgery centers, according to the 2020-2021 edition of the *U.S. News & World Report Best Children's Hospitals*.

The UMMC midtown campus earned an 'A' grade on Leapfrog's Patient Safety Scorecard. Leapfrog's Hospital Safety Grades, the gold standard measure of patient safety, are assigned to 2,600 acute care hospitals across the nation.

To celebrate National Nutrition month in March, staff from the downtown and midtown campuses of UMMC raised \$5,400 for the Maryland Food Bank, a non-profit organization serving as a safety net for food-insecure Marylanders. These funds helped provide 16,224 meals for Marylanders in need.

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

### SEPTEMBER

BABY SAFETY MONTH

ENVIRONMENTAL SERVICES & HOUSEKEEPING MONTH

9-15

VASCULAR NURSES WEEK

15

NEONATAL NURSES DAY

17-23

REHABILITATION AWARENESS WEEK

SURGICAL TECHNOLOGISTS WEEK

### OCTOBER

BREAST CANCER AWARENESS MONTH

7-11

PEDIATRIC NURSING WEEK

9-15

EMERGENCY NURSES WEEK

13-19

CASE MANAGEMENT WEEK

13-19

INFECTION PREVENTION WEEK

20-26

RESPIRATORY CARE WEEK

### NOVEMBER

AMERICAN DIABETES MONTH

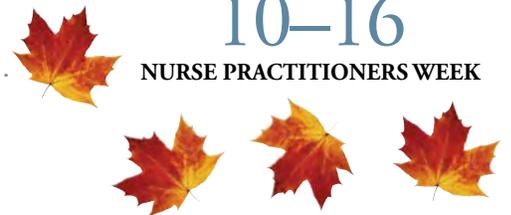
EPILEPSY AWARENESS MONTH

1-6

MEDICAL SURGICAL NURSES WEEK

10-16

NURSE PRACTITIONERS WEEK



# NEWS UPDATE

## NEWS

### COVID-19 Survivor Tree

The experience of tackling the COVID-19 pandemic reminded **Chuck Callahan, DO**, vice president, Population Health at UMMC, of his days in Sierra Leone as that country faced the Ebola crisis. One thing he recalled that helped the local community he was serving to recognize the positive outcomes of seeking medical care, was the creation of a “survivor tree.” He shared this thought with the UMMC Patient Experience team, and the UMMC COVID-19 Survivor Tree was born.

As the patients we care for during the crisis are discharged, a ribbon is created in their honor and hung on the chosen tree outside the Medical Center’s main entrance on Greene Street. This small but impactful way of honoring those we have helped and sent back to their families, has transformed the tree into something very special. If you need a break from the busy work of the hospital, take a moment to visit the tree and reflect on the positive outcomes of our collective hard work. ♦



### A Busy Respiratory PPE Fit Testing and Distribution Center

To prepare for the influx of patients due to the COVID-19 pandemic, thousands of UMMC faculty and staff across both campuses needed rapid and efficient fit testing for respiratory personal protection equipment (PPE) in order to treat persons under investigation (PUI) and those positive for the coronavirus. A respiratory PPE fit testing and distribution center was set up on March 23, 2020 in the simulation (SIM) lab on the first floor of Shock Trauma to provide daily fit testing and 24/7 access to respiratory PPE for drop off and pick up.



As of April 21, 2020, UMMC has fit tested 5,919 patient care providers and distributed 7,516 masks (both disposable and reusable). The success of this program was due in large part to the identification and early partnership with all stakeholders and assembling a team of complementary individuals (i.e. personality types, skills sets, etc.) to implement this important assignment. Thanks go to all the individuals who gave their time during day and night shifts over the course of several months to help with all aspects – from planning to execution – including staff from Central Sterile Processing, Clinical Engineering, Clinical Practice and Professional Development, Communications, Environmental Health and Safety, Infection Prevention, Pharmacy, Rehabilitation Services, and Shock Trauma. ♦



The U.S. Navy Blue Angels and U.S. Air Force Thunderbirds fly over UMMC in support for health care workers.

## Community Support from Baltimore to the Front Lines

The outpouring of generosity from the community to our midtown and downtown campuses during the COVID-19 pandemic has been nothing short of exceptional. One could never have imagined that over 23,000 meals, snacks, drinks and other gifts would be donated through the kindness and generosity of others. The encounters of love and support witnessed was profound and although gratitude could not be shared through handshakes or hugs, it revealed itself through tears, smiling eyes and determination to help in any way possible.

Large corporations, small groups, individuals, past patients and their families, grass roots organizations, religious congregations, local businesses, and even John Harbaugh, Baltimore Ravens head coach, donated meals and gifts to our teams. Coordinating these donations was no small feat. Great partnerships evolved from this work, including both campuses and the UMMS Foundation team.

Donors like Patrick Russel, owner of KOOPER's Burgers, was adamant that he needed to lend support. The best way he knew how was through a generous offering of burgers for staff. Staff commented that the burgers were the best they ever had and even felt that they were seasoned with a little hope and a lot of love!

Another donor, Rauf Demirkan, whose wife is a nurse on a COVID-19 unit, collected donations to provide multiple meals. He wanted to ensure that everyone was able to eat, including his wife. When he dropped off the meals, you could feel his commitment to



taking care of our heroes. It was a tearful and joyous occasion.

Our volunteers had the pleasure of delivering many of the meals from donors to the staff on the frontlines. The pride and appreciation from the health care teams was apparent, so much so, that many made signs and took pictures to show the donors their gratefulness. ♦

Food donations from the community included pizza, snacks, fresh salads, and more.

## Project Cavalry

Project Cavalry was officially launched on March 23, 2020 as a staffing reassignment model. It was designed to deploy intra-hospital staff and medical students to areas of greatest need at the downtown and midtown campuses, secondary to home units/departments being closed or having low demand due to the COVID-19 pandemic. These individuals were reassigned to support work related to new COVID-19 projects, such as fit testing, visitor check point regulation, employee health COVID-19 testing and serology testing centers, donning and doffing spotters, employee/patient temperature screening, and many more. Staff from Clinical Practice and Professional Development, Supplemental Staffing, Care Management, Perioperative Services and Nursing led the Cavalry efforts, utilizing Smartsheet technology to meet the needs of the organization.

As of August, Project Cavalry is still operational but on a much smaller scale. Clinical deployments have been operationalized into the Access Center, so Cavalry is mainly providing staff for employee health-related missions and PPE distribution. ♦

# ACHIEVEMENTS UPDATE

## Promotions as of July 2020

### SENIOR CLINICAL NURSE I

**Rachel Bartock**, BSN, RN, CNRN  
*Critical Care Resuscitation Unit*

**George Barton**, BSN, RN, CNOR  
*Cardiac Operating Room*

**Amy Brown**, BSN, RN  
*Maternal Child Outreach*

**Kimberly Bundley-Johnson**, MSN Ed, RN  
*General Operating Room*

**Sommer Chappelle**, BSN, RN, C-EFM  
*Center for Advanced Fetal Care*

**Brittany Daniels**, BSN, RN  
*Multi Trauma Critical Care*

**Kellie Donaldson**, BSN, RNC-OB  
*Labor & Delivery*

**Kelsey Espey**, BSN, RN, CPN  
*Pediatric Progressive Care Unit*

**Juliana Grote**, BSN, RN, CCRN  
*Surgical Intensive Care Unit*

**Caroline Johnson**, MS, RN, PCCN  
*Medical Intermediate Care*

**Gabrielle Karolenko**, BSN, RN, SCRNP,  
CCRN  
*Cardiac Cath Lab*

**Amanda Misset**, BSN, RN  
*Cardiac Surgery Stepdown*

**Andrea Penalzo**, MSN, RN, PCCN  
*Vascular Surgery Progressive Care Unit*

**Samantha Schwartz**, BSN, RN  
*Shock Trauma Outpatient Pavilion*

**Alissa Tomczyk**, BSN, RNC-NIC  
*Neonatal Intensive Care Unit*

### SENIOR CLINICAL NURSE II

**Christina Berlett**, BSN, RN, IBCLC  
*Maternal Child Outreach*

**Samantha Bikle**, BSN, RN, CCRN  
*Cardiac Surgery Intensive Care Unit*

**Jeffrey Broski**, BSN, RN, CCRN  
*Multi Trauma Critical Care*

**Samantha Burley**, BSN, BA, RN, CPN  
*Pediatric Progressive Care Unit*

**Rachel Moore**, BSN, RN, TCRN  
*Multi Trauma Intermediate Care-6*

**Bikash Ojha**, BSN, RN-BC  
*Medicine Telemetry, 11 East*

**Ashley Roper**, BSN, RN  
*Pediatric Progressive Care Unit*

## New Certifications in April - June 2020

### NURSING

#### Certified Clinical Transplant Nurse (CCTN)

*Transplant IMC*

**Amy Rothstein**, BSN, RN, CCTN

#### Critical Care Registered Nurse (CCRN)

*Surgical Intensive Care Unit*

**Lauren Croco**, BSN, RN, CCRN

**Erika Dilawari**, BSN, RN, CCRN

**Anthony Ingram**, MSN, RN, RRT, CCRN

**Meghan Ryan**, BSN, RN, CCRN

**Katie Stout**, BSN, RN CCRN

**Julia Trainor**, BSN, RN CCRN

**Tara Woodbury**, BSN, RN, CCRN

**Ivy Zheng**, BSN, RN, CCRN

#### Progressive Care Certified Nurse (PCCN)

*Vascular Surgery Progressive Care Unit*

**Andrea Penalzo**, MSN, RN, PCCN

## Retiring after 55 years at UMMC!



**Rose Gause**, RN, Perioperative Services, is retiring after 55 years of devoted service and excellent patient care at the University of Maryland Medical Center. Rose began her career here as an operating room nurse in 1965, one year after the Civil Rights Act of 1964, representing a period over which she has seen UMMC, the city of Baltimore, and our country change considerably. Early

on, she cared for patients in several different service lines but she is mostly known for her expert care in the ENT service. Rose's thoughtful care, attention to detail and advocacy for her patients are a few of the wonderful traits that made her an outstanding nurse. Congratulations on a well-deserved retirement!

