



THE JOHNS HOPKINS HOSPITAL 2023 NURSING ANNUAL REPORT



JOHNS HOPKINS
NURSING

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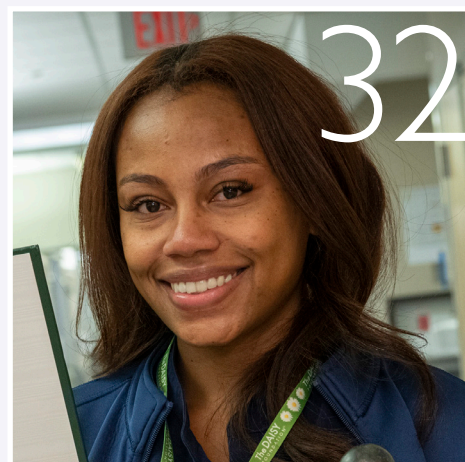
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A Letter from Deborah J. Baker, DNP, FAAN

Senior Vice President for Nursing, Johns Hopkins Health System

Vice President for Nursing and Patient Care Services, The Johns Hopkins Hospital

I am honored to share with you the Johns Hopkins Hospital's 2023 Nursing Annual Report, showcasing a number of the incredible accomplishments our nursing teams have achieved over the past year. While no single report can capture the magnitude of all that our nurses do, the stories included here demonstrate the extraordinary impact Johns Hopkins Hospital nurses make on patient care, quality outcomes, innovation, staff well-being and so much more — day after day, year after year.



Through nurse-led quality-improvement initiatives, interdisciplinary communities and shared governance councils, JHH nurses continue to drive advances in care, practice and education and influence change throughout the organization. At the heart of this commitment to nursing excellence is The Johns Hopkins Hospital's Nursing Professional Practice Model (PPM).

Based on the voices of our front-line nurses, the PPM describes the values and goals that define our professional nursing practice and the components and relationships that define/characterize/illustrate the complex role of JHH nurses. The pillars of the PPM are: patient and family-centered care (WE CARE), inquiry and interprofessional collaboration (WE INFLUENCE), autonomy and mutual accountability (WE EMPOWER) and practice excellence (WE EXCEL). When we draw together all of these elements into our practice, WE ACHIEVE.

As you will read in the following pages, JHH nurses put these values into action each and every day — delivering expert, compassionate care, using their voices to advance clinical practice and staff development, and leading innovations across the continuum of care.

To all of our JHH nursing staff members, I am truly grateful for all that you do to support and care for our patients and each other, and to drive our profession forward. Thank you for being a Johns Hopkins nurse!

The Johns Hopkins Hospital Department of Nursing FY23 Strategic Initiatives and Goals

The Johns Hopkins Hospital (JHH) Department of Nursing developed its FY23 Strategic Priorities to align with the Johns Hopkins Medicine Strategic Plan: Innovation 2023 (six critical areas of focus for the institution’s success and sustainability) and the JHH Nursing Professional Practice Model (PPM) — the values and goals that define our professional nursing practice.



We Empower, We Influence

Demonstrate the value of nursing, leadership, shared governance and nurses’ contribution to JHH through the structures and tenets of the PPM.



We Achieve, We Excel

Promote and support the growth of a flexible nursing workforce to foster efficient, effective and timely patient care in all care settings.



We Influence

Lead and support efforts to safely and efficiently care for patients moving through the care continuum.



We Care

Enhance a healthy practice environment built on a commitment to the well-being, safety and resilience of all nursing staff.



We Influence, We Achieve

Strengthen our nursing culture to advance the delivery of patient- and family-centered care.

Our Workforce



WOMEN: **89%**



MEN: **11%**

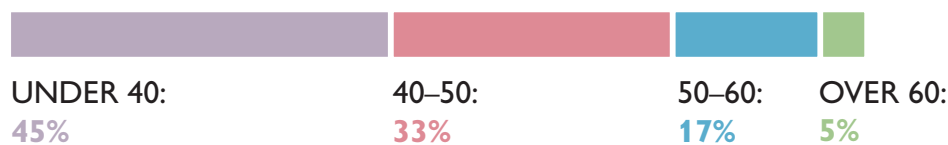
We recognize this data is binary and does not reflect our full workforce. We are in the process of updating our HR systems to better reflect this demographic.



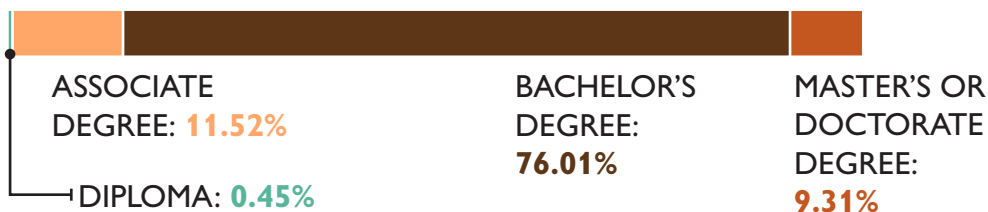
AVERAGE LENGTH OF SERVICE

3,158 REGISTERED NURSES

AGE



EDUCATION



CERTIFICATION

R.N.s CERTIFIED BY A NATIONALLY RECOGNIZED ORGANIZATION: **38%**

CLINICAL ADVANCEMENT AND PROMOTION

2022:

From **R.N. I** to **R.N. II**:
340

From **R.N. I** to **R.N. III**:
1

From **R.N. II** to **R.N. III**:
19

From **R.N. II** to lead clinical nurse: **3**

From **R.N. III** to lead clinical nurse: **40**



ARTs PROGRAM YEAR 2022-23

Total number of nurses to complete the ARTs program in FY23: **371**

ARTs I: **187**

ARTs II: **184**

ARTs coaches: **144**

The Wheel: Offering an ‘Immediate Voice’

By Joan Cramer

Nurses are delighted with the “Wheel,” Johns Hopkins Nursing’s innovative governance structure, which continues to empower and bring them together across disciplines to effect change.

Front-line nurses continue to have a role at every level of decision-making. They say they feel heard, and many have seen their ideas move through the entire “Wheel” process, resulting in changes, large and small, that benefit the entire hospital.

The process begins when any Johns Hopkins Hospital nurse or interdisciplinary colleague notices a problem and submits a brief report, with ideas for improvement, via a simple online submission tool. Front-line nurses, including new nurses, are encouraged to serve on their Specialty Area Coordinating Council — pediatrics or emergency medicine, for instance. Those council members can then be selected to serve on the Professional Practice Coordinating Council (PPCC), which reviews the ideas, as well as a Professional Practice Executive Steering Council, which prioritizes proposed projects referred for action by the PPCC.

Projects deemed urgent and doable merit creation of a Community — a work group composed of key stakeholders with relevant interest and expertise — and the Community is given a

specific amount of time to study and resolve the issue.

“When I orient new nurses, I love talking to them about the ‘Wheel’ because it is designed to give them an immediate voice, which is very unique to Hopkins,”

says pediatric nurse educator **Lucy Stewart**, who several years ago proposed a triage tool that was eventually taken up by a Community and is now used throughout the hospital. The following stories, which include the evolution of Stewart’s proposed tool, describe just a few of the many successful Communities, all birthed by the “Wheel,” that are taking the ideas of nurses and using them to improve the practice of nursing.



Collaborating to Prevent Falls

When it comes to preventing patient falls, knowledge is power. “That’s why the Wheel is invaluable,” says **Holley Farley**, nursing coordinator for clinical quality at The Johns Hopkins Hospital, who has spearheaded three Communities to address fall prevention over the past three years.

“When you’re considering a problem and its solution, the Wheel makes it easy to get input from nurses and other colleagues at every level, across every discipline,” says Farley. And it mandates rigorous research and testing to prove the solution actually works.

