



# All Aboard

## Tracking Our Magnet® Journey

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Chief Nursing Officer Maria V. Koszalka, Ed.D., RN with Director of Quality Management Kelly Trout, DNP, RN.

## Celebration and Education

Welcome to our summer edition of the *All Aboard* newsletter, tracking our journey to Magnet.

Some of you have recently hosted our consultants on your units, helping them to see the “Magnet-ificent” work that takes place on our units each day. Thank you for your transparency with these experts who are supporting us through this process.

The stories you will read in these pages focus on **education** and **celebration**.

In *All Aboard*, we showcase work on our campus that brings the Magnet model components to

life. Sometimes, Magnet concepts are easier to understand when viewed through the lens of our caregiving. In these pages, you will read stories that reflect the impact of **research, data** and **quality** on the Magnet credentialing process. You’ll also read about the theoretical underpinnings of our **care delivery**. Heavy stuff! But it will be vital for our nurses to be familiar with some of the higher-level vocabulary and theory that drives our work as we prepare for a credentialing site visit.

Celebrations abound in our department! I’ve never seen a crowd like we had at May’s Nursing Accomplishment Ceremony (wow!), which featured an address by Director of Quality Management

**Kelly Krout, DNP, RN**, pictured with me here. She shared her story about “growing up” at Johns Hopkins Bayview, and the lessons she learned on her journey from RN to charge nurse to manager to director.

I was recently invited to be the keynote speaker at a reunion of the Centro SOL Scholars Program, which aims to expose high achieving, bilingual Latinx youth to careers in healthcare and medicine. Early program graduates are now college students, and I was thrilled to meet these first generation immigrants pursuing healthcare careers—including a nursing student—all of whom add dimension to the phrase “growing up” with us! I hope to one day welcome some of them to our nursing staff.

If you’re looking to advance in your career—with education, certification or leadership opportunities—please search for “Nurses in the Know” on the intranet so we can help you achieve your goals. I want to honor **your** accomplishments in 2020! In the meantime, I hope you will enjoy celebrating our Nurse of the Year, **Kate Wolski, BSN, RN, CCRN**; Support Staff of the Year, **Floria Marshall**; and Miller Coulson Award winner **Karen Reed, MSN, CRNP**, a nurse practitioner from the NICU who is our Spotlight nurse this issue.

The enthusiasm I saw from our nurses in the Grossi Auditorium is echoed in other forums like town hall meetings, lunch-and-learns, and grand rounds, and I so value your continued presence and voice at these important events.

With much gratitude,

**Maria V. Koszalka, Ed.D., RN**  
Chief Nursing Officer  
Vice President of Patient Care Services



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## Nursing Accomplishments show Exemplary Professional Practice

Hosted by chief nursing officer **Maria V. Koszalka, Ed.D., RN**, the nursing accomplishment ceremony celebrates nurses and patient care technicians who have advanced in formal education, advanced certification or professional development with research projects, presentations or publications.



**Kate Wolski, BSN, RN, CCRN**, from the float pool, was honored as Nurse of the Year. Described by her nominator as a “patient, encouraging, smiley team player and leader who never falters and brightens every situation.” Wolski is a critical care

resource nurse who orients new float pool staff and “plays a vital role in the foundation and growth of our nursing team.”



The Support Staff of the Year was awarded to **Floria Marshall, PCT**, from the Carol Ball Medicine Unit, whose co-workers brought handcrafted signs to their front-row cheering section. Marshall has been with the Medical Center since 1996 and has what her nominator says is a “therapeutic rapport with patients and families. She is motivating, energetic and hardworking with an upbeat, can-do attitude. She champions safety at every opportunity.”

It’s no coincidence that these two special employees are also preceptors on their units, leading by example and welcoming new staff to the Medical Center.

# How Do Patient Falls Impact Magnet?

## *I'm so glad you asked!* By Sam DiBlasi, MSN, RN-BC, CDNC

### Exemplary Professional Practice



The interdisciplinary falls/restraint committee meets monthly to discuss data, trends and interventions related to falls. The next Falls Champion class will be held September 27 and all disciplines are encouraged to attend. Register in myLearning.

### **Bed alarm on. Check. Items within reach. Check. Education about calling for assist completed. Check...**

Every nurse on our campus likely reviews a similar mental checklist before leaving a patient's room. Preventing patients from falling has long been a top priority at Johns Hopkins Bayview Medical Center (JHBMC). Patients receive education throughout their hospital stay, with the emphasis on fall prevention and safety, both in the hospital and at home.