Peer responders are available to provide support and resources when an individual experiences a clinically stressful event at work.

## Who is aware of the RISE program?

By Gena Stanek, MS, APRN-CNS, CNS-BC, Clinical Practice and Development Coordinator

**R**ISE is a 24/7 staff support program operated by volunteers who received training in 2nd victim syndrome, active listening and psychological first aid. Peer responders are available to provide support and resources when an individual experiences a clinically stressful event at work.

Last summer, a survey was launched to determine if UMMC staff were familiar with the RISE program. The vast majority of staff surveyed – 80% – knew about the program (N=304); 69% of those who were familiar with RISE said they would use the program after a clinically stressful situation.

It is wonderful that many of our staff have a strong support system. The RISE responder team wanted to share these results (see below) and fact check the reasons why some people were not likely to use the program. ♦



To contact RISE, call 410-328-2337; follow prompts, pager ID # 12602.  
For more information contact: [gstanek@umm.edu](mailto:gstanek@umm.edu), [rsmith5@umm.edu](mailto:rsmith5@umm.edu), or [nfreeman@umm.edu](mailto:nfreeman@umm.edu)

REASONS GIVEN WHY STAFF WOULD NOT CALL RISE	FACT
Stigma associated with asking for help. It is a sad irony that the times we need help the most, we are hesitant to do so.	Asking for help reveals strength, not weakness. Relying on other's experience is a part of being emotionally strong. Addressing clinical stressors can help to maintain resilience.
Concerned call would be too time consuming.	Calls are made when convenient. Most calls are less than an hour. The length of the call is up to the caller.
Concern regarding confidentiality	Calls are 100% confidential. Responders have a signed confidentiality agreement. Managers do not receive any information about calls. All program information is de-identified. Calls are not associated with any other program (i.e. Just Culture, etc.). Caller shares information as they are comfortable.



# 2020

# HEALTH CARE HEROES WEEK

## IN REVIEW

*By Cyndy Ronald, BA, Manager School of Nursing Partnerships*

The University of Maryland Medical Center (UMMC) celebrated Health Care Heroes Week from May 10-16, 2020 in honor of the commitment and dedication of our workforce during this unprecedented time. Throughout the week we celebrated every single person in our organization with special giveaways and messages of support for their ongoing efforts to provide high-quality care. The work of our incredible employees and medical staff members is why UMMC, across both of our campuses, is recognized as a national leader and a pivotal voice in our west Baltimore community, the state and beyond.

Nominations for Nurses Week Excellence Awards opened in January and over 500 nominations were submitted from both campuses for 17 nursing excellence categories. There were 59 award recipients selected from both campuses, with special COVID-19 award recipients added this year. Two units, the Cardiac Surgery Intensive Care Unit and the Biocontainment Unit, were selected for the CNO Team Award for Excellence. To adhere

to social distancing guidelines, the Nursing Excellence Awards ceremony was held virtually via Zoom on May 13, 2020. The video recording was posted on the Insider and can be viewed here: <https://vimeo.com/417756287>. The Nursing Excellence Awards booklet can be viewed on the Insider here: <http://intra.umms.org/ummc/nursing/cppd/excellence/publications>. Hard copies were distributed to the units and any additional requests can be picked up at the office of Clinical Practice and Professional Development.

To celebrate Health Care Heroes Week, all nurses were gifted UMMC lunch totes and USB phone chargers. Home of the Brave bumper stickers, yard signs, temporary tattoos, pens and snacks were distributed to all employees. Each campus also held a raffle for a UMMC embroidered jacket. Individual units at both campuses also received lunches and dinners donated by local restaurants. To read more about how the Baltimore community supported UMMC's health care heroes, please go to page 7. ♦

The Nursing Excellence Awards booklet can be viewed on the *Insider* here: <http://intra.umms.org/ummc/nursing/cpd/excellence/publications>



Despite challenges from the COVID-19 pandemic, UMMC nurses celebrated Health Care Heroes Week with custom t-shirts, self-care days, and lots of snacks.



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

# The International Year of the Nurse and Midwife – At Long Last!



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

The World Health Organization (WHO) has designated 2020 as the “Year of the Nurse and Midwife,” honoring the 200th birthday of Florence Nightingale, the founder of modern nursing. In Baltimore, we practically consider Miss Nightingale a hometown girl. Her protégé, Louisa Parsons, a graduate of the Nightingale Fund Training School at St. Thomas’ Hospital in London, launched the School of Nursing in 1889, at a time when hospital-based nursing education was still a rarity. We will certainly celebrate our special connection to Florence Nightingale. But more significantly, the “Year of the Nurse” is a celebration of the power, ability, and perseverance of nurses and midwives everywhere – nearly 50% of the global health workforce – to advance health care.

At UMSON, we engage with international visitors, offer a Global Health Certificate Program, and provide service-learning opportunities for students. Whether expanding nursing capacity in Liberia and Rwanda or engaging students through Nurses for Global Health,

it is always a two-way street – learning from and with others. A Robert Wood Johnson Foundation (RWJF) funded project, “Family Social Inclusion: Global Learning from Brazil to Baltimore,” led by **Yolanda Ogbolu, PhD, CRNP, FNAP, FAAN**, is a case in point. An outgrowth of a partnership begun in 2016 with Saúde Criança (SC), a Brazilian social organization recognized for impactful work in Rio de Janeiro, it applies lessons from a community with challenges eerily similar to Baltimore City. Using a holistic, co-responsibility model, SC addresses social determinants of health and leverages family strengths and relationships. Dr. Ogbolu’s work represents shared global learning and reverse innovation from abroad to improve community health.

At a time when the world seems increasingly divided, celebrating the “Year of the Nurse and Midwife” gives us the opportunity to honor efforts throughout the world that promise genuine improvements in health care for all of us. ♦

## Rounding Report – *Our New Normal*, continued from page 4

**The cost of health care.** In all age groups, Black/African-Americans are more likely than Whites to report not being able to see a doctor in the past year because of cost.

**Stigma and systemic inequalities** may undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately perpetuate health and health care disparities.

**A lack of access to grocery stores** for healthy food and supplies to stay healthy or care for themselves when sick.

**A distrust of the health care system by people of color.**

**Language barriers.**

As health care workers and human beings, we have a duty to understand and eliminate as many factors as possible that contribute to health care inequities. The University of Maryland Medical System has launched a comprehensive plan to address and improve health equity and social justice through four focused work streams

related to patient care, the workforce, external partners, and our corporate social and economic justice.

Please join us in this conversation and work. It requires honesty, openness, transparency, and a willingness to listen. As we become aware of the lived experiences of others, we can more closely and honestly consider our own inherent and implicit biases. In particular, this work requires White people to accept that for centuries in our country, we’ve held a position of power and authority that has not been enjoyed or experienced by racial and ethnic minorities. Is this an uncomfortable realization? Yes. Is it imperative to consider, discuss, and change? Yes, definitely. The work of health care equity and social justice is so important because it creates the very fabric of our culture and the foundation of the care we provide to our patients. It is a resounding call for a “new normal” as we forge a path forward together. ♦

# NOTE the NUMBERS

## 7,000

**staff deployments have been managed by UMMC's Project Cavalry team since its inception on March 23, 2020.** Project Cavalry is a staffing reassignment model designed to deploy intra-hospital staff and medical students to areas of greatest staffing needs due to the COVID-19 pandemic. Most deployments sent staff to clinical areas, employee COVID-19 testing centers, temperature screenings, fit testing and PPE distribution.

## 74%

**of UMMC's COVID-19 patients (n=493) have been discharged as of July 31, 2020.** COVID-19 patients admitted to UMMC have been cared for by specially-trained clinical staff in dedicated biocontainment units and inpatient units. Go to page 18 to read more about the compelling experiences of the frontline staff during the COVID-19 pandemic.

## 1,200

**iPads were deployed by UMMC's Information Systems and Technology (IS&T) department to expand telehealth services at the downtown campus during the COVID-19 pandemic.** The iPads are used for patients to connect with their families or their clinical care team, as well as for providers to document on-the-go or use with outpatient telehealth visits. Go to page 30 to read more about the heroes behind the scenes in the IS&T department!

## 4,515

**UMMC employees utilized on-site serologic testing to determine if they produced antibodies against the COVID-19 virus.** During the summer, UMMC made serologic tests available to all asymptomatic staff members free of charge. Unlike the diagnostic testing performed on symptomatic individuals, serologic testing requires a blood test, rather than a nasal swab.

## 125



**hours of staff support sessions have been held as of July 31, 2020 in response to the unique stressors that the COVID-19 response has placed on our staff.** An employee care team was formed to develop a continuum of support for staff. The continuum focuses on self-care options, co-worker support, trained peer support and professional support. A number of initiatives were developed and implemented to provide ongoing support to staff. This included resiliency rooms and virtual offerings, such as teatime, access to concerts and the arts, support groups, pet therapy and designated initiatives from the Employee Assistance Program. These initiatives continue to evolve with the needs of our employees.