Three years ago, Farley used the Wheel to launch a Community that produced a “debrief” tool to be used hospitalwide to collect data after every fall. “Each unit had been using a different tool, which made it nearly impossible to collect data we could use to see what was happening throughout the hospital and prevent future falls,” Farley says. “So we created a standardized tool, repeatedly piloted and evaluated it, made it electronic instead of paper so we could all see it and get analytics out of it, and then we opened it up to every unit in the hospital.” In September 2022, Farley and her team published an article about that process, “Creating a Standardized Post-Fall Debrief Tool,” the *Journal of Nursing Care Quality*.

“Most nurses really appreciate how the new tool streamlines the post-fall process, which previously involved about six steps,” says **Kendall Connolly**, a bedside nurse in gynecology and obstetrics who has been passionate about fall prevention since she came to Johns Hopkins after

graduating from Villanova University in 2019.

Responding to feedback from nurses, Farley and her team condensed the debrief tool to 13 questions that take about 10 minutes to answer, yet the hospital as a whole was using the tool after only about half of all falls. So when she heard that Suburban Hospital, a member of the Johns Hopkins Health System, had a post-fall response team, Farley put a new idea through the Wheel: a Community to study whether nurses could act as post-fall responders to improve use of the tool and help reduce the number of falls.

Farley recruited interested nurses, including Connolly, who was working on her master’s degree in health organizational leadership at the school of nursing, where much of her research and writing focused on fall prevention. Connolly completed a thorough literature review but found very little evidence on the efficacy of post-fall responders. As a result, the Community designed its own pilot study to determine whether designating and deploying responders is even feasible at The Johns Hopkins Hospital — where multiple buildings spread out across the vast campus could make it inefficient to create a dedicated team — and whether nurses would use the post-fall debrief tool more consistently if they had

support from an objective post-fall responder deployed from another unit.

Community member **Eric Croucher** suggested conducting the trial by building, rather than across the Johns Hopkins Hospital campus. “We wanted to minimize travel time,” says Croucher, nurse manager on Meyer 7, an acute rehab unit where he introduced a highly effective campaign to reduce falls with injury in 2020.

The three-month pilot, rolled out at the end of January 2023, tested two different protocols. In the Meyer Building, units rotated responsibility for post-fall response. In the Charlotte R. Bloomberg Children’s Center, all unit charge nurses participating in the pilot were contacted via group chat after a fall to see if a post-fall responder was available. The pilot tracked the number of falls and whether a post-fall responder was able to arrive at the affected unit within an hour of the event. It also tracked the rate of completion of the debrief tool and nurse satisfaction with the process.

Croucher says he was excited to participate in the pilot. “I like to think our unit has a good handle on falls, but I look forward to continuing to exchange information with other units in Meyer,” he says. “And I’m just deeply impressed by the collaboration in this Community, with all levels of nursing staff, from a senior director in oncology to bedside clinicians in multiple departments, working together to effect change. It really speaks to the strength of the culture we have here.” —*JC* ■



“Most nurses really appreciate how the new tool streamlines the post-fall process, which previously involved about six steps.”

KENDALL CONNOLLY

From L-R: Eric Croucher, Holley Farley (seated) and Kendall Connolly

Amplifying Nurses' Voices

It has never been more important to hear what nurses have to say about what they need to thrive. So when a Johns Hopkins nurse manager put a request through the Wheel during COVID-19 to create a Community addressing nursing retention and resilience, the response was immediate and enthusiastic.

"I thought it was such a great idea," says **Danielle Bright**, lead clinical nurse on the solid organ transplant unit. "I have been so happy at Hopkins for the seven years I've been here, and I really wanted to be part of amplifying nurses' voices when it comes to identifying what they want and what will make them stay."

Launched in late 2021, the Community picked up momentum in March 2022, says **Susan Galusha-Bobango**, nurse manager in the Department of Neurosurgery and a Johns Hopkins nurse since 1995.

"COVID was hard, and we really needed this, a chance for bedside nurses from every part of the hospital to come together to talk about how we can improve wellness, resiliency and retention," says Galusha-Bobango, who was enlisted to help lead the Community, along with co-chair Maria Conigliaro.

The group was charged with coming up with the top three factors nurses identify as impacting retention and sharing them with leadership.

The factors the team members identified were compensation, parking and the well-being of clinical technicians and the other members of the team who support their work. "We can't do our jobs without them, and they are worth their weight in gold," Galusha-Bobango says.

Fortunately, nursing leaders were already working to address each issue, so community members were able to hear directly from leadership about

initiatives that were underway — and then communicate progress to their peers.

For example, as part of the nursing pay philosophy, hospital leaders committed to doing an annual market analysis to look at nursing compensation across the mid-Atlantic region.

Compensation adjustments based on that analysis went into effect in February 2023. Recent market analyses also led to new hourly pay differentials for nurses acting as charge nurses and preceptors.

The parking challenges — which impact employees across the institution — are so complex that hospital leaders had already started working with an outside consultant, who is conducting a full study and will make recommendations for improvement.

Finally, work is ongoing to define a career pathway for clinical technicians as part of a new Community, which is working to create a career ladder similar to the one used in nursing.

The Community members then turned to sharing unit-based retention ideas that had been successful in their practice areas. Bright says that one of the reasons she has been so happy on her unit is that nurses are rewarded with scheduling perks (no nightshifts, for instance) for staying a year or two or five. "I love the flexibility," she says.

Even offering meals and treats improves morale, says Galusha-Bobango. "One of the worst things about COVID was not being able to

have lunch together during a 12-hour shift."

Bright says she loves the Wheel because she's been able to share her own ideas — creating a dedicated space, for instance, for the emergency suction equipment used primarily for removing obstructions like mucus, saliva, blood or secretions from a patient's airway — and watch them be implemented throughout the hospital.

Another member of the Community, psychiatric emergency department nurse **Michael Arciaga**, says he appreciates knowing the voices of bedside nurses are being heard.

"Change takes time, and it's a big health care system, so in the interests of fairness and equity, our leadership has to consider everyone throughout the system when they are considering new policies," he said. Arciaga, who is also a member of the nightshift advisory group created two years ago through the Wheel to, for the first time, give nightshift nurses a way to meet with leadership and share their insights and perspectives at a time convenient for them.

"What I love about Hopkins is that we are always on the cutting edge, always trying to make things better," he says. "And it is unique for bedside nurses to be able to participate in forums and have leadership, including [Senior Vice President for Nursing] **Deb Baker**, attend and hear your concerns and ideas firsthand. Even if we can't get every idea implemented, I know our leadership is willing to seriously study it and give it a try. And I can't think of anything more likely to increase retention among nurses than knowing that our leadership is present, actively listening and thoughtful in trying to make impactful changes we've identified together." —*JC* ■

“COVID was hard, and we really needed this, a chance for bedside nurses from every part of the hospital to come together to talk about how we can improve wellness, resiliency and retention.”

SUSAN GALUSHA-BOBANGO



From L-R: Michael Arciaga, Sue Galusha-Bobango and Danielle Bright

A Tested Tool Keeps Patients Safe

In any hospital setting, some patients need constant observation. They might be disoriented or delirious. They might be suicidal, aggressive, unable to communicate or simply very young. Whatever the reason, they can't be left alone, so busy nurses often elicit the assistance of patient safety attendants (PSAs), as they are known, to sit with those patients to keep them safe.

But as with many health care staffers today, PSAs are a scarce resource. Nurses at The Johns Hopkins Hospital who needed a PSA would call Intrastaff (the health system's temporary staffing service) and negotiate for support. "The process wasn't transparent, it was stressful and it could seem unfair," says pediatric nurse educator **Lucy Stewart**.

Now, a PSA triage tool Stewart discovered in 2019 — when she was a bedside nurse in the hospital's pediatric anesthesia care unit working on her master's degree in health systems management — has been adapted, tested and fine-tuned, and is being used successfully throughout The Johns Hopkins Hospital. The CORA (constant observation resource assessment) is a tool nurses now use to put in a request for a PSA. The tool assesses each patient based on a set of objective criteria and assigns that patient a score based on their level of acuity or need.