Many tools exist to track, trend and report data associated with falls; audit tools and mitigation strategies are ever-improving. New RNs receive fall prevention education during their first days of nursing orientation, which is expanded upon by their assigned preceptor on each nursing unit.

### **Why do we dedicate so much time and effort to falls?**

For many reasons! The first and most obvious one: because it's the right thing to do by our patients for their wellness and recovery. Additionally, achieving Magnet status would be a great recognition of the hard work, creative solutions and quality outcomes our nurses help to achieve. In the case of falls, the data is also important.

JHBMC submits data on critical outcome indicators to the National Database of Nursing Quality Indicators (NDNQI). Each unit's number of falls and injury falls are entered into the NDNQI database, which also collects the number of patient days for each unit (the number of days of all patients in an inpatient unit for a given month). NDNQI calculates a fall rate for each unit with data entered. This fall rate calculation allows JHBMC to be compared with other hospitals across the country—regardless of each unit's number of beds or occupancy.

The NDNQI indicators, including falls and injury falls, are known as **nurse sensitive indicators** (NSI), data points that play a huge role in reimbursement, risk and credentialing. A nurse sensitive indicator simply means that the item is a measure that nursing has an ability to influence. For example, nurses initiate a wide variety of fall prevention tactics, all of which may influence the outcome of the patient.

### **Falls: The Impact on Magnet**

Some NSIs are required submissions for Magnet designation, and must meet rigorous benchmark standards for an extended period of time. Falls with injury are a mandatory indicator for the Magnet credentialing application. What are we doing to improve and sustain quality with respect to falls?

- The Falls/Restraint Advisory Committee meets monthly and includes members from the majority of nursing units. Disciplines other than nursing are also represented at the Falls/Restraint committee meetings, including members from the rehab department and provider group. A Patient and Family Advisory Committee (PFAC) member from the community regularly attends the Falls/Restraint group as well.
- The Nursing Quality Clinical Community (NQCC) is another forum where falls and fall prevention strategies are discussed. The NQCC is a group with representation from all Johns Hopkins entities which meets monthly to explore fall trends and fall prevention strategies. The JHBMC Neuroscience Unit (NSU) is the pilot unit for the NQCC and is benchmarked with similar units from other Johns Hopkins entities. The NSU has achieved an 11% decrease in falls as a result of the NQCC fall prevention project.
- In addition to formal committees, individual units are working hard to reduce their falls. Talk with your neighbors to find out what has worked for them—working together will make it easier to decrease falls at JHBMC.

*“Teamwork, transparency and training contribute to a culture of safety with falls—and all NSIs.”*



# Magnet in Action



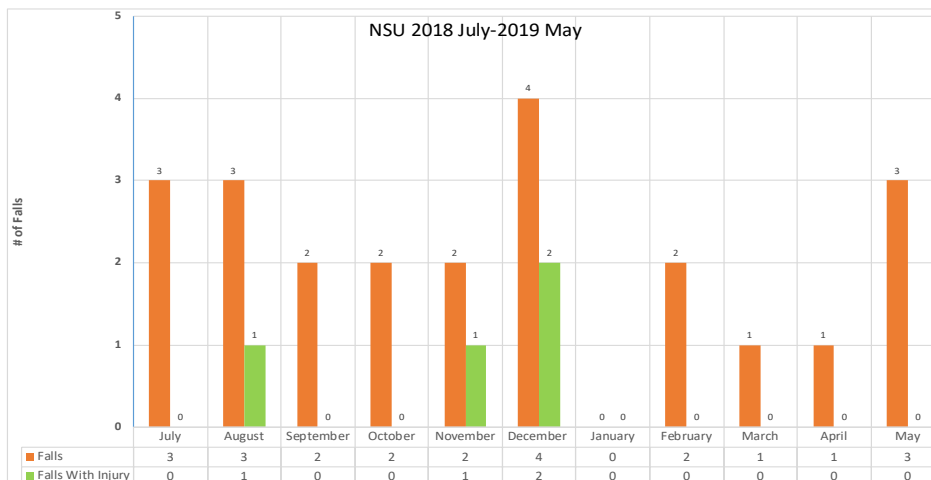
All hands on deck under the sign! We are proud to acknowledge the NSU for their contribution to our falls initiatives. Their exemplary professional practice—a core component of all Magnet hospitals—has paid off with great outcomes for their patients.