# Integral Roles of Pharmacy

## YOU MAY NOT KNOW ABOUT

Pharmacy staff throughout the downtown and midtown campuses are directly involved with patient care, medication management, and medication safety activities on a daily basis. With the pandemic threat upon us, the pharmacy team became more creative with their involvement just like other staff, but also contributed in ways that may be less known to help support the challenge facing us.

By Carla Williams, PharmD, BCPS  
Assistant Director of Pharmacy Clinical Services

### **Creation of the Baltimore Convention Center Field Hospital and repurposing of The Lord Baltimore Hotel:**

Integrally involved in the logistics of planning, implementation, and day-to-day functioning of both these facilities, including the supplying of all required medications.

**Expansion of the “meds to beds” delivery service:** The retail pharmacy expanded this service 24/7 to all COVID-19 positive and PUI patients for both campuses to ensure these patients leave with needed medications upon discharge.

**Patient care activities:** Clinical pharmacy staff continue to round with medical and nursing staff, both in person and via electronic means, and moved to cover different areas as the acuity increased and units converted to COVID-19 patients. All COVID-19 patients are covered, in addition to continuation of coverage of our non-COVID-19 patients.

## COVID-19

*Pharmacy has been an integral part of the Medical System's role in managing this unique and challenging pandemic.*

**Critical medication tracking:** Pharmacy counts critical medications daily to ensure an adequate supply, and to keep staff aware of any medication shortage concerns. This is shared with the Medical System and the unified command structure in case another hospital is in short supply.

### **Appropriate timing and retiming of medications:**

Pharmacy IT built a list into EPIC to help pharmacists evaluate timing of medications on patients with airborne precautions to cut down on how often the nurse would need to enter the room, to minimize the risk for them and the patient, and to reduce the use of PPE.

**Medication delivery:** The retail pharmacy delivers all medications via courier or mail to the homes of all patients and employees.

The Centers for Disease Control recommended negative pressure rooms with ante-rooms (a small room between areas of contamination and treatment areas) for all confirmed COVID-19 patients.

## Facilities Management Prepares UMMC for COVID-19 Patients

By Linda Whitmore, RA,  
MBA, Director of Project  
Development

During the last week of February 2020, Facilities Management was contacted by the “treatment workgroup” (infection preventionists) under the leadership of **Anthony Amoroso**, MD, for guidance on how to prepare the Medical Center to receive COVID-19 patients. The Centers for Disease Control recommended negative pressure rooms with ante-rooms (a small room between areas of contamination and treatment areas) for all confirmed COVID-19 patients. At that time, the Medical Center had very few rooms that met that criteria.

The first two units identified as good options for conversion to COVID-19 units were Trauma 6 South (T6S) and the Medical ICU (MICU). T6S was originally designed with the flexibility of converting to a complete negative pressure unit. The MICU was identified because it has 10 negative pressure rooms, all in close proximity to each other. With the help of staff from Clinical Engineering, Operations & Maintenance,

In-House Construction and Project Development, work began to build air locks on rooms and isolate these units. Temporary walls were built with plastic sheeting and zip poles to create the ante-rooms for each patient room in both units.

With more negative pressure rooms needed, Medical IMC and North 13 West Medical units were next identified to be converted. Once again, the necessary steps were taken to provide negative pressure/ante-rooms on the units, along with airlock, ante-room entry ways built for both units. In addition, all offices were relocated and supplies, equipment, and pyxis machines were removed from the units.

At this time, staff from Facilities Management are taking steps to “undo” some of the work noted above as the Medical Center gets closer to normal (pre-COVID-19) operations. However, if necessary, they are prepared to reactivate the units at any time. ♦

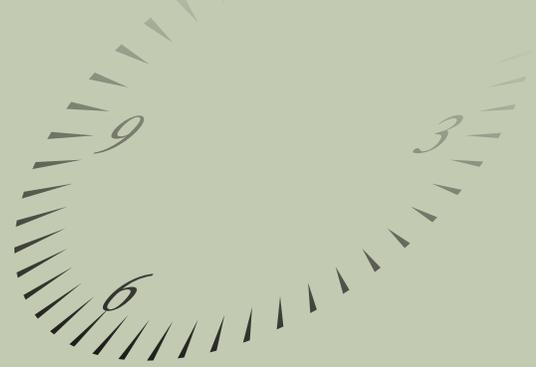
## Hospital Incident Command Structure (HICS) Responds to COVID-19 Pandemic

By Karen Doyle, DNP, RN, Co-Incident Commander; Gregory Schrank, MD, MPH, Co-Incident Commander; Gonzalo Solis, FACHE, Co-Incident Commander; Syedmehdi Rizvi, MD, MS, Director of Emergency Management; and Erin Valentine, CBCP, Emergency Manager

On March 11, 2020, University of Maryland Medical Center (UMMC) declared a state of emergency in response to the COVID-19 pandemic and “activated” the Hospital Incident Command System (HICS). UMMC HICS leaders activated sections of operations, planning, logistics, infection prevention and finance to implement various organizational objectives in an efficient and safe manner. This team was guided by the UMMC HICS leaders, along with a command staff consisting of experts in safety, infectious disease, population health, and communications. This ensured that UMMC was able to draw upon its vast talent of world-class epidemiologists and microbiologists to critical care specialists in addressing the COVID-19 emergency. Additionally,

the UMMC HICS structure allowed for an integrated response coordination with the entire University of Maryland Medical System (UMMS). With the right structure and team in place, UMMC set out to execute timely construction of biocontainment units, immediate access and reallocation of essential staff personnel, streamlined communication and implementation of adapted policies and procedures, rapid purchase of materials, and organized delivery of equipment. Of note was UMMC HICS’s ability to ensure the safety of staff and faculty through the creation of employee testing centers, hotlines for symptomatic or concerned staff, coordinated distribution of personal protective equipment (PPE), and organized provision of PPE fitting. ♦

In the end, our results speak for themselves. In just four months, UMMC was able to transform five nursing units into COVID-19-positive patient care areas; create 56 policy changes; care for 470 COVID-19-positive patients, including 40 on ECMO; safely discharge 375 patients to either home or rehabilitation; fit-test 7,300 staff and faculty in 9,100 varying PPE gear; establish five different COVID-19 testing platforms; and perform 2,188 COVID-19 and 3,257 serology tests for employees. This feat, accomplished by all of our staff and faculty, can be described as nothing short of heroic. Hence, even today, we proudly advertise in front of our UMMS hospitals a resounding truth – “Heroes work here.” ♦



# A Day in the Life of the Biocontainment Team

The Biocontainment Team (BCT) serves as the hospital incident response team. This group of individuals, ably led by nurse manager **Theresa DiNardo**, MSN, RN, CCRN and assistant nurse manager **Kristen George**, BSN, MPH, RN, CCRN, responds to all communications for alert and activation using the hospital-approved paging system. Maintaining a state of readiness, the team members have a 24/7 accountability that spans 365 days each year. The BCT is prepared to fulfill roles and functions specific to an incident in the event of a small or large scale disaster scenario.

Created in 2014 as a preparedness response during the Ebola outbreak, the BCT has since expanded their preparedness training to include responses for all internal and external disasters and novel pathogens that may require strict isolation and containment strategies performed by a trained hospital emergency response team. As UMMC is a state-designated assessment and treatment hospital,

preparedness must be ongoing to sustain a state of readiness.

During the COVID-19 pandemic, the BCT members were poised to spring into action. They educated, trained, coached, and mentored all members of UMMC, in addition to caring for patients who require containment. The BCU team is 45 members strong and comprised of intensive care (ICU), intermediate care (IMC), telemetry and pediatric nurses; respiratory therapists; rehabilitation therapists; and patient care technicians. Regardless of role, staff are trained in proper donning and doffing of personal protection equipment (PPE) and must serve in various roles to provide care and/or support to a patient when activated.

On the opposite page, you will read the compelling accounts of three BCT nurses as they helped prepare UMMC to take on the COVID-19 pandemic. ♦

## Throughout the coronavirus pandemic, the BCT team has:

Established and implemented modified care standards for all ICUs and educated/trained all non-critical care nurses how to function in an ICU environment

Established and implemented alternate delivery of care model (team nursing) for all units in UMMC and educated and trained all non-critical care nurses how to function in an ICU environment

Developed training videos for donning, doffing, and spotting practices to be used throughout the institution for physicians, nurses, technicians, and other clinical staff during social-distancing

Developed training materials for intermediate and acute care nurses on the basics of ICU care and provided just-in-time training in the BCU

Oversaw the alternate nursing delivery of care and implementation plan for AED, MICU, 10W, 11E, 13E, 13W, W5, and served as subject matter experts. BCU liaisons were assigned to these units for 30 days or until their teams could work independently.

Supported all units for any COVID-19 questions

Delivered patient care to COVID-19 patients in the BCU

Provided training to UMMC employees on safe, evidenced-based donning, doffing, and spotting procedures

Assisted and trained standardized PPE fit-testing

Trained all units on the safe transport of COVID-19 patients

Provided technical expertise and safety monitoring for donor/doffer coverage for any COVID-19-designated unit requiring assistance (e.g., AED, 10E, 10W, 11E, 13E, 13W, Weinberg 5, L&D, Pediatric ED)

## MAINTAINING A STATE OF READINESS, THE TEAM MEMBERS HAVE A 24/7 ACCOUNTABILITY THAT SPANS 365 DAYS EACH YEAR.

**Hannah Entwistle**, BSN,  
RN, CCRN, SCNII  
(BCU, CCRU)

“The BCU began as a relatively small operation over six years ago but with the advent of the COVID-19 pandemic, has grown into something much more complex and wide reaching. What started out as a team of 40 volunteers that underwent extensive training for the Ebola virus evolved into an all hazards team, trained in HAZMAT, CBRNE, mass casualty and novel pathogens. Members of the team have undergone training through FEMA and other organizations to build stronger foundations for the unknown. In preparation for these unspecified events, the team tripled in size to 130 members. As a now fully activated unit, we had to find a home. That home began very small with designated rooms outfitted in specific areas of the hospital and evolved into the extensive 16 room, 32 capable bed, biocontainment ICU it is today.”