Because PSA availability is still limited, nurses don't always have their request filled, says Stewart. "But they know the process is objective and fair, and resources are being allocated where they are needed most."

The CORA was originally based on a tool proven to work for brain rehab patients at Mayo Clinic, Stewart says. **Katherine**

Pontone, nursing coordinator for the Department of Psychiatry and Behavioral Sciences, helped her adapt it to the specific needs of nurses and patients at The Johns Hopkins Hospital. At Stewart's request, **Heather Watson**, a nurse scientist at Johns Hopkins Medicine's Center for Nursing Inquiry, launched a research project with her team to test the reliability and validity of the tool. "You can't just implement something and not find out first if it works," Watson says.

In fact, over the past four years, more than 40 people have worked to bring the CORA to fruition, says **Emily Batie**, a project manager for the Department of Nursing who has helped coordinate the process from the beginning. "There have been many moving parts," Batie says.

When Stewart first proposed the tool, there was already a work group talking about the issue, which, after submission to the "Wheel," resulted in a Community comprising key stakeholders from every specialty.

At the same time, the Department of Nursing created its own supplemental staffing unit, which took over the role of assigning PSAs (as well as nurses and clinical technicians who float across the hospital). And the hospital introduced a telesitter program, whereby some patient observation could be done

by remote observers monitoring patients via screens from a centralized location.

"As changes happen, we are always refining the tool," Batie says. She also says the Community couldn't have done its work without **Alex Tsikerdanos**, now a Johns Hopkins University senior systems engineer, "who took all of our conceptions and put them into the software system OnBase. I can't exaggerate his contribution because, literally, the CORA was a piece of paper, and we'd sit around at meetings saying, 'Where can we fax this?'"

Now, she says, the CORA has outgrown OnBase and is ready to be converted for use with the Johns Hopkins Epic medical records system. "It's really a measure of our success," Batie says. "And it means leadership will have access to the data and a real-time picture of our patient population to better meet our staffing needs."

Watson's team is continuing their research project, which was abruptly interrupted by COVID-19. "Change is slow and sometimes challenging," she says. "But the tool has been shown to work. We did surveys both before and after the CORA was implemented, and there was a significant increase in satisfaction with the process, including with things like fairness and transparency."

The next step, she says, is introducing the tool to the entire Johns Hopkins Health System. "We do a lot of collaboration with our six affiliates, and they know we have this tool, and they want it," she says. "We're just waiting for that final validity piece and then we can share it, which is super exciting. But none of this would have happened if a bedside nurse hadn't introduced the idea." —*JC* ■

“It’s really a measure of our success, and it means leadership will have access to the data and a real-time picture of our patient population to better meet our staffing needs.”

EMILY BATIE



Clockwise from L to R: Alex Tsikerdanos, Emily Batie, Katherine Pontone, Lucy Stewart and Heather Watson (seated)

Under Pressure: Lowering the HAPI Risk

By **Emily Gaines Buchler**

Hospital-acquired pressure injuries (HAPIs) occur when patients spend prolonged time in bed without proper movement or turning. At The Johns Hopkins Hospital, nurses and clinical technicians utilize an evidence-based tool known as the Braden Scale to assess risk for and prevent pressure injuries by turning or moving patients at regular intervals. But for nurses who work in critical care and psychiatric units, turning is not always safe or possible, making the Braden Scale an incomplete solution.

“Many prone patients who are very sick are not stable enough to be turned,” says **Alphie Rahman**, a clinical nurse specialist in the medical intensive care unit (MICU) of The Johns Hopkins Hospital. “Turning a patient with tachycardia, for example, can cause a life-threatening arrhythmia.”

Realizing that critical care units nationwide need better guidance, Rahman worked with **Brenda Wells**, a doctoral student at the Johns Hopkins University School of Nursing, to review the research literature on turning and to create new guidelines for unstable adult patients. The guidelines, now part of the Wound Care Policy at Johns Hopkins Medicine, provide valuable information regarding interventions, monitoring and prevention of HAPIs

through a more nuanced approach to turning or moving critical care patients.

“Start slow, using small increments from supine to lateral position with a goal of 90 degrees,” the guidelines read. “Monitor vital signs with each change of position.” The guidelines also include clinical indications (like active hemorrhaging) that indicate when a patient shouldn’t be turned.

Since implementing the new guidelines roughly a year ago, the MICU has seen a significant drop in HAPI rates. “There are no more [blanket] ‘Do Not Turn’ orders,” says Rahman.

Nurses in other units have created new HAPI preventive practices too. Lead clinical nurse **Latanya Johnson-Strong** helped develop guidelines for patients in

the psychiatric unit Meyer 6, who suffer complicated neuropsychiatric conditions that cause both psychological distress and chronic pain. “Many of our patients are bedridden, and movement can cause pain,” says Johnson-Strong, and they can exhibit extreme agitation in reaction to turning attempts.

To prevent injuries, Johnson-Strong created a methodology that starts with a head-to-toe assessment of wounds as soon as a patient enters the psych ward. If nurses or technicians suspect a wound, they alert Johnson-Strong, who helps monitor the situation, and if the wound progresses, they bring in **Kelly Heffron**, a nurse who specializes in wound care.

“We take immediate action if we see a wound,” says Johnson-Strong, who believes that thorough documentation and monitoring are key to the prevention of HAPIs. Their methodology has paid off, given that Meyer 6 has experienced no pressure injuries since implementing the new system in early 2022.

“Wounds not only cost hospitals tons of money but also significantly lower a patient’s quality of life,” says registered nurse **Keith Garbarino**, who collaborated with Johnson-Strong. “It takes work to prevent HAPIs, and it’s rewarding to see a HAPI rate of zero.” ■

“Many prone patients who are very sick are not stable enough to be turned. Turning a patient with tachycardia, for example, can cause a life-threatening arrhythmia.”

ALPHIE RAHMAN



‘Zero CLABSI Is Achievable’

By **Joan Cramer**

A serious risk many hospitalized patients face is an infection of their central line, the large catheter placed in a central vein leading to the heart that can be used long term to provide vital treatments like fluid, blood and medication.

So nurses take CLABSIs (central line-associated bloodstream infections) very seriously, and The Johns Hopkins Hospital has for at least a decade incorporated a nationally recognized, state-of-the-art CLABSI prevention “bundle” of interventions into bedside care.

But CLABSIs persist, the sickest patients are most at risk, and **Stephanie Morgenstern** and her colleagues on the pediatric intensive care unit (PICU) believed that with even more aggressive interventions, they could reduce CLABSI events to zero, even on their very high-risk unit.

“When we first started talking about this on the unit, the general sentiment was it’s not possible; our kids are too sick, and even with the excellent preventive care we provide, some still get infections,” says Morgenstern, the unit’s CLABSI champion and newly minted clinical nurse specialist whose mission is to improve patient outcomes.

Determined to improve their CLABSI numbers, Morgenstern and her colleagues studied the existing literature and reviewed their previous CLABSI cases looking for common risk factors. They identified 15, and found that the presence of four or more put a patient at almost certain risk of CLABSI.

Armed with this new data, they developed an algorithm that includes how to identify risk factors and steps that can be taken to mitigate those risks. They educated every nurse on the PICU in using the tool and instituted weekly evaluations of each central line patient, which were then reported to physicians and other providers.

The results couldn’t have been more satisfying, she says. In 2022, the PICU went 13 months without a single CLABSI, “twice as long as we’d ever gone,” she says. “Even better, everyone is thinking about CLABSI prevention, and there is a new belief that zero CLABSI is achievable.”

In the wake of that success, Weinberg intensive care unit (WICU) nurses **Heather Cullen** and **Madison Goundry** decided to adapt the PICU tool for their adult patients.

