



All Aboard

Tracking Our Magnet® Journey

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Everything's Coming Up ACEs

By Rossana Oakley, MSN, RN, AGCNS-BC, CMSRN and Morning Guitierrez, MS, RN

Structural Empowerment



Oakley and Gutierrez with Chief Nursing Officer Maria V. Koszalka, Ed.D., RN



The Advancement in Clinical Excellence (ACE) program at Johns Hopkins Bayview helps nurses to showcase the quality of their work in clinical practice, peer and patient education and unit leadership. In practice for many years, the program hosted its retreat on September 13, which included workshops and celebrations.

The department of nursing has 59 nurses on campus who have chosen to pursue and obtain the prestigious promotion of becoming an ACE nurse, many of whom simultaneously pursue BSNs or graduate degrees as well as professional certifications. The ACE Steering Committee is thrilled that 21 of these nurses (more than 35%) have completed the credentialing process within the past year, including several from the night shift. Additionally, since 2018 nearly a third of the ACE nurses were promoted to Assistant Patient Care Managers.

The ACE Steering Committee is working hard to raise awareness of the organization's clinical ladder, and increase adoption

by making the application process more streamlined. The committee's goal is to offer programming changes to the ACE credential as well, adding an additional level of expertise as well as a concentration in research.

ACE candidates are not just clinical experts, they are the informal leaders of change and role models for safety, quality improvement, and innovation.

Emergency Department senior clinical nurse **Afton Jamerson, BSN, RN, TCRN, CEN**, is working on the application to become an advanced clinical nurse, after she recently completed professional certification as a trauma-certified RN. During this process, she serves on the trauma committee of the joint practice council, and was able to pursue advanced level work related to trauma, which has always been her area of interest. Interested in performance improvement, she audits 100% of all trauma case charts, conducts education and acts as the trauma liaison within the emergency department. She also is working to increase disaster readiness on campus, and recently completed FEMA training to support the growth of this on campus.

A robust clinical ladder was important to Jamerson, and played an important role in her decision to join the Johns Hopkins Bayview nursing staff in 2017. A lifelong learner, Jamerson chose to complete the ACE process for her own personal satisfaction and growth, but also aspires to become an administrator one day, and thinks that ACE has opened this possibility for her.

Even nurses with relatively limited experience (three years) can access the clinical ladder, providing them with a great way to gain recognition and respect for the work they're already doing.

To learn more about the ACE clinical ladder and growing your professional nursing practice, please contact either Rossana Oakley at roakley4@jhmi.edu or Morning Gutierrez mgutierr@jhmi.edu. You can also learn more online: insidehopkinsbayview.org/ace. ■



The ACE Retreat on September 13 featured a HERT wardrobe contest, speed workshops and a leadership presentation by Rachel Moseley.

Meeting of the Minds: Patient Safety Rounds Assemble a Broad Team

Empirical Quality Results



Patient Safety Specialist Sharon Cornelius leads patient safety rounds on the CICU.

It's an early morning on the CICU, when a group of 20 experts crowded into the breakroom to spend an hour with **Sharon Cornelius, MS, RN, CCRN-K**, for patient safety rounds. First on their list? A complex patient case led the team to debrief on the causes of a recent medical crisis; pathology reagents, policy language, technology and equipment — all these inputs had an impact on the patient's outcome, as nurses and providers from across the Medical Center worked as one to problem-solve a cardiac patient's case.

As health care delivery becomes increasingly complex, patient safety rounds are designed to go back to the basics, relying on teamwork and personal communication to share information and close the loop on safety reports. The patient safety specialists use their rounds to take a look at near misses and errors through a lens of systems thinking, and use mistakes as an opportunity to learn, not blame. The CICU's monthly problem-solving assembly included RNs as well as representation from administration, clinical engineering, risk management, respiratory, physicians, infection control, environmental services, dietary and informatics — all of whom are invited to discuss and respond to clinical events that affect risk or patient safety on the units.

Patient safety rounds have their roots in a combination of events: a 2010 statewide collaborative dedicated to reducing CLABSI, a 2011 Armstrong Institute visit to the campus and the 2013 launch of leadership rounding, where executives and senior leaders from Johns Hopkins Bayview visit units to speak to patients and staff, hoping to increase satisfaction levels of both.

“Participation in state collaboratives provides access to experts, where you can learn best practices and adopt what works well for your unit,” says patient care manager **Susan Kraeuter, MS, RN**. “Back in 2010, it was considered nearly impossible to attain any significant period of time CLABSI-free, but once we started posting data and sharing trends about our successes controlling infection, it became self-sustaining and motivational for the nurses. They can now predict scenarios where CLABSI is likely to occur, and respond to it proactively.” Patient safety rounds are a great mechanism to perpetuate this success.

Cornelius holds her patient safety rounds immediately before the CUSP team meetings, to make it easier for frontline staff to attend both meetings if they choose. “The CICU and MICU both have great practitioners with a solid base of nursing skill and their

“Patient safety rounds are a great mechanism to perpetuate success.”

PCM is a champion of transparency with data. Every patient safety rounds meeting in the Medical Center has the same framework, but the teams have different personalities. Here, the RNs are outspoken and really proactive in identifying problems and work as a team to solve