**Natalie Kenski**, BSN,  
RN, CCRN, SCNI  
(BCU, CCRU)

“I have experienced a rush of excitement and some nerves while coming to work on the BCU. I think the excitement comes from having trained for something like this, though I never expected it to happen on a global scale. I take a deep breath knowing that my team now has the opportunity to put their skills to good use. The nerves come from not knowing what the day will bring. However, I know the team will put 110% into caring for extremely sick patients who might take a turn for the worse. I think our team experiences more highs than lows, as exemplified by our willingness to do all we are able to do for both the patients and each other. I am proud to be part of the BCU. We are a diverse group of professionals, composed of physicians, nurse practitioners, ECMO specialists, respiratory therapists and acute care/IMC/ICU nurses and patient care technicians, spanning across all specialties. Together we form an amazing group and everyone has something valuable to contribute, no matter their background. The real heroes are the patients who contract the virus, regardless of the outcome. They remind the rest of us just how precious and resilient life is; how we are all connected in some way; and how we are responsible for each other.”

**Lauren Carr**, RN,  
NREMT-P, CNII  
(BCU, TRU)

“Working in the BCU has been an experience that will forever stand out in my career. Every morning walking onto the unit, the off-going charge gives shift report highlighting admissions, clinical changes, and the occasional “one-liner,” offering a smile to the team ready to take on the demands of the day. The BCU is full of new challenges – PPE, double-bunking, multiple admissions – sometimes all happening at once. The staff welcomed these challenges knowing we had an incredible team to support us. Together, we experienced the highs of having the first conversation with a newly extubated patient, to the lows of holding hands of the patients, who despite our greatest efforts, succumbed to the virus. We had nurses from different specialties and levels of care who bring their “A” game every day, helping, teaching, and supporting one another and the patients. I am honored and proud of the heroism displayed by the staff members and patients on the BCU, as well as the entire hospital.”



# Ready for the Fight

UMMC's Frontline Staff Realize a Greater Sense of Purpose  
During the Coronavirus Pandemic



*Sheila Hoover, BSN, CCRN, SCNI, ICU, Midtown Campus*

I have learned a lot about myself as a nurse, my team, and UMMC through the COVID-19 pandemic. I arrive for my shifts knowing that I have a purpose – to care for my patients to the best of my ability, no matter the diagnosis. At the end of my shift, I leave with my scrubs in a bag and wear different shoes so that I'm protecting my loved ones at home from COVID-19.

The first time I was assigned a COVID-19 positive patient, I was afraid. As Wayne Harris, surgical technician, was preparing my PPE, he could see the fear in my eyes. He knew just the right words to say to encourage me and I knew I was going to be okay. We have been blessed to have surgical technicians, like Wayne and Luis Domally, to be with us day after day to assist with donning and doffing our PPE and ensuring that we are as protected as possible.

Some of these patients will be in my heart forever, like Tyrone. Tyrone had COVID-19. He was so uncomfortable – unable to breathe, unable to lie comfortably in bed. He told me that he knew he wasn't going to make it. It seemed he was already giving up. I assured him that we'd do everything we could to make him well. I prayed for him often. He has since recovered.

**These challenging times surface when knowing that the patient is frightened and alone, and I am the only one there to comfort them.** Talking to the family via FaceTime and Zoom has often made them feel even more alone. The most rewarding moments come when realizing that so many of our patients have recovered from this awful virus. We did it! We made them well with the best treatments available.

Thanks to our great organization, we've seen success. Staff have remained healthy. We have been blessed. We are stronger as a nursing unit. I'm sure we've made Florence Nightingale proud. This is us – the year of the nurse.

*Mary Grace S. Genzola, MAN, BSN, RN, 3 North, Midtown Campus*

**My 34 years of nursing experience was challenged when I started caring for COVID-19 patients.**

Before I go to work each day, I always spare some time to pray that I will be covered by the most precious blood of Christ. Starting my daily shift with a positive attitude is inherent in me, but I'm also aware of how easily COVID-19 spreads. As a dedicated nurse, I strive to deliver holistic patient-centered care, while being mindful of their physical and psychological conditions, despite fear of the unknown and uncertainty if they will recover or not. At the end of my shift, I feel fulfilled that I took part in this challenging role of giving physical, moral, and spiritual support to our COVID-19 patients. But sometimes, I can't help but wonder if I had a PPE breach and will go home with the virus. I take precautions everywhere because COVID-19 never sleeps and there is no cure.

*Terra L. Epps, M. Div, Staff Chaplain*

I remember the beginning of the pandemic and the overwhelming number of daily COVID-19 related changes and updates. **I remember experiencing the palpable buzz around the hospital the day the hospital's first COVID-19 positive patient was admitted.** I remember walking the weeping mother



of a MICU patient, who wanted to remain with her child until the last possible second as hospital visitor restrictions went into place, down to her waiting husband as both openly wept outside the hospital's South Entrance. I remember also subsequently standing outside personally facing the need to re-examine and explore what it meant to offer pastoral care in this now socially distant context. I remember the stages of the MICU's physical and clinical transformation; one day there was one biocontainment designated room, and then, eventually, the entire back hall was converted to one of two ICU-level COVID-19 biocontainment units within the hospital.

Each day continues to bring challenges, new learnings, adjustments, and varied emotions. Yet, I strive to maintain gratitude. I am grateful to work for an institution that values the essential nature of the professional healthcare chaplain. I am grateful that I can continue to support patients, families, and staff, whether it be over the phone, via secure Zoom video conferencing, from our newly developed UMMC pastoral care Facebook support group, or during in-person visits. I am grateful for the challenge and space to continue to develop innovative ways of providing spiritual care in times of such uncertainty, anxiety, grief, and loss. I am grateful to be a UMMC staff chaplain at such a time as this!

*Stacy Pelekhaty, MS, RD, LDN, CNSC, Clinical Nutrition Specialist II*

I've been a clinical nutrition specialist covering ICUs in Shock Trauma for over seven years. While I love all the patient care areas, the Lung Rescue Unit (LRU) has a special place in my heart. Patients who require VV-ECMO are so complex and demand careful consideration to optimize their nutrition while avoiding harm. When the LRU converted to a biocontainment unit for COVID-19, I eagerly lent my support to care for these patients. I developed nutrition care guidelines for my colleagues working on other units and at other facilities based on my prior knowledge of ARDS and VV-ECMO, combined with my experiences with COVID-19 patients. I have been so grateful to have a place at the table. **While clinical dietitians at other facilities were told they must find a way to work from home, I have been fortunate that my presence on interdisciplinary rounds and the unique perspective clinical nutrition brings to the discussion has continued to be respected and appreciated.** While this pandemic has brought new stress and anxiety into our society, I wake up every morning proud that I am part of this team and thankful for my ability to positively influence the care of my patients.

**Melissa Coulter, BSN, RN, CNII, Adult ED**

**Our COVID-19 patients are resilient; they are brave.** Every day during the past four months, when I was exhausted and felt overwhelmed, it was their resiliency and bravery that kept me going.

I have seen utter fear and desperation in so many of our patients. I have felt that fear, too, because of the isolation and unknown. But I have never felt helpless. I am honored to use my skills as a nurse on the frontline to take care of patients when they are at their most vulnerable.

While it is nearly impossible to prepare mentally and physically for a global pandemic, I am unbelievably grateful to be a part of the Adult



ED team. We have risen to the occasion, adapted to every challenge, and given quality medical care to those who have needed it the most. It is my hope that every patient I have encountered knows that I have fought with every ounce of my being for their recovery and I hope they felt even a sliver of comfort while in my care.

**Gregory Jasani, MD, Resident Physician (PGY-2)**  
*Department of Emergency Medicine*

**“I’m not really a hero.** Every day when I come in to work now, I walk by the “Home of the Brave” banners that now hang near the entrances of our hospital. As I walk through the hospital, I pass innumerable signs proclaiming “Heroes work here.” I even get to see cutouts of some of my favorite comic book superheroes!

I really do enjoy the superhero cutouts and appreciate the sincerity behind the “hero” signs but, honestly, it all makes me a bit uncomfortable. I don’t really consider myself a hero. To me, heroes are those who knowingly volunteer to do a dangerous job. I didn’t; I had no idea that the world would experience the worst pandemic in over a hundred years while I was a physician. I don’t think any of us working right now ever imagined that this would happen.

I would like to think that I would still choose to become a doctor even if I knew this would happen, but I’m not entirely sure. Coronavirus is a highly infectious disease and, by virtue of working in healthcare, my risk of contracting it is higher than most. Many healthcare workers have already died from the virus. I genuinely enjoy my job and love getting to help people on a daily basis, but I am not sure I would have chosen this job knowing the danger I’d be placing myself in at this time.

The true heroes, in my opinion, are those who are choosing to enter the healthcare field during this pandemic. They have a much better understanding of the risks than any of us did, yet they are still making the choice to enter a field where their risk will be much higher than most. In my opinion, they deserve the superhero cutouts and the banners. I don’t.