Longtime patient safety advocates, Cullen and Goundry were part of a WICU team that led an innovative CLABSI education project in 2020 that resulted in more than six months of zero CLABSIs. “But with all the staffing changes, our rates started going up, and we take that very personally,” Goundry says. So they jumped at the chance to build their own version of the PICU intervention.

Beginning in October 2022,

WICU nurses started filling out a form — on every shift — for each of their central line patients, identifying risk factors and mitigations, and communicating that information to providers. “We are very excited about this,” says Cullen. “Nurses can’t write an order, but they can advocate for their patients, and we hope this tool will empower nurses to have better conversations with providers about CLABSI prevention.”

The vigilance embodied in the PICU and WICU initiatives has long informed the exemplary CLABSI culture on Weinberg 4B, which has nearly eliminated central line infections among their gynecologic oncology patients. “We had our first CLABSI case in three years at the end of 2021, and we’ve been CLABSI-free again for the past year,” says lead clinical nurse **Megan Pierce**, the unit’s CLABSI champion.

Pierce attributes her team’s success to rigorous oversight and to talking about CLABSI at every meeting. She and a few of her colleagues do frequent central line audits, and everyone on the tight-knit unit is aware of the importance of CLABSI prevention, she says. Clinical technician **Makiko Taylor** has even created CLABSI education posters and gotten approval to hang them in every patient bathroom.

Plus, Pierce is the unit’s Comprehensive Unit-Based Safety Program champion and participates in one of these hospitalwide multidisciplinary teams that brainstorm about patient issues across specialties. The extra work and vigilance are well worth the effort, she says. “Our overriding goal is always to keep our patients safe.” ■



“We hope this tool will empower nurses to have better conversations with providers about CLABSI prevention.”

HEATHER CULLEN

From L-R: Heather Cullen, Megan Pierce, Makiko Taylor and Madison Goundry

Reducing CAUTI Rates in ICUs

Nurses play a critical role in preventing catheter-associated urinary tract infections (CAUTIs), which cost hospitals money to treat — and can cost patients their lives. At The Johns Hopkins Hospital, nurses in the neurosciences critical care unit (NCCU) and surgical intensive care unit (SICU) are taking innovative steps to reduce CAUTI rates, which rose across the nation during the peak of the coronavirus pandemic, due in part to the prolonged catheterization of some patients with COVID-19.

Betsy Zink, a clinical nurse specialist in the NCCU, realized her team needed stronger CAUTI preventive measures but also understood the unique challenges of her unit, where catheters are a necessity for some patients who are immobile. Moreover, “our patients suffer from things like strokes, spinal cord injuries and brain aneurysms, and can’t always tell us they’re having flank pain or other symptoms of a urinary tract infection,” Zink explains.

In their most recent attempt to drive down stubbornly high CAUTI rates in the NCCU, Zink and her colleagues **Michelle Kouneski** and **Kristel Tenorio**, staff nurses, and members of the NCCU CAUTI prevention committee scoured the research on CAUTI preventive measures, looking for an answer. They landed upon a prevention implemented by nursing specialists at Memorial Medical Center in Springfield, Illinois. Dubbed “naval to knees,” the prevention involves wiping down patients with

chlorhexidine gluconate (CHG), an antiseptic, two times a day from their naval to their knees. Clinical staff also use CHG wipes to clean the catheter insertion area and to cleanse patients after a bowel movement.

When Zink presented the measure to nursing staff members in fall 2021, “they were instrumental in getting it off the ground and ultimately took off running with it,” she says of the registered nurses who championed the effort: **Tenorio**, **Eileen Sevilla**, **Stephanie Camphor** and **Michelle Caulkins**. The team effort paid off. After 10 months of implementing the measure as standard procedure, the NCCU saw a 52% CAUTI reduction.

“Our results mirror the reduction rate cited in the study from the Illinois medical center, and they give us hope that we can lower the incidence even more,” Zink says.

In the SICU, nursing teams faced similar challenges with CAUTIs, including a bump up in urinary tract infections during the COVID-19 pandemic. SICU leaders appointed two nurses to champion the CAUTI

effort, **Alexander Sherman** and **Brittany Bellardino**. They created and dispersed educational materials on best practices in culturing urine and other CAUTI-related topics, and started requiring clinical staff members in the SICU to attend mandatory CAUTI education and training sessions. The result is zero incidences of CAUTI for an entire year.

Erin Roop and **Ashly Nealon**, both lead clinical nurses in the SICU, attribute the success to their team’s multidisciplinary approach.

“We trended our safety data through CUSP,” explains Roop, referring to Johns Hopkins’ Comprehensive Unit-Based Safety Program, a set of multidisciplinary tools and support that helps units identify and tackle hazards while significantly reducing hospital-acquired infections like CAUTIs. “CUSP is important because it gives us access to specialists from different disciplines at Johns Hopkins, from infection control to quality and safety,” Nealon says. “We share our data with CUSP and discuss metrics regularly.”

Roop, Nealon and their colleague **Symone Everett-Day**, a clinical nurse specialist in the SICU, gain satisfaction from the results and note that such efforts are part of the larger patient-centered culture at Johns Hopkins. “The root of all of this work is a hospitalwide focus on patient safety,” says Everett-Day. “The safety culture is engrained in everything we do, and it’s rewarding to see the efforts pay off.” —EGB ■



Kristel Tenorio and Betsy Zink

“Our results mirror the reduction rate cited in the study from the Illinois medical center, and they give us hope that we can lower the incidence even more.”

BETSY ZINK

Fall Prevention Strategies Make an Impact

Even a single fall can be devastating for an already sick patient. So while fall prevention has long been a priority at The Johns Hopkins Hospital, nurses are always looking for ways to refine existing fall prevention protocols.

“There’s no prevention opportunity too specific or too small to make an impact,” says **Maia Bradley**, patient safety specialist for the adult emergency department (AED).

One opportunity Bradley and her colleagues identified was the chance to better prevent falls among a population they see in the AED just about every day — patients suffering acute alcohol withdrawal. Many are disoriented, and treatment often involves sedatives that put them at risk of falling, she says.

“We took the bundle of orders we use for patients in alcohol withdrawal and added high fall risk precautions so that each patient is automatically treated as a high fall risk, even if he or she would otherwise be at low risk for falling,” Bradley says.

Designing, implementing and fully automating the new protocol was the work of a multidisciplinary team that included everyone from the

providers who treat AED patients to hospital leadership, AED educators and information technology staff.

The team also introduced stretcher alarms. “Inpatient units have these big electronic hospital beds with built-in alarms you can set to go off if somebody tries to get out of bed,” Bradley says. But in the AED, to ease in transporting patients to tests, “we just had stretchers with a regular mattress on them.”

Bradley says the automated high fall risk designation has significantly reduced falls among patients in alcohol withdrawal, but availability of the new alarms has reduced falls among all types of AED patients. “It’s pretty exciting when you set out to address a very specific safety opportunity and it ends up having a wider impact,” she says.

Identifying and addressing safety opportunities has also led to reduced falls among patients with cancer on

Weinberg 4A, including zero falls during the first two quarters of 2022, says **Brittany Stedding**, an oncology nurse who serves as the unit’s fall safety champion.

“Even when we’ve had falls, we’ve done a better job at having falls with less injury,” says Stedding, who attributes the unit’s success to “more purposeful rounding, which we do every two hours. We find a lot of falls happen in the bathroom or when patients are getting up to be toileted, so we’re doing more frequent rounds to check on patients, offering to toilet them, assessing their pain levels, making sure they have all of their possessions within reach.”

Stedding’s team has also implemented high fall risk precautions for patients who’ve been sedated for a procedure or whose health status has changed to put them at risk. And to help raise awareness, they’ve introduced cardboard stoplights in each patient’s room to indicate high (a red light), low (green) or medium (yellow) fall risk.

“It makes patients laugh, and it’s a fun way to raise awareness,” she says, “and awareness is how we prevent falls.” —*JC* ■



Brittany Stedding and Maia Bradley

“There’s no prevention opportunity too specific or too small to make an impact.”