The Neuroscience Unit serves a patient population at great risk for falls. The staff is deliberate about trying every possible intervention that might make a difference to the safety of their patients.

**Amanda Mullins, BSN, RN** recently cared for a patient who fell—the first time she'd ever experienced such an event. Immediately, the NSU leadership and staff of the unit reviewed the case in a post fall huddle, again when APCM **Sarah Ryan, BSN, RN, CCRN** started her shift, and then again during morning rounds. The group quickly determined a root cause through its analysis, and made adjustments for the patient. “You just feel so responsible, even if you did everything you possibly could,” says Mullins. It was the first patient fall in more than 30 days on the unit, where they have a “Days Without Falls” sign at the nurses’ station—a transparent indication of the importance of falls to the unit staff.

The importance of individualizing each intervention – and the autonomy of nurses to make those interventions—are reasons why the NSU has seen such success with their falls bundle of care. Their all-hands-on-deck approach to every patient is also a contributing factor to their achievements; staff will literally jump into action at the first sound of a bed alarm. PCM **Sherrie Phillips, MSN, RN** says that the entire staff feels the effect of each fall, and they pull together to prevent the next one. “30 days without a fall is such an achievement, and we are definitely a little sad as a whole when we start over.” Ryan agrees, “The awesome work our staff is doing truly is the backbone of our unit.”

The falls bundle of care was implemented by NSU on January 1, 2019. The number of patient falls in the first six months of 2019 has decreased by more than 50% compared to the last six months of 2018. There have been no injury falls during the time that the bundle has been piloted.



# Tools of the Trade

Documenting challenges and lessons learned is the quickest way for us to realize systemic improvement with the critical falls NSI, for the benefit of our patients and also to meet the Magnet credentialing standards. Some key tactics that have contributed to the improved falls rate on NSU include:

- Purposeful rounding
- Signage
- Patient Agreements
- Alarms
- Post-fall huddle
- JHFRAT
- Data tracking
- Robust patient orientation
- Hand-off Procedures
- Fall Bundle Audits
- Gait Belts

## Next Step:

Shining Star nominations are open until August 23.

# Launch of a Council:

## Gratitude Event Aims to Make Johns Hopkins Easy

### Transformational Leadership

Assistant Director of Nursing for Neurosciences and Inpatient Surgical Services **Kim Goldsbrough, MSN, RN, CNML** wants to make Johns Hopkins easier for staff in the surgical units that she oversees: Neuro, 6Surg, Wenz Orthopaedic Unit, SICU, BICU. Many patients move between these units as their care progresses. Her goal was simple: improve teamwork and ease the transitions of care between the many surgical units at the Medical Center – important indicators from the Safety Culture Assessment that need close attention.

Goldsbrough and **Kathleen Owens, MSN, RN**, Director of Nursing, Perioperative and Surgical Services hosted the first ever Surgical/Perioperative charge nurse meeting, a working breakfast attended by more than 30 charge nurses from surgical units.

Goldsbrough decided to focus on gratitude, and created team-building activities where the charge nurses could share workflows and perspectives about how they work as one division, even if they're not on the same floors. One activity was brainstorming answers to the question, "List all the things you are grateful for when you're in charge".



The number one answer? **Teamwork!** Goldsbrough created some artwork out of the other important concepts that the nurses came up with.

Going forward, Goldsbrough hopes that this group will become a nursing council, led by two charge nurses. She was thrilled to see such high levels of participation, and that careful, kind communication led to such meaningful engagement. The charge nurses were happy to feel heard by their directors, who are transforming leadership as well as patient care by removing barriers and building relationships.

We so appreciate the talents of our surgical nurses at Johns Hopkins Bayview!



Dr. Lindauer is grateful for her "awesome team" of sub-investigators (l to r) April Zakes, BSN, RN; Rossana Oakley, MSN, RN, CMSRN; Kim Godinez, BSN, RN; Taylor Lurz, BSN, RN as well as study adviser Karen Gabel Speroni, PhD, RN, BSN, MHSA, not pictured here.

**Experience"**, will be led by **Cathy Lindauer, DNP, RN, CEN** as she explores the role of gratitude on the health and well-being of patients.