**Julie Gessler, RD, LDN,**  
*Clinical Nutritionist*

**“As a dietitian on a floor unit, I often see COVID-19 patients who have had prolonged hospitalizations,** many of whom have spent weeks on a ventilator. It is easy for me to feel weighed down by the struggles and hardships that these patients have gone through. It is easy to see bodies that have been broken down by a relentless virus. While my heart feels for these patients who have become weak from fighting this virus in isolation from their families and loved ones, I try to see their strength. It is easy to become saddened and bogged down by the stories of patients. Instead, I try to cling on to the small glimmers of hope that I see. I see that hope when a patient who has been fed through a tube for weeks is finally able to gain some independence by being able to eat on their own. While working with this population is emotionally taxing, it has been incredibly rewarding to be just a small part of their recovery, even if it is to just celebrate (via iPad) being able to eat ice cream and a grilled cheese again.

***Jennifer Lee, BSN, RN, PCCN, CCRN, HNB-BC, Medical IMC***

**The first day I came to work in the Medical IMC biocontainment unit, we had only three patients.** One patient had a very high fever and was on a ventilator. The room contained only the bed, IV pole, ventilator and bedside table. Critical information about the patient was written on the glass door of the room – “Do not resuscitate.” One hour into the shift, the patient started to experience oxygen desaturation. There were two nurses on the unit and we both went into the room and held his swollen



hands. Our only communication outside of the room was through an iPad. Then, the physician entered the room and pronounced the patient deceased. We didn't even have a chance to get to know him. I remember how eerily quiet it was on the unit. The stillness; the emptiness; the silence. There was no family coming in to say their last goodbyes. I wondered, what was the last thing that this patient saw before he was sedated and intubated? Did we ensure he experienced a “good death”? Will all of our patients be like this? We somberly performed post-mortem care. Barely any words were exchanged. The next night we had double the amount of patients, most of them on ventilators.

***Amanda Schiavetti, BS, RRT-ACCS, Respiratory Care Practitioner***

**Spending the last 130 days in a biocontainment unit (BCU) as a respiratory therapist now has new meaning.**

While our job always has given us an extreme high of removing a breathing tube when someone is doing well, we also have experienced the worst of the lows. We are the ones that turn off life support when a patient isn't going to make it. The BCU is no different. When patients were double-bunked, we could be in charge of 13 ventilators, 13 patients to suction, access vent settings, know how they are progressing, and answer questions for the team at any given moment. We are at the head of the bed, involved with patients being prone and receiving bedside tracheostomies, CT scans, OR transport, and many other interventions. At the height of the pandemic, Respiratory Care increased staffing to five therapists on a handful of days, but most days we had four therapists with two in the airlock at a time, giving us large patient ratios and a lot of responsibility. Our staff has really shined and the teamwork is evident. It has kept us in the fight. I am really proud of our BCU leaders and entire respiratory care department at the University of Maryland Medical Center.

***Megan Homme, RN, CNL, CNII, Medical IMC***

**One experience that stays with me is holding the hand of a patient as they passed, whispering poetry and reassurances.**

It happened during the beginning of a shift, so I only had a minute or two to collect myself before putting on a smile and going to greet and assess my three other patients. I remember hoping that the PAPR hood could disguise the tears I couldn't wipe away. It was tough – the overwhelming nature of the illness and how useless I felt at times to ease my patients' pain and fears.

If there's anything this experience has taught me, it is the power of resilience and the shared camaraderie of difficult times. When we converted to a biocontainment unit, we became isolated from the rest of the hospital. It was up to us to collect our labs, order necessary supplies, and keep the unit clean. It was a struggle, at times, to wear so many hats and I never could have done it without the help of my team. I feel much closer to them than I had before this started. When you support each other, cry together, and laugh hysterically over some nonsense because everything feels out of control, then you really can become like family.

**Sharon Long, RN, 3 South, Midtown Campus**

On a usual day, before COVID-19, the start of each day on the unit only brought the variability of patient care dependent on acuity. Those days, now a distant memory, I often feel I only imagined they existed. Today, as I leave the safety of my home and travel to work, I am faced with the uncertainty that each day brings and the burden of providing optimal patient care in the midst of a constant stream of changes. **It is no longer business as usual; there is an underlying burden of rethinking and rewiring my brain to provide care to my patients in a manner that is consistent with decreasing the risk of exposure.** As the pandemic has evolved, I am constantly faced with changes and updated information that on some days has become a blur of policies and protocols. Did I correctly don and doff PPE? Did I correctly clean what is deemed reusable PPE? Did I correctly collect specimens? My only hope at the start of each day is that I get it right, and that despite all of the uncertainty, all of the changes, and sometimes all of the chaos, that I never forget that there is a person behind that zippered door.

**Sarah Cooper, BSN, RN, Emergency Department, Midtown Campus**

**With the global pandemic looming over the country, thoughts of Nurses Week were pushed to the side this year.**

The staff at the UMMS Midtown ED soldiered on without complaint, but the Midtown Morale Committee wasn't willing to accept a year without a celebration. Members began reaching out to the community, asking if companies would cater a meal for the staff. The response received was overwhelming. Jay's Catering immediately replied and sponsored a roast chicken lunch. Angeli's Pizza went above and beyond, providing meals for both day shift and night shift. Frontline Foods, Insomnia Cookies, and Roundtable Relief also offered to cater meals. When a raffle was suggested, another email

went out. A La Mode Intimates provided ten gorgeous lingerie gift bags to be raffled, and Charm City Chocolates made custom truffle boxes for the entire staff, as well as a large gift basket. Route One Apparel also surprised the staff with 100 cloth masks printed with the Maryland flag. Nurses Week 2020 was something special, thanks to the incredible generosity of the community we are so privileged to serve.



**Pamela Honeygham, Unit Secretary, 3 South, Midtown Campus**

**One of the most challenging moments during this pandemic is dealing with the fear of getting sick.**

These mounting feelings of nervousness and stress were more intense while I was sitting at home on my days off with only the news coverage of the virus to keep me company and texts from family and friends wanting to discuss symptoms they might have. The more I watched and read, the more acutely aware I became of each body ache, sneeze, and cough I produced - real and imagined. I was convinced I had contracted the virus. Ironically, what has helped alleviate most of my fear and stress, is coming to work each day and focusing on what I can do to assist the other staff in my department caring for our patients.





*Lou-Ellen Lallier, MS, APRN-BC, CNRN, Acute Care Nurse Practitioner, Neurosurgery Services*

I was privileged to be part of an advanced practice provider (APP) group who joined an incredible team of doctors and nurses to help transition a medical intermediate care unit into a COVID-19 ICU/IMC unit. In mid-March, we witnessed the New York COVID-19 rates jump exponentially. In anticipation of similar numbers hitting the Baltimore area, UMMC worked quickly to increase ICU beds and staff. The 10 West unit was designed to be a 100% negative pressure unit and was a perfect choice. Nine UMMC APPs from different services came together to provide whatever support that was needed.

**It was an emotional journey that started with fear and anxiety mixed with the spunky, “We are ready for the fight!,” boldness you’d anticipate soldiers having on their way into battle.** At first, the patients coming in were relatively stable. By mid-April, the patients became much sicker. What began as a low level ICU with stable, vented patients, transitioned to a full ICU with unstable vented patients requiring multiple pressors and sedation drips. As if COVID-19 wasn’t deadly enough, the secondary complications set in quickly.

With Maryland government leadership quickly implementing statewide safety measures in March, Baltimore did not get the immense numbers of COVID-19 patients anticipated. Although busy with patients double-bunked, the census was manageable. Unfortunately, there were still approximately 20% of patients who did not survive. Talking to families (many through interpreters) and being with them through their loved ones death via iPad is an experience that is horribly tragic and stays with you.

I cannot commend enough the core staff of 10 West. They stepped up to an incredible challenge and came out of their comfort zone in the wake of a deadly pandemic. It was an honor to be part of the strong camaraderie of these “COVID-19 Warriors!”



*Lane Fodel, MS, CRNP, ACNP-BC, Clinical Program Manager, Adult Emergency Department and Urgent Care*

My experience during the COVID-19 pandemic has been largely in a leadership role for the nurse practitioners in the Adult ED and Urgent Care. I have cared for patients directly but my focus has been on leading through a time of constant change and “what ifs.” **Our entire staff came together to do what we knew was best for the staff and patients at that moment, even when it meant it was all going to change tomorrow.** We have been flexible, but more importantly, we have supported each other emotionally through a time that is still uncertain, but one that we are adapting to each day.

The minute we realized COVID-19 was something we needed to be concerned about and prepare for, UMMC, the Emergency Department, and Urgent Care sprinted ahead with preparations that we weren’t sure that we would ever need. Despite seeing news reports of staff and medical centers all over the country in various states of crisis, I always felt supported and that we were prepared. I am one who tries to find the silver lining in a situation, and at the end of my work days, I have continuously felt privileged to work at UMMC.