MAIA BRADLEY

Looking Out for New Hires — and Training the Trainers

By **Joan Cramer**

With the ongoing global nursing shortage — and turnover among bedside nurses trending ever higher — training new nurses has become both more challenging and more important than ever.

“Nursing is synonymous with caring,” says **Jackie McCready**, director of professional practice programs for education at The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. “But that means we have to care not only for our patients, but for our nurses. Our new hires have to feel that we are looking out for them, that someone is paying attention.”

To that end, 2022 saw the launch of two ambitious pilot programs in nursing education at Johns Hopkins. One is a newly centralized and updated program to identify, train and provide ongoing support for gifted preceptors, the nurses who traditionally provide one-on-one guidance during the often unnerving first weeks a nurse spends acclimating to a new job.

The other is a brand-new initiative to train experienced nurses to act as coaches for new nurses who have completed orientation and are working independently. Charge nurses and nurse managers recognized that many new nurses who had completed orientation had gaps in their understanding of various procedures and protocols. “These new nurses were feeling alone out there,” says **Eleni Flanagan**, director of nursing for the departments of medicine and of radiology and radiological science, who helped spearhead the coaching program.

Flanagan and her team recruited experienced nurses who were not only good clinicians but also positive

role models and trained nearly 20 as coaches last spring — from six units at The Johns Hopkins Hospital and Johns Hopkins Bayview — using case studies to demonstrate how coaching can be done most effectively.

“We were very intentional about calling them coaches because unlike mentors or preceptors, they are not showing the way — they are asking questions. ‘Where can you look up that policy or procedure? Let’s look it up together. Let’s look at your assignment and explain to me your priorities.’ The hardest thing about being a coach is asking questions and using curiosity instead of telling them the answers,” she says, adding, “Something we did not expect was that training nurses to be coaches could help with retention because they now feel empowered to help others and change the practice of nursing.”

Empowering nurses is also what drives McCready, who before with her team, started redesigning the preceptor training program, along with the orientation program for new nurses, in late 2018. Traditionally, each hospital unit has trained its own preceptors, and orientation of new nurses has been time-based rather than competency-based, she says. McCready and her team of nurse educators were charged with creating a single preceptor training program relevant to all units, updating it to reflect the best evidence-based practices and overhauling new nurse orientation to help preceptors more

systematically identify areas where their orientees might be struggling.

McCready learned that a team of nurse scholars — participants in a yearlong fellowship program sponsored by Johns Hopkins Medicine’s Center for Nursing Inquiry — had chosen preceptor training as their research subject and were happy to share their findings.

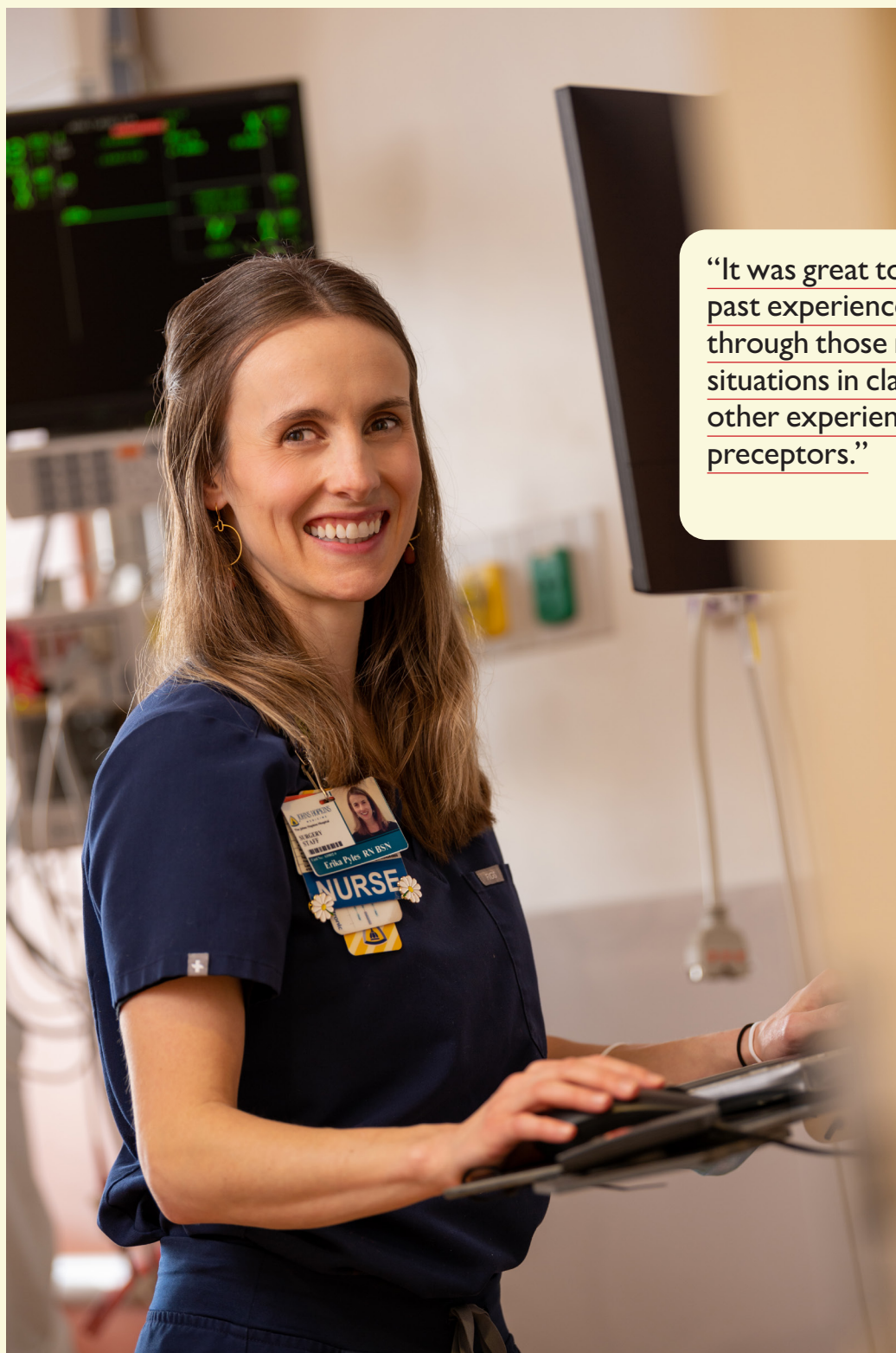
“The literature told us that what preceptors wanted most was more experiential learning in how to guide new nurses, more practice working through hypothetical scenarios, like how to provide honest feedback constructively — plus more ongoing support,” McCready says.

Last year, they launched monthly classes, alternating “novice” classes for new preceptors and “advanced” classes for more experienced preceptors who wanted to practice their precepting skills.

Erika Pyles, an RN on Zayed 10 West, participated in an advanced preceptor workshop and says she found it very helpful. “It was great to draw from past experience and talk through those real-life situations in class with other experienced preceptors,” she says, noting that she brought skills that she learned back to enhance precepting across her cardiovascular progressive care unit.

The team also introduced hourlong live webinars called “Lunch and Learn” to answer preceptors’ most pressing questions. These were produced quarterly and recorded, so they are now available to everyone in the health system.

“I am truly pleased with how many people — 485 last year — we have been able to train and that we were able to develop the advanced class, which is a brand-new creation, to solidify the skills of our experienced preceptors,” McCready says. ■



“It was great to draw from past experience and talk through those real-life situations in class with other experienced preceptors.”

ERIKA PYLES

Creating a Culture of Support

Nurses aren't accustomed to prioritizing their own well-being, says Carolyn Cumpsty-Fowler, senior director for nursing well-being for the Johns Hopkins Health System.

"There's an enculturated belief that we are here to serve and that no matter what we are feeling, we're supposed to tough it out, even if our well-being is compromised," she says. "In reality, nurses' well-being is foundational to achieving what we care about most — safe patient care and positive outcomes. That's why **Deborah Baker**, senior vice president for nursing for the Johns Hopkins Health System, has made it a priority that we work to embed well-being into our nursing practice environments."

To that end, **Cumpsty-Fowler** and her colleagues at the Johns Hopkins Medicine Office of Well-Being — established in 2018 "to create a more productive, joyful and healthful workplace" — dispensed nearly 100 small grants (\$500 to \$2,000) in 2022 to teams throughout the health care system that had come up with creative ideas for promoting well-being.

"These grants also encouraged the convening of small teams whose well-being projects helped create a culture of connection and support," she says. "Feeling connected and supported at work is important for our individual and team well-being."

One of the small grants went

to a project by a team of nurses in Ambulatory Services who had organized their own well-being committee. After COVID-19, **Michelle Petinga** and her colleagues felt a need for renewal and re-connection. As nurses staffing some 15 specialized outpatient units whose services range from chemotherapy to postsurgical care, their lives had been upended by the pandemic. With clinics shuttered, they'd learned to conduct patient visits remotely and don masks and other protective gear to treat patients in parking garages and tents and even through the windows of cars.

"Finally, we were getting back to normal," says Petinga, a Johns Hopkins nurse since 2014 who serves as the team's clinical informatics coordinator. So, she was dismayed when a survey indicated that more than a third of Johns Hopkins' nurses didn't believe the institution cared about their well-being. "It made me so sad," Petinga says. "So I thought, what if we could create a committee to promote well-being in Ambulatory Services?"

The response was so enthusiastic she ended up with five committee co-chairs. They kicked off their first meeting in February 2022 with a

"Post-It Activity" in which everyone jotted down their idea of well-being, and they defined four "domains of wellness" to be addressed by each of the co-chairs in subsequent meetings.

Kylee Gerohristodoulos would be in charge of physical wellness, **Natasha Hilton** of core wellness (including personal finances and relationships), **Aly Stolba** of mental wellness, and **Scott Goff** of work wellness.

Because Petinga is a gardener, they decided to apply for one of the Office of Well-Being's small grants (in this case, \$1,000) to fund a series of events promoting the idea of well-being through seed planting. "It was something fun and kind of represented what we want for our ambulatory team — to plant the seed of well-being," says Gerohristodoulos, who also organized a fall meeting in which a wellness expert surprised the group by leading them in exercises they could do on the job.

"We worked up a sweat, had fun, and laughed, which is totally my idea of well-being," Gerohristodoulos says.

The committee told their story at the 2022 Johns Hopkins Ambulatory Nursing Conference in October "and the interest was phenomenal," Petinga says. "It's clear there is a real need to think about well-being and what we can do together to create a work environment that supports it. People are really hungry for this." —*JC* ■



Clockwise: Aly Stolba, Natasha Hilton, Scott Goff, Kylee Gerohristodoulos and Michelle Petinga

“It was something fun and kind of represented what we want for our ambulatory team — to plant the seed of well-being.”

KYLEE GEROHRISTODOULOS

Nurses Leading the Charge to Early Discharge

By **Emily Gaines Buchler**

Plenty of holdups can get in the way of discharging patients from the hospital in a timely fashion. For instance, one patient might face a medication delivery delay, while another waits for imaging or lab results, and a third needs time with a nurse for extensive discharge instructions.

These and other impediments clog the flow of incoming and outgoing patients at hospitals across the country, including The Johns Hopkins Hospital, slowing the speed at which patients from the outside world, the emergency department, the post-anesthesia care unit (PACU) and other places can receive a hospital bed and start receiving the necessary care.

To improve the stream of beds available at The Johns Hopkins Hospital, **Pete Travers**, the interim program director in bed management for the hospital's Capacity Command Center, worked with an interdisciplinary team to launch the Aligned Early Discharge Initiative (previously known as Two by Noon), a program that involves discharging two patients on each hospital unit by noon every day. The initiative started with a staggered rollout in June 2022, beginning with Zayed 11 East, where patients recuperate from orthopedic, spine, trauma-related and general surgery; Zayed 11 West, the recovery unit for urology and thoracic surgery; and Zayed 10 West, the cardiovascular progressive care unit. Eventually, Travers and her team plan to implement the Aligned Early Discharge Initiative in all units across the entire hospital.

Most hospitals have an overarching discharge strategy, but “what makes our plan unique is that nurses

lead the charge,” explains Travers. “When a patient is identified as ‘early discharge,’ the nurse nudges individuals in other disciplines to complete their part of the discharge process ahead of time, instead of scrambling at the last minute.”

For **Leigh Massey**, a nurse on Zayed 11 West, the discharge process involves extensive patient education. “Many of our patients have their prostate removed due to prostate cancer, and discharge involves lengthy education on how to care for a catheter at home and what to expect in the healing process,” Massey explains. To avoid delays, Massey and her colleagues start training patients the day before they are flagged for discharge.

Key to the initiative's success, Travers says, is gathering data and identifying bottlenecks in the discharge process. “We track every component, and nurses get real-time data on potential impediments that they can use to troubleshoot,” she explains.

So far, the effort to equip nurses with the data they need to lead and coordinate the discharge process is paying off — and even surpassing the goal to release two patients in each unit by noon each day. For example, on 11 West, an average of 17% of patients previously left before noon. That jumped to 37% in December

2022, six months after the rollout of the initiative. “This allows us to improve wait times or postponements in the operating room caused by a lack of beds, and it prevents patients from having to spend extensive time in the PACU,” Travers says.

In the Department of Medicine, where the initiative recently rolled out, results are already strong and leading to a trickle-down effect. “We're seeing patients move more quickly from the emergency room to a private hospital room, where they can get more robust care and ultimately have a better outcome,” Travers says. “We're also seeing a decompression of intensive care unit beds,” meaning that intensive care unit (ICU) patients can move to lower levels of care once they are ready. This, in turn, frees up spots for other critically ill patients to come to the ICU.

In addition to making room for more patients, the Aligned Early Discharge Initiative is improving satisfaction rates for patients and families. “No patient or family likes spending a longer amount of time in the hospital than is necessary,” says Massey. “Now, more patients can go home during daytime hours, when there's less traffic on the roads and it's not dark out.”

Plus, the initiative cuts down on “the huge bolus of admissions and discharges that nurses often juggle in the late afternoon or evening,” Travers adds. In this sense, the program helps make the workload of nurses more manageable.

“It's like the saying goes: ‘A rising tide lifts all boats,’” Travers says. “When units hit their early discharge targets, everybody benefits, creating a win-win for all involved.” ■



“We’re seeing patients move more quickly from the emergency room to a private hospital room, where they can get more robust care and ultimately have a better outcome.”

PETE TRAVERS

Pitching In to Help School Nurses Manage Diabetes

Managing diabetes in children involves the near-constant scrutiny of blood glucose levels, carbohydrates, insulin doses and exercise, often with the aid of complex and ever-evolving medical device technology.

That's why pediatric diabetes educators at Johns Hopkins Children's Center reached out to help school nurses across Maryland, "who have been drowning in cases of type 1 and type 2 diabetes, especially since returning to school after COVID-19," says **Kylee Gerohristodoulos**, the nurse manager for Johns Hopkins' pediatric and specialty care clinics.

Both types of diabetes are on the rise among children worldwide, with medical researchers linking a recent spike to the coronavirus pandemic.

Researchers attribute the uptick in type 2 diabetes to the sedentary lifestyle some kids experienced during the pandemic. "Emerging studies are showing that the lack of movement and exercise took a toll," Gerohristodoulos says.

Initial studies indicate, too, that infection by the COVID-19 virus can sometimes lead to type 1 diabetes, an autoimmune disease triggered not by lifestyle factors (like type 2) but by an autoimmune reaction, typically during childhood or adolescence. Type 2 diabetes, on the other hand, arises more commonly in adulthood. But with the lull in activity that occurred during the pandemic, children and teens are now developing the condition at a higher-than-ever rate, creating a challenge for school nurses.

"Many school nurses never learned how to manage type 2 diabetes because it wasn't a problem in children and teenagers, but that has changed," says **Kelly Busin**, a pediatric diabetes educator in the

Division of Pediatric Endocrinology and Diabetes at Johns Hopkins Children's Center, who initiated the effort to help school nurses after fielding, on average, four to six phone calls a day from nurses in need of guidance.

Another challenge for school nurses, and a reason for many of the phone calls, is the wide range of treatment regimens followed by children with diabetes. For instance, some kids with type 2 diabetes can control their condition with diet and exercise alone. Others require oral or injected medications, or insulin shots and finger sticks (to measure blood sugar) multiple times a day. Those with type 1, however, either inject insulin or use medical devices like insulin pumps and continuous glucose monitors (CGMs), but "the pumps and CGMs can differ and change over time," Busin says, requiring school nurses to stay updated on the myriad options and advancements available.

"When schools shifted to online learning during the pandemic, some students with type 1 started using [newly released] hybrid closed-loop insulin pumps," Busin explains. Closed-loop pumps utilize algorithms to make micro adjustments in insulin based on blood sugars transmitted by a continuous glucose monitor. After the virtual learning period ended, school nurses returned to their in-person positions to find students treating their diabetes in a new and unfamiliar manner.

"Many school nurses hadn't been

trained on closed-loop systems, which aren't easy to use," says Busin, who felt compelled, after advising so many nurses by phone, to figure out a way to do more.

In addition to the nurse phone calls, "we were hearing reports of kids with diabetes being turned away from school because the nurse didn't have the training or capacity," Busin shares. "Parents also reached out with concerns about school nurses who didn't understand the basics of diabetes."

All of this prompted Busin to work with her colleagues to take action.

They started by reaching out to the Maryland State Department of Education (MSDE) to explain, through a persuasive, data-rich PowerPoint presentation, why school nurses need more diabetes-related training and support. The MSDE agreed to allow them to do a pilot presentation at a virtual meeting for school nurses across Maryland.

After receiving positive feedback on the pilot, the MSDE established a way for Busin and her colleagues to work with individual counties to provide workshops and create resources for nurses to keep on hand.

"Our goal is to deliver a bedside resource book for school nurses," with easy-to-access information about everything from how to use various glucagon kits to treat severe hypoglycemia, to how to troubleshoot popular insulin pumps, Busin explains.

"At this point, none of the diabetes training for school nurses is mandatory in Maryland," Busin says. "Our shooting-for-the-stars aspiration is to ultimately help the state standardize diabetes education, while making it ongoing, for school nurses."—*EGB* ■

“Many school nurses never learned how to manage type 2 diabetes because it wasn’t a problem in children and teenagers, but that has changed.”

KELLY BUSIN



Going Above and Beyond for Magnet

By Joan Cramer

In December 2022, The Johns Hopkins Hospital applied for its fifth Magnet Recognition, the American Nurses Credentialing Center’s (ANCC) coveted recognition of nursing excellence.

The Johns Hopkins Hospital was first designated a Magnet hospital in 2003, becoming one of fewer than 10% of U.S. hospitals that have achieved the distinction. To retain Magnet status, hospitals must reapply for the honor every four years.

“We really enjoy the process because Magnet celebrates nurses going above and beyond, and we get to talk about things that make us really proud to be Hopkins nurses,” says **Suzanne Stone**, a lead clinical nurse in pediatric oncology who represents her unit on the Magnet Ambassador Advisory Workgroup and has now been through the application process three times.

“Magnet doesn’t just look at baseline things like patient safety, though patient safety is obviously important,” Stone says. “It also looks at whether a hospital empowers its nurses. Are they engaged at all levels of decision-making? Is their input valued? Are they empowered to design and complete research and other projects on their own?”

The Magnet Ambassador Advisory Workgroup is composed of nurses representing every unit in the hospital. At their bimonthly meetings, they get updates on the Magnet application process, and brainstorm about topics ranging from how to improve nurse well-being to how to advance the hospital’s nursing professional practice model.

“Magnet can seem a little mysterious at first — I know it did to me,” says psychiatric nurse

Sarah Frank, who was invited by her unit manager to become a Magnet Ambassador a year ago. “So I see my job as a Magnet Ambassador as not only learning about Magnet, but disseminating that information to my colleagues, getting everyone to reflect on the Magnet tenets and how we embody them — how we excel and inspire and lead, for instance. As Magnet Ambassadors, we help prepare everyone on our units for the Magnet site visit so they’re ready to share what we’ve achieved.”

The site visit by Magnet appraisers usually takes place six to seven months after the application is submitted, and is coordinated by **Stephanie Wilmer**, coordinator for nursing quality and Magnet at The Johns Hopkins Hospital. Appraisers engage with nurses throughout the hospital who have partnered with their Magnet Ambassadors to discuss and demonstrate how their work embodies the five “Magnet Model Components,” including transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical quality results. The appraisers then write up a report of their findings, and the Commission on Magnet (leaders in nursing appointed by the ANCC) makes the final decision, usually within four to six weeks of the visit.

So, Magnet Ambassadors play a key role in the process. Stone and Frank agree that one of the

best things about being Magnet Ambassadors is the opportunity to attend the bimonthly workgroup meetings, where they connect with other nurses from throughout the hospital and hear about their work, their challenges, and especially their professional triumphs.

“At every meeting, an ambassador will do a presentation about their unit [referred to as ‘JHED Talks’], which especially for a newer nurse like me is very educational and interesting,” says Frank, who became an RN about two years ago. “They might be literally half a mile down the road, the hospital’s so big, and I never see them. So I love hearing about what they do and how they do it.”

Even more rewarding, says Stone, is that the meetings are usually attended by nursing leadership, including Senior Vice President for Nursing **Deborah Baker**. “It’s apparent that she really looks to the Magnet Ambassador Advisory Group for meaningful feedback,” says Stone.

Stone has worked at Johns Hopkins for more than 14 years, and says she loves her job because “nursing practice is celebrated here. We have the resources and support we need to give great patient care, but we also have a lot of professional support. I have been directly mentored and encouraged to grow my professional practice, including my engagement with the Magnet group.”

“It’s always been clear to me that I have a voice here, and that nursing is considered as valuable as any other care our patients are receiving,” she says. “Hopkins is a place where nurses get to work at the top of their scope of practice, which is precisely why we’re a Magnet hospital, and that’s a very rewarding way to practice nursing.” ■

The Nursing Excellence Program

The Johns Hopkins Nursing Excellence Program is the rewards, recognition and compensation program for eligible RNs practicing at The Johns Hopkins Hospital. It consists of two components, which support and enhance our Professional Practice Model:

Clinical Advancement and Promotion

Clinical advancement is the movement from RN I to RN III. Direct care nurses can move into one of these roles if they demonstrate the behaviors and competencies of their current role's job description. Nurses can apply for promotion to the Lead Clinical Nurse role, as positions become available.



The ARTs Program

The ARTs Program is an optional, annual bonus program that recognizes and rewards clinical nurses for their contributions that exemplify professional nursing and yield a measurable outcome for the organization.

ART of Johns Hopkins Nursing

ARTs
Achieving professionally
Recognizing contributions
Talent sharing

Professional Palette
Annual professional contributions



DAISY Award Winners

The Johns Hopkins Hospital is proud to honor its outstanding nurses with the DAISY Award — an international recognition program that celebrates the skillful, compassionate care nurses provide to patients and families every day.

Anyone can nominate a nurse by sharing a story of the outstanding care a nurse or nursing team provided. Each month, a committee of nurses reads through dozens of nomination letters, with all identifying information blinded, and selects one extraordinary Johns Hopkins Hospital nurse to receive that month's DAISY Award. Nominations for the team award are collected over the course of a year, and one exceptional nursing team is honored annually.

Congratulations to the amazing nurses and nurse-led teams that have received the DAISY Award since the publication of our last Johns Hopkins Hospital Nursing Annual Report.



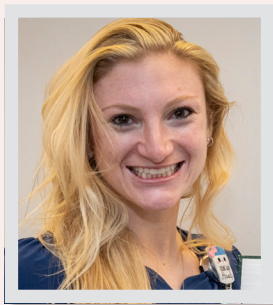
Nominate an outstanding nurse at:
hopkinsmedicine.org/nursing/daisy.



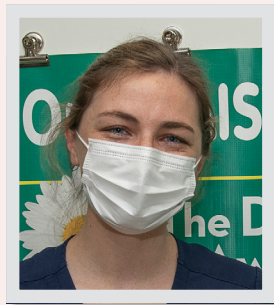
**2021 Team Award:
The Meyer 9 Team**



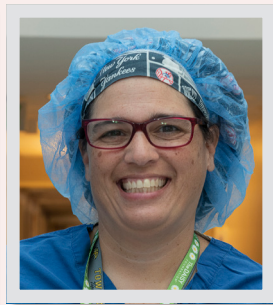
**2022 Team Award:
The Adult Emergency Department Team**



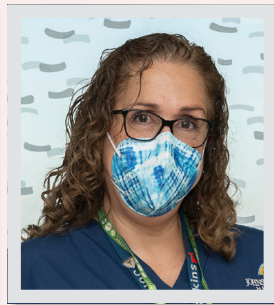
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Emily Gillman



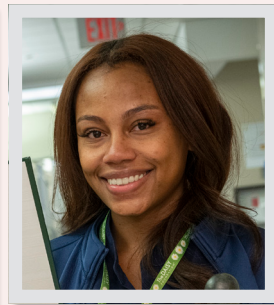
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Katelyn Payne



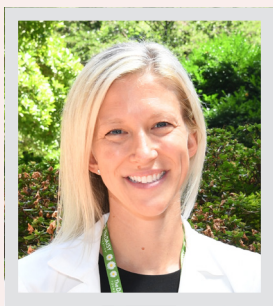
February 2022
Lori Beayon



March 2022
Rosemary Kollosch



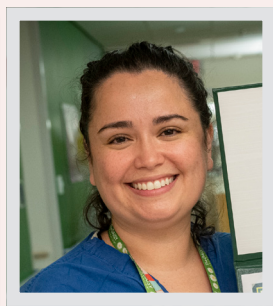
April 2022
Jazmine Williams



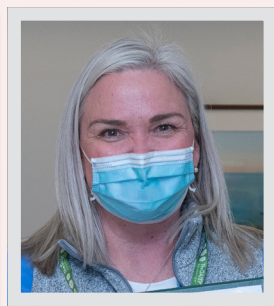
May 2022
Claire Logue



June 2022
Christina Ngo



July 2022
Nichole Rosado



August 2022
Sandy Johnson



September 2022
Tyler Evans



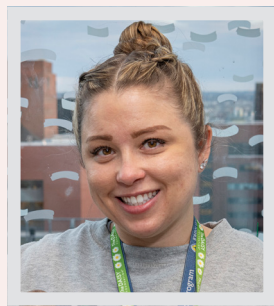
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Christine Snow



November 2022
Charlotte Gary



December 2022
Emily Burns



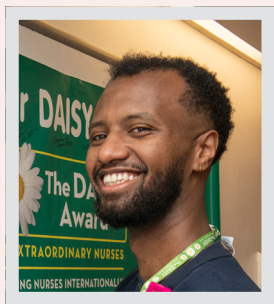
January 2023
Amber Nobles



February 2023
Madison Goundry



March 2023
Casey Hershey



April 2023
Iyo Genda

Fundraising for ‘Our Unsung Heroes’

Nurse manager **Tenise Shakes** has worked on Zayed 12 West, the “brain rescue unit” that serves neurology patients, for 32 years. Last October, thanks to funding from Melanie Nussdorf, a generous donor who wanted to support nursing, a group of Johns Hopkins nurses, including Shakes and three members of her staff, were able to attend the American Nurses Credentialing Center’s Magnet conference in Philadelphia.

“It was my first time, and it was incredible,” says Shakes of the conference, which drew 11,000 nurses. “It was inspiring and energizing, and we all brought back invaluable information to share with our teams.”

Shakes and her nursing colleagues are incredibly grateful to the donor, whose late husband had been a patient on Zayed 12 West, for making their participation possible. “She is such an amazing woman, wanted to learn everything about her husband’s care and told us we’d become like family to her,” says Shakes. “And of course, we felt the same way about her and her husband, the kindest people you can imagine. When she asked me how best to support nurses, I told her education and professional development.”

In addition to funding nurses to attend the Magnet conference, the donor has funded scholarships, including one for a clinical technician who is studying to become a nurse and another for a nurse who wanted to further her education.

The donor’s gifts, and the generosity of others who stepped up during the COVID-19 crisis to support nurses, prompted the Fund for Johns Hopkins Medicine to add Johns Hopkins Hospital nursing to

their fundraising priorities two years ago. **Adrienne Cappello**, director of central development and donor relations at Johns Hopkins Medicine, along with her team, now meets with Senior Vice President for Nursing **Deborah J. Baker** and her group on a monthly basis to discuss donors and an engagement strategy.

Fundraising for nurses is “a labor of love,” says Cappello. “Nurses are the unsung heroes,” she says. “They need and deserve our support.”

Patients often ask what they can do to support nursing, so in 2022, she and her team created index cards that nurses can carry in their pockets and hand to grateful patients who express an interest in making a gift. They also send out two fundraising solicitations a year, once in November and once during National Nurses Week in May. This past July, they fielded a major gift for nursing from longtime Johns Hopkins donor ManTech International, a securities firm based in Virginia.

“ManTech was particularly generous to our front-line teams during COVID-19,” says Cappello. Last summer, the securities firm gifted \$100,000 to Johns Hopkins Medicine’s Office of Well-Being, with 50% earmarked to support a wellness



Clockwise from L to R: Zoe Zublick, Denise McGlade, Deborah Baker, Tenise Shakes and Malou Panday

initiative for nurses.

Another exciting gift — \$250,000 from an anonymous donor — established the Opportunity Award, an endowment to support an annual grant for one or more of the advanced practice team of nurse practitioners, certified nurse midwives, certified registered nurse anesthetists and clinical nurse specialists, and physician assistants serving the hospital’s East Baltimore campus. Its purpose is to fund advanced practice providers in pursuing “an opportunity of professional interest,” and it will be awarded for the first time in March 2023, Cappello says.

Baltimore’s Hank Entwisle Band is supporting Johns Hopkins nurses for the second year in a row this spring with a benefit concert at the Hippodrome. And Cappello’s team is raising money for more coffee carts for nightshift nurses, to provide places for them to gather and recharge.

“We are really in the early stages of our fundraising efforts, but people love our nurses, and there is a lot of interest out there in supporting them, so it promises to be a very exciting and gratifying journey,” Cappello says. —JC ■

Supporting Nursing Excellence at The Johns Hopkins Hospital

Every day, dedicated Johns Hopkins nurses go above and beyond to provide outstanding, compassionate care to our patients and their loved ones.

To honor their unwavering commitment and expertise as world leaders in nursing care, Johns Hopkins Nursing is working with the Fund for Johns Hopkins Medicine to raise philanthropic contributions from grateful individuals.

Donations to Johns Hopkins Nursing directly support opportunities for professional development, continuing education and well-being initiatives for nursing.

To make a tax-deductible donation, please visit
makeagift.jhu.edu/form/jhhnursing
or contact Adrienne Cappello at arose25@jhmi.edu.

Thank you for your support of Johns Hopkins Hospital nurses.