Approximately 80 patients will participate in this prospective, pilot study on Medical Units A & B. Patients will complete gratitude-related study surveys for six 12-hour shifts. As part of the patient care routines, nurses will be asked to document actionable work that resulted from patient responses. Patients will also share their perceptions of the gratitude intervention.

Says **Taylor Lurz, BSN, RN of Med-B**, a new member of the Nurse Inquiry Council, "the research shows that it's better to

## Speaking of Gratitude...

*Joy in Medicine is Important for Provider and Patient Alike*

### New Knowledge, Innovation and Improvements

An IRB-approved study, "**Effects of a Nurse-Led and Multidisciplinary Focused Gratitude Intervention on Patient**

lead from a mindset of 'what's going well?' rather than thinking only about 'what's wrong'. Sub-investigator **April Zakes, BSN, RN, assistant PCM on Med A** says that supporting this study will be a great way to connect with patients and make their stay a little better. "We may not be able to work miracles, but we can definitely make every single interaction pleasant and kind."

Helping patients identify what they are grateful for follows the notion of joy in the workplace for healthcare providers. A growing body of research demonstrates the positive effects of gratitude and caring interventions on the health and well-being of patients, as well as on the impressions they have of the nursing care they receive.

Through this study, Lindauer hopes to determine how patients' gratitude and mindfulness may improve the overall patient experience. We appreciate the Magnet-influenced efforts of our nurse researchers as they bring new knowledge to patient care at Johns Hopkins Bayview and beyond.



# Making Gains with Pain in the SICU

By Stephanie Deighton, BSN, RN, CCRN

## New Knowledge, Innovation and Improvement

Following recent recommendations from the Joint Commission, Johns Hopkins Bayview is evaluating pain assessment and management. These standards are designed to improve quality and safety in several ways, including the assessment and management of pain in such a way that reduces risks associated with treatment.

The surgical and burn intensive care units (SICU and BICU, respectively) are critical care units that work with a high-acuity population. Currently, these units use the Numeric Rating Scale (NRS), an 11-point, unidimensional measure of pain intensity. The NRS is reliable, valid, quick and easy to perform, but has been criticized in scientific literature because it offers little information about the impact of pain on the patient's life.

In support of research headed by Michael Banks, M.D., the BICU and SICU nurses have been studying the use of the Defense and Veterans Pain Rating Scale (DVPRS), which is a multi-dimensional tool designed to assess pain intensity, and also the impact of pain on the patient's general activity, sleep, mood and stress. This tool can increase diagnostic accuracy, which can reduce the risk of post-traumatic stress disorder, depression, substance abuse

and suicidal ideation. The DVPRS has primarily been used in the inpatient and outpatient military population, and has never been assessed in a critical care population.

During the trial, nurses in the SICU and BICU use the DVPRS to evaluate an enrolled patient's pain. The NRS remains standard practice for pain assessment for all other patients. The DVPRS asks the patient to rate their pain from 0-10 like the NRS; however, a daily patient questionnaire also asks four supplementary questions that evaluate the effect of pain on their daily activities, sleep, mood, and stress. This allows for a more complete evaluation of a patient's pain and will provide better data for nurses to evaluate whether pain regimens are effective.

SICU and BICU nurses are participating in this study on several different levels. Study nurses **Lisa Smith, MSN, RN, Carrie Cox, MSN, RN, and Emily Werthman, BSN, BA, RN** have been involved in all aspects of the study from its initial design to its implementation. In addition, bedside nurses are directly involved in this research as they assist in data collection. Involving bedside nurses in nurse-led research is a goal of the Medical Center as we seek to grow new knowledge and innovation during our Magnet journey

## Why Swanson's?

*The Care Delivery System, Explained; By Cathy Lindauer, DNP, RN, CEN*

### Exemplary Professional Practice

A care delivery system is the theoretical framework that defines HOW we provide nursing care to our patients. It is relationship-based, and will look very different in each unit: the way we deliver care in the Emergency Department is very different than the way we care for patients in Labor and Delivery.

What will be the same across all units is that the delivery of care is based on one model of caring: "Swanson's Definition of Caring."

The Professional Practice Council recently compared three well-known caring models, and felt that Swanson's Theory of Caring was a simple articulation that best reflects how we care for patients, putting a face to the practices that are already in place. Swanson's definition of caring has two core principles:

- Nurturing is a way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility.
- Caring for a person's biopsychosocial & spiritual well-being is a fundamental & universal component of good nursing care.