### *Mariafe Cantoria, RN, PCCN, 3 South, Midtown Campus*

People refer to it as “The New Normal.” However, all my hopes – and I would like to believe those of everyone else – are still yearning that we would somehow go back to how our lives were like before we unexpectedly came face-to-face with the COVID-19 pandemic. As a bedside nurse for more than a decade now, this novel virus has impacted me so much, both at work and at home. My anxiety level, for one, hasn’t been this high as I always dread getting assigned to care for PUI or COVID-19 positive patients – getting exposed or worse, infected in the process, and bringing home the “virulent bug” to my family when I go home to care for them. Moreover, as a charge nurse, the mental and emotional burden of having to cohort patients appropriately to the team and managing a staff who is mentally and physically burned out has been so challenging. Lastly, and I think the one that has impacted me the most, is not being able to effectively accomplish my role as a mother. How do I do that when I try to distance myself from my kids as much as possible and still try to do my routine household chores on my days off, as well as assist them with homeschooling, which is also very new to them. On the flip side, I’ve learned how to control my emotions better. I’ve also started to value each day more by trying not to procrastinate as I am not sure what the next day will bring. This experience will definitely be a part of us for a long time. In the meantime, there’s nothing else we can do but to learn how to adjust our lives around it.

### *Enrico Gonzalez, RN, 3 South, Midtown Campus*

Many of the COVID-19 positive and PUI patients we care for on the 3 South unit arrive from nursing homes and require total care. **My most profound thought during this time is how quickly we have had to adapt to the way in which we work to care for this particular patient population.** We strive to administer the highest level of care they deserve while also mitigating our risk of exposure. It is a different kind of work; one in which we attempt to bundle our care and spend lengthy times at the bedside, while simultaneously ensuring our patients do not feel neglected. I often find myself exhausted at the end of a shift, but more importantly, I also feel an immense amount of pride in being a frontline worker and caring for our COVID-19 positive and PUI patients.



### *Lucia Barlipp, RRT, Respiratory Care*

The past several months have brought me an insurmountable amount of emotions, as well as for many of my co-workers. Each day I walk into work, I never know what to expect; if I’ll leave sad, happy, mad, or simply exhausted. As time went on, one experience really sticks out in my mind. I was taking care of a lady who had recovered from COVID-19 and still had a tracheostomy in place. When I entered her room, she and her husband were having a Zoom conversation despite the fact she was trached and could not vocalize at all; he was just happy to see her face. I explained to him I would be putting a smaller size trach in so that we could put on a speaking valve so that she could talk. He was as thrilled as was she. Unfortunately, I was unable to do so due to unforeseen circumstances. I spoke with the nurse practitioner, and we both decided it would be best to remove the trach altogether. When we entered her room and told her, she was terrified. I held her hand, and we removed the trach. **Her husband had called, and when she answered and said hello, he could not believe his ears. He had not heard his wife’s voice in over a month and a half.** She was crying; he was crying; it was an unforgettable moment. It was nice to see that individuals do recover from this awful disease, and I am so glad I could be a part of that experience.

*Bryanna Sanderson, RN, ICU, Midtown Campus*

Working as a nurse during the COVID-19 pandemic has been a challenging yet, rewarding experience. It has proven why I chose to become a nurse. **One of the most challenging moments of my career was caring for a patient at the end of his life during strict limitations on hospital visitors.** At the time, I was precepting a new nurse. We sat with our patient while talking to his family on a Zoom call. The patient's family decided to withdraw treatment and comfort care was initiated. Despite the barriers that made things a bit challenging, our patient died with dignity. We never left his bedside except to change the batteries on our PAPR machines. We were at his bedside for well over two hours making sure he was comfortable, as well as consoling the family over an iPad. Despite strict isolation precautions and new ways of delivering safe patient care, I have seen my co-workers naturally develop in to a stronger team as we worked out the kinks for dealing with this virus that seemed to be changing weekly. Supportive co-workers, as well as support from our nurse manager, has made this world health crisis less frightening.



*Brittany Daniels, RN, Multitrauma ICU*

When I first heard about the impacts of COVID-19 on the U.S. and especially other Maryland hospitals, I felt very conflicted emotions. My first thought was my then 11-month-old daughter and questions filled my mind. What if I am the reason my daughter needs to be hospitalized? What if I need to quarantine myself away from my daughter? How long will I not be able to see her, hold her? Will I be forced to miss her first birthday? Then my thoughts went to my husband and my family. What if I am quarantined? How will it impact them? Are they safe? On the other hand, the nurse in me wanted to make a difference and face this challenge by providing care to these patients.

At first, on MTCC, we were reassured that the likelihood of COVID-19 patients coming to the unit was low. However, that changed on March 8th when we admitted our first PUI. Seeing my colleagues feel the anxiety and fear that I was also experiencing made me want to jump into action. To ease my angst and that of my co-workers, I immersed myself with understanding this disease process and prevent cross-contamination. My purpose was to feel safe at work. I helped to provide easily obtainable unit-specific resources, educated my co-workers on proper donning and doffing techniques, and adjusted our workflows to provide excellent patient care, while also limiting exposure.

There were many changes that were coming from the CDC and hospital recommendations, as well as so many unanswered questions. I sought to find the answers to these questions by being a part of multidisciplinary meetings. I did not do this alone. My co-workers were so adaptable and efficient. I am so proud to work with them and be a part of the MTCC. This pandemic has proven that with determination and teamwork, MTCC staff can overcome anything while also having excellent patient outcomes. **At work today, I am no longer apprehensive of taking care of these patients or worried about the unknown. I feel privileged to take care of these patients, as well as critically ill trauma patients, and to work in this unit with my colleagues.** My 13-month-old daughter is happy that she was never quarantined from her mama and I am reassured that she and my husband are safe.



***Claudia Handley, MS, MBA, RN, NEA-BC, Director of Nursing, R Adams Cowley Shock Trauma Center***

My involvement with the biocontainment units (BCUs) across the organization was truly inspirational. I had the opportunity to collaborate with Shawn Hendricks, MSN, RN, Ed, director of nursing for medicine and cardiology, to lead the BCUs and assist with clinical and operational strategies. Working across divisions and having a common goal allowed us to break down the silos that usually exist between clinical practice areas.

The experience I treasured the most was rounding on the areas that were taking care of COVID-19 patients and interacting with the frontline staff. The compassionate care they delivered to our patients was remarkable. **The staff was extremely resilient; however, I know the cost of delivering care took an emotional toll on them, particularly sitting with patients, holding their hands, and serving as their surrogate support person when visitation was not an option.** Compassion such as this can rest heavy on the soul. This is where I felt helpless as a leader that I could not take that burden away.

If I could use one word to summarize our health care team that care for our COVID-19 patients, it would be "brave." Brave to work in an environment that is demanding both physically and emotionally; brave to connect families and loved ones to the patient via an iPad; brave to see and experience what others do not. For this, I have so much admiration for our health care heroes.

***Chris Kuligowski, RN, CNII, Multitrauma ICU***

As a trauma nurse, I believe we were as well prepared for this pandemic as best as we could have been. I prepare myself every day the same way no matter what situation is presented before me. A typical day in Trauma could be quiet or hectic – you just never know. That is why I truly believe you have to be ready for anything at anytime in my field. Whether it's a trauma patient or a COVID-19 positive patient, I am going to keep the same mindset. No matter which ill patient is presented before me, he/she is going to get the best care possible. They are looking to us to give them hope that one day they will make it out of the ICU.

The most positive experience I had witnessed firsthand is the amount of dedication my co-workers have in taking care of these patients. No matter how sick, how much PPE had to be worn, we got the job done. As a trauma ICU nurse, we all tie our laces a little tighter, put more pep in our step and stay focused on the job at hand. We had multiple COVID-19 ECMO patients and a constant revolving door of ICU patients this year. Everyone sacrificed their own time and safety and it was amazing to see the amount of dedication in everyone's eyes.

**One of the biggest things I learned through this experience is that you can never give up no matter how bad the situation appears. The COVID-19 patients we received were knocking on death's door and all of them left the ICU.** This is a reminder to me that no matter how grim the situation can be, you must take one step at a time and reach the goal one day at a time. I'm amazed how far teamwork and dedication can take you in this profession. I am proud at the care I have given to these patients; however, the teamwork in nursing is what has been the most impressive.

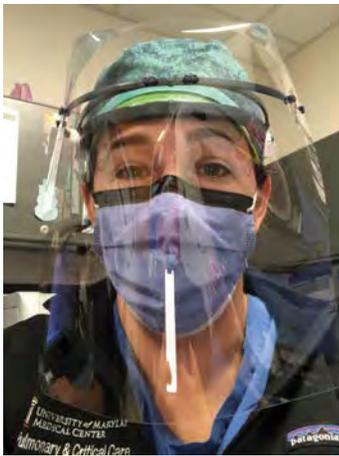
***Chantel Taylor, RRT, Respiratory Therapy***

I have been a respiratory therapist (RT) working at UMMC for three years after graduating college in 2016. I knew that choosing this profession would be emotional and difficult at times, but I never thought that I would be working in a pandemic as a RT. When I was first assigned to work the biocontainment units in the MICU and 10W, I didn't realize when I geared up with my PPE, that it seemed as if I was walking into a different part of the hospital that was isolated from the other units. Everyone was wearing PAPRs and patients were on excessive ventilator settings that showed their lungs were in danger and needed help. Even though I heard the COVID-19 stories through the media, it was now a reality to me when I stepped through those doors. This is really happening. This virus is spreading rapidly and I'm on the frontline. I remember seeing the numbers climb every time I logged into EPIC. It was mind-blowing how COVID-19 was taking a toll on the lives of our patients. The most impactful moment I've had as a clinician was watching the sickest patients turn around and start healing, oxygenating, and ventilating better. Seeing patients fight for their lives in the ICU and get transferred to an IMC unit meant they were one step closer to going home and trying to move on with their lives. I have learned a lot through this pandemic through prayer, strength, and knowledge. I knew I was strong, but **working through the long hours, the sadness, my face breaking out from wearing a mask, and watching families console their loved ones from a distance, made me stronger, gain more faith, and learn more knowledge on how to help with the spread of COVID-19.**

**Andrea R. Levine, MD, Program Director, Critical Care Medicine Fellowship Program,  
Assistant Professor of Medicine, Division of Pulmonary & Critical Care Medicine**

As a result of the COVID-19 pandemic, clinicians and hospital leadership had to quickly figure out how to provide high quality care to patients and their families while maintaining safety. This has meant that instead of family members visiting their loved ones in the hospital that they now stay at home and communicate via iPads. This was never tougher than when I had several women deliver their babies while critically ill in the intensive care unit and separated from their families. To watch the parents and grandparents see these newborns for first time via Zoom was heart wrenching.

In the midst of all of the challenges that COVID-19 presented, by far the most positive experience that I have had is working alongside my colleagues – physicians, nurse practitioners, nurses, and respiratory therapists. The passion, hard work, and dedication was truly inspiring and pushed me to be a better, harder working, more thoughtful physician. Never have I been a better clinician than I am now.



The moments between caring for patients has provided an opportunity for self-reflection. These moments were often spent quietly reciting the words “first, do no harm.” **I have never worked harder or had a greater sense of my grit, purpose, or calling than I do today. I always thought that I would run towards a burning building; this was the first time I found myself actually doing so.**

**Willvetta Gainer, RN, 3 South, Midtown Campus**

My emotions have experienced a variety of highs and lows throughout the COVID-19 pandemic. A common thread of thought that has run on a continuous loop in my mind as I come to work each day, is hoping that we have adequate staffing for a full house of COVID-19 positive and PUI patients. Each day I remind myself to remain empathetic to staff anxiety and stress, as I would have to decide who would be assigned to care for PUIs and COVID-19 positive patients. **Despite many stressful moments between staff, I feel only love for those I work alongside each day.** And while I silently breathe a sigh of relief and thank God that no lives were taken during a long and tiring shift, I am equally thankful and warmed at the sight of a previously COVID-19 positive patient being discharged to home in good health. ♦

“We did not see the surge in cases at the convention center because the hospitals in Maryland did such a spectacular job adapting their processes and procedure...”

UMMS  
Supports  
the

# Baltimore Convention Center Field Hospital



One Team, One Fight

By Charles Callahan, DO, Vice President, Population Health

This is the best hospital I ever stayed in.” With tears in her eyes, the woman – a survivor of COVID-19 – turned and made her way to the exit while doctors, nurses, and ancillary staff in personal protective equipment (PPE) applauded for her.

Three months earlier, the “best hospital” she was referring to was an empty, cavernous exhibit hall in the basement of the Baltimore Convention Center. The idea of building a hospital in the convention center exhibit hall came in March as part of Governor Larry Hogan’s response as COVID-19 cases first began to surge in Maryland.

The 250-bed Baltimore Convention Center Field Hospital (BCCFH) is co-managed by the University of Maryland Medical System (UMMS) and Johns Hopkins Medicine. Jim Ficke, MD, FACS, director of orthopaedic surgery at Johns Hopkins Hospital, directs the facility and **Chuck Callahan**, DO, UMMC vice president of population health, serves as deputy director. The role of chief nursing officer is held by **Greg Raymond**, DNP, MBA, RN, NEA-BC, UMMC vice president of nursing and patient care services, clinical practice

& professional development, neuroscience, and behavioral health, along with **Bret Elam**, UMMC associate project manager, facilities project development, functioning as chief operating officer.

The entire 128,000 square foot area where the hospital is situated was modified to be negative pressure as a COVID-19 infection prevention measure. Since the end of April when the site opened, more than 130 patients have been admitted from 21 hospitals across the state and the average census has been around a dozen. The BCCFH’s nursing and patient care services staff is made up almost entirely of per diem staff from the UMMC Emergency Staffing Pool. Using a tiered approach to staffing, the registered nurses lead teams made up of unlicensed clinical staff and staff without clinical backgrounds in the care of the COVID-19-positive patients cared for in the BCCFH. The non-clinical staff come from an array of backgrounds (accountants, beauticians, lawyers, college students, etc.) which has added a unique richness to the diversity of the teams. The BCCFH staff have often commented that being part of this diverse team has been one of the most rewarding aspects of the experience.

The mission of the BCCFH is to “remain ready” to respond to the needs of Maryland hospitals should they need it. This focus on remaining ready means that readiness is primary before actual volume of patients cared for at the BCCFH, so the facility must remain prepared to deploy appropriate resources to fulfill the mission. Thankfully, we have not seen a surge that has required the use of many of the BCCFH beds. “The lower than expected utilization of the field hospital is a tribute to the people of Maryland and State leadership,” Dr. Callahan explained. “We did not see the surge in cases at the convention center because the hospitals in Maryland did such a spectacular job adapting their processes and procedure to care for them and the citizens took physical distancing seriously.” The probability of a second and third surge of patients to Maryland hospitals is still looming, so at the direction of State leadership, the BCCFH will remain on mission.

“The hospital’s motto is, ‘One Team, One Fight,’ something Dr. Ficke and I brought to the site from a shared six decades of Army medical experience,” Dr. Callahan said. “If there is another surge of COVID-19 patients in Maryland, we will be ready.” ♦

# Behind-the-Scenes Heroes

# INFORMATION TECHNOLOGY

By Vishal A. Jain, Vice President and Site Executive, Information Technology

The work of the UMMC information technology (IT) department is critical in supporting efficient and safe patient care in today's hospital environment. When the COVID-19 pandemic hit UMMC, many IT changes were made to meet the new needs of all of our patients and employees. While moving 75% of IT staff to teleworking status to promote social distancing, this department was also working behind the scenes on multiple projects to include:

Moved thousands of UMMS staff to teleworking-capable status to include VPN access and deployment of IT hardware

Deployed Webex as an enterprise platform for meeting access

Set up and deployed employee COVID-19 and serology testing programs

Assisted with setting up 1,200+ iPads for deployment

Imaged and configured 650 desktops for deployment

Stood up Epic for Baltimore Convention Center Field Hospital and hotel/ convalescent environment

Supported dozens of product development: tracking/ decision support/ documentation tools, testing orders, tip sheets, state of emergency disclaimers, and system lists and columns

Moved thousands of UMMS staff to teleworking-capable status to include VPN access and deployment of IT hardware

Supported numerous surge areas and outpatient department moves at the hospital

Designed and built a remote patient monitoring solution to track pulse oximetry

Set up and architected new tools and workflows to support ED tele-triage throughout the system, staffed by UMMC

Created and deployed new COVID-19 automated patient education in multiple languages

Interfaced nearly a dozen new lab testing systems (RNA, convalescent serum, etc.)

Architected and deployed an inpatient isolation room project supporting wider telehealth applications for patients under investigation (PUI)

Deployed and supported over 145,000 telemedicine visits to date

Completed a mini-project to implement part of the Bugsy Infection Prevention module

Navigated security vulnerabilities with Zoom for the telemedicine environment

Moved the entire IT training platform to distance learning and Epic certification exams to remote proctoring

Set up Canto and Rover (handheld phone/tablet) tools never before deployed at UMMS for the field hospital.

THE IT DEPARTMENT IS PROUD OF ALL THAT IT ACCOMPLISHED DURING THE PANDEMIC TO KEEP BOTH OUR PATIENTS AND EMPLOYEES SAFE.

The DAISY Award for Extraordinary Nurses is a national recognition program to honor exemplary nurses. Patients, their families, and UMMC staff 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](http://umm.edu/DAISY).

# DAISY Award

## MARCH



**Emily Ledford Jones, BSN, RN**  
*Surgical Intensive Care Unit*

My 85-year-old father had never been hospitalized nor had he ever had any surgeries. Yet he found himself in the hospital for 14 days and he was facing open heart surgery. He and my mother were very nervous and afraid. As a nurse myself, I was able to calm most of their fears. I do not have a lot of cardiac experience but I understood all that went on. But when I saw my dad right after surgery, helpless and on a vent, my heart dropped. The ICU nurses/team were great. They were very skilled, calculated drips appropriately, did detailed assessments and made sure my dad remained safe. I knew he was in good hands. I watched the monitors and IV lines and could tell he was very stable. I explained all of the tubes and equipment to my family and once again put them at ease. Emily came in and brought me a "Get to Know Me Board" but we already had one filled out. She said "oh, can I see it?" She read my dad's board and said "Wow he likes jazz; me too! What kind of jazz?" I said "all kinds of jazz." She left the room only to return with her personal cell phone and charger. She put on a jazz station on the phone and then placed the phone beside his ear. He immediately started to tap his toes. When I saw my dad's toes moving, I was at ease. Even as a nurse and understanding everything that was going on, I was uneasy seeing my dad in that condition. That simple gesture by Emily eased my fears. It was such a caring moment. It made a lasting impression and I will tell anyone I come across how much that meant to me.

DOWNTOWN

## APRIL



**Laura Romulus, BSN, RN**  
*Weinberg 5*

Laura was my day shift nurse in February. She went above and beyond her call of duty taking care of me every day. After doing her bedside rounds, she came back to ask if I needed anything. If I did, she took care of it ASAP and said to call her if I needed anything else. She made me feel important; it was like she was thinking of her dad or brother. When she had two minutes to spare, we talked about personal stuff and we each opened up to each other. I feel that I have found a new friend for life. Since finding my cancer twelve months ago, I have found these special friends that I can talk with about life issues. Laura is my newest friend that fits into this situation like a glove. Laura is a role model for the Daisy Awards. Her whole attitude is about customer service.

## APRIL



**Genevieve Adukpo, BSN, RN**  
*3 North Med/Surg Telemetry*

I wanted to let you know about one of our nurses on 3N; a new graduate nurse who was persistent enough about her patient not looking well after everyone, including physicians, thought the patient was okay. She did not give up and kept seeking follow-up and diagnostic tests that eventually disclosed that the patient had a bilateral pulmonary embolism.

MIDTOWN

## MAY



**Nina Funderbunk, RN**  
*Emergency Department*

Nina nurse showed unselfish care to patients in the ED. Some of the cases/clients were PUI and she showed so much love in placing IVs under ultrasound guidance. The ED was busy and the other nurses were trying to keep Nina from going into the PUI room after she had just completed an IV for the other PUI. However, Nina stated "I'm the only one that can place IVs under ultrasound guidance and the patient needs a line." When I heard these strong words and saw her determination to provide care, my heart was excited. Moreover, as the dynamics in the ED continued, I saw Nina assist her team with other tasks with a spirit of excellence.

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>

MAY



**Kara Unger, BSN, RN**  
*Cardiac Surgery Stepdown*

Early in her shift one day, Kara's patient mentioned to her that his wife had been admitted to the STC for the past month after breaking her neck from a fall. The patient explained to Kara that the couple had never spent a day apart and were quite close, as he was her primary caregiver at home. Attuned to her patient's feelings and circumstances, Kara explained to others that she was struck by the way her patient spoke of his wife. Kara understood that although it may be a routine day for her and the other nurses on her unit, this experience was life-altering for the patient and she began to think of how she could connect her patient with his wife.

Kara asked the patient's nurse practitioner, Kaitlyn Elizalde, CRNP, if she would approve of him going to the STC to see his wife. Kaitlyn agreed. Kara worked tirelessly to ensure all of the required testing ordered for her patient that day was completed expeditiously and to allow him uninterrupted time with his wife. Kara called the STC nurse caring for the patient's wife, and it was confirmed that they had approved the visit. Kara transported her patient from Gudelsky 6 to the STC in the afternoon.

Throughout this situation, Kara exemplified the sensitivity and compassion that are inseparable from the Daisy Award. The authentic connection she makes with her patients sets a high bar for those around her. Not only did Kara understand her patients' circumstances, but she gave her time and support to make a positive impact on an otherwise somber situation. Kara is a remarkable nurse, which is further illustrated by her humility and denial of doing anything extraordinary. When asked about the series of events that day, Kara concluded, "I feel like anyone in my situation would have done the same if they were able." Due to the events outlined above, my recommendation for Kara to receive the Daisy Award could not be any stronger.

JUNE



**Fredin Pallikal, BSN, RN**  
*Vascular Surgery Progressive Care Unit*

I want to share something with you that has occurred this evening/morning. Fred showed extreme compassion to one of our patients. Mr. Boone has been a very confused patient on the VSPCU. Fred took the time to calm him down and then asked if he would like it if he sat in the room. Mr. Boone replied "yes." Fred then gowned up and Fred is currently sitting in the room with the patient, holding his hand while he sleeps...honestly, for the first time in days. I know right now it's easy for everyone to complain about how bad things are, so I thought it would be a good time to share some of the amazing things that are currently happening on our unit.

JUNE



**Shaheen Mahmooth, RN**  
*4S, Observation Unit*

Shaheen is the definition of compassionate care. While working on another unit, Shaheen realized that a patient did not receive their medications prior to discharge. Being the compassionate nurse that he is, Shaheen took the medications to the convention center to ensure that the patient received them. Shaheen goes above and beyond when caring for his patients. He believes in educating our patients to ensure that they understand their diagnosis and treatment plans. This is why I believe Shaheen is the perfect candidate for the DAISY Award.



## Magnet Update: Activities During COVID-19



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

**D**uring the COVID-19 pandemic, some nursing activities were put on hold to allow nurses and clinical staff to meet the increased needs of our patients. However, pushing the pause button doesn't always have to happen the same time at both campuses. Despite all of the work being carried out in conjunction with COVID-19, the midtown campus nursing leadership decided to continue with the shared governance council meetings in a virtual format to maintain the momentum

**Cheryll Mack, MA, RN, SCNII**

*Adult Emergency Department (AED):*

"I feel very proud and safe – there has not been a PPE shortage and everyone has been very supportive of each other, including those redeployed to the AED."

**Jocelyn Campbell, Administrative Assistant**

*11 East:*

"We were always willing to help out other units like 13E/W and the staff were always supportive."

already gained since the councils began in early 2020. For the downtown campus, council meetings resumed virtually in June when some 'normalcy' was established. At the June Magnet Champion meeting, it was inspiring to hear the feedback about how proud the champions were to be part of UMMC, and even more so now that they had lived the experience of practicing during a pandemic. Below are a few of the comments shared at the meeting:

**Stella Oloruntoyin, BSN, RN, ASPAN, SCNII**

*Ambulatory Surgical Care Unit (ASCU):*

"About 99% of ASCU staff were redeployed since non-essential surgeries were put on hold. When staff came back to the ASCU, it felt like a reunion and I felt renewed pride working for the organization."

**Lovella Eugenio, BSN, RN, CNOR, SCNI**

*General OR:*

"We felt very safe. There are many safety measures put into place that were not done at other hospitals outside of UMMS." ♦

## We DISCOVER

### Accessing Library Resources Remotely is Just a Click Away



By Jenni Day, PhD, RN  
Director of Nursing  
Research

Having access to articles or other library resources can sometimes seem difficult, but did you know about Ovid Discovery®? Ovid Discovery is your single go-to site for Ovid, UpToDate®, Lippincott, journals, eBooks, and drug databases. You will be able to search most content at UMMC in one location and it finds full text content that is available on PubMed Central® and Open Access. Plus, you can access Ovid Discovery both from

the hospital and from home. When you are in the hospital, from the UMMC Insider, select *Nursing & Patient Care Services*, and then *Reference Resources - Ovid*. For remote access, you will need to first set up your personal account (email & password) in the hospital. This can be found on the Ovid Discovery page. Once you have done this,

you will be able to go to: <https://umms.ovidds.com> for remote access. You should not use VPN, but can go to the URL directly.

In addition to Ovid Discovery, we always have access to the Health Sciences and Human Services Library (HS/HSL). Usually, we can just walk over to the HS/HSL to find articles, but the library is currently closed due to the COVID-19 pandemic. If an article or articles are needed, request them through the reference email at [hshsl@umaryland.edu](mailto:hshsl@umaryland.edu). Only articles available in the HS/HSL digital collections will be provided. The HS/HSL will make every effort, depending on volume, to respond to requests within two business days. The HS/HSL also offers literature searches, which are very helpful for evidence-based practice projects. If a literature search is needed, please submit the request via this form: <https://www2.hshsl.umaryland.edu/hshsl/assistance/litsearch.cfm>. ♦



On Friday, June 5, 2020, UMMC joined health care workers around the country for the **#WhiteCoatsForBlackLives** initiative. Staff gathered in the Weinberg Atrium at the downtown campus and the lobby of the midtown campus for an eight-minute, 46-second moment of silence to show their commitment to improve the health and safety of people of color. This was also a moment to reflect upon the systemic racism and injustice in our country that has claimed the lives of George Floyd, Breonna Taylor, Ahmaud Arbery, Botham Jean, Sandra Bland, Freddie Gray, Tamir Rice, Michael Brown, Eric Garner, Trayvon Martin and countless others.

Following the tragic death of George Floyd, **Alison Brown**, MPH, interim president of the downtown campus and president of the midtown campus, sent a call to action to UMMC employees: “How can we address the [racial] disparities in our own backyard to create positive change? As an anchor institution in Baltimore City, we must do more and be part of the solution to end systemic racism in our communities. We must resolve to understand and create new strategies to address racial disparities in health care and economics in our West Baltimore community.”



Beyond the frontline heroes of nurses and doctors in the battle against the novel coronavirus is another group of warriors contributing to the health and safety of University of Maryland Medical Center's (UMMC) staff and beneficiaries in the battle against COVID-19.

Located on the lower level of UMMC's Weinberg Building, **staff and technicians of the Central Sterile Processing (CSP) department** ensure

infection prevention by cleaning, decontaminating, disinfecting and sterilizing re-usable medical devices, including personal protective equipment (PPE).

Essential for frontline staff who care for COVID-19 patients, PPE, such as N95 and elastomeric masks, was in high demand but short supply because of the global pandemic. UMMC's stock of elastomeric masks, which are re-usable but require cleaning and disinfecting after each use for health and safety of the staff member, became the first of many

opportunities to enlist the help of the CSP team who are experts at reprocessing complex medical devices.

The team, led by **Richard Reynolds**, the department supervisor, includes scope processing technicians. They worked with members of the PPE distribution center to develop a workflow for the collection, cleaning, return and re-distribution of PPE.

Reynolds and his team also developed and refined the process for how the elastomeric respirators are disassembled in preparation for reprocessing, which includes decontamination, disinfection, drying, re-assembly, quality inspection and packaging for distribution. The team work closely with their UMMC colleagues in the PPE distribution center, ensuring a continuous supply of PPE for frontline workers and their allies in the war against COVID-19. ♦



*Front row, left to right:* Beverly Dolvin, Lorlene Murphy and Karen Dixon

*Back row, left to right:* Antoinette Lindsey Pinnick, Baye Johnson, Kadidiatou Kolo, Ericka Reaves, Richard Reynolds, Supervisor, and Deborah Bunn, MS, CRCST, CHL, CIS, ACE, Director

*Not pictured:* Marisa Jones, Trevon Curbean and Jamie Orange