Swanson's further defines a set of sequential caring processes that provide the structure of caring:

**Knowing:** Striving to understand the meaning of an event in the life of the other

**Being With:** Being emotionally present to the other

**Doing For:** Doing for others what one would do for oneself

**Enabling:** Facilitating the other's passage through life transitions

**Maintaining Belief:** Sustaining faith in the other's capacity to get through an event or transition and face a future with meaning

Patient care requires exemplary professional practice from people who are willing to be the "face, hands, head, and heart of nursing at Johns Hopkins Bayview Medical Center". We so value our bedside nurses who provide presence, touch, and listening—all forms of patient and family care of the highest caliber.





Janel Nation works with challenging patients, **being with, doing for** and **maintaining belief** in their prognosis for the future.

## Swanson's Definition in Practice

"We call her the patient whisperer," says **APCM Rossana Oakley, MSN, RN, CMSRN** about **Janel Nation**, Unit Services Assistant on Med B, who embodies Swanson's in her daily interaction with patients. She is known for being emotionally present to her patients, paying attention to what they say, but also what they may not.

Nation is particularly devoted to those who are nonverbal, saying that "their communication may be different from ours, but it's no less important." Focus on patients' emotional well-being is an important principle in Swanson's definition of caring, but Nation doesn't think about the theoretical underpinnings of care. She sees her work as simply treating others the way she hopes people treat her family members who have suffered from similar issues, trying to help them feel the best they can while they're in her care.

## A Few Fun Facts About Karen Reed, MSN, CRNP

### **Favorite Musician:**

Not just one. I have about 3,000 songs on an iPod that I play on shuffle so I am always surprised.

**Dinner out with friends would always be at:** Carson's Creekside Restaurant in Middle River.

**Proudest moment at work:** Winning the Miller Coulson Award, which was such a shock! I was so humbled to be a part of that impressive group, and accepted the award on behalf of the entire NICU staff, which is such a great collaborative.

**Favorite Vacation Spot:** I have an RV, and am looking forward to touring Alaska with it after retirement. I have already traveled as far as Prince Edward Island, Florida, and New Mexico and love this mode of travel.

**If I weren't a nurse, I would be:** a landscaper. I love to garden.

**Super Power:** My ability to remain calm under pressure.

## Magnet Champion Spotlight

*Karen Reed, MSN, CRNP*

### Exemplary Professional Practice



Karen Reed, pictured center in gray, celebrates with her colleagues on the NICU.

She spent much of her early career working her way through schooling, which brought her to the University of Maryland to study and to Johns Hopkins Bayview to practice.

An instructor in neonatal resuscitation, Reed also acts as a mentor and preceptor for students and new NPs, but she is best known for her dedication to patients and families, where she makes a difference by being "kind, approachable and compassionate", says NICU Medical Director Maureen Gilmore, M.D. A "remarkable clinician, mentor and colleague, she "thrives on the assessment and management of complex cases, and brings patience and wisdom to the care of our chronically ill neonates," reads Dr. Gilmore's nomination.

Reed has seen tremendous change in the way we care for neonates in her more than 40-year career. The innovation and advances in medical intervention have expanded patient outcomes far beyond what Reed thought she would ever see.

What remains the same is the way that the NICU team cares for the families of their tiny patients. Nervous NICU parents are in need of human connection and reassurance, and Reed "encourages them to share their questions, express their fears and concerns and supports them" as she explains the care of their children to them.

Reed is grateful to have spent so much of her career with her colleagues in the NICU. She says there is a high level of trust between the staff, especially between the nurses and NPs/P.A.s who are tightly integrated on her unit. "None of us could do what we do alone!" says Reed.

Reed was honored to accept the Miller Coulson award on behalf of her NICU team, who makes sharing an intense workload so easy.

Great physicians are caring, discerning and wise, with an exceptional bedside manner. NICU Nurse Practitioner **Karen Reed, MSN, CRNP**, displays all these traits and more. In April, Reed was inducted into the Miller Coulson Academy of Clinical Excellence to honor exceptional clinicians.

Reed began her career as a bedside nurse, but knew from her very first rotation in school that neonatal nursing was her calling.

"Remember to celebrate milestones as you prepare for the road ahead" – Nelson Mandela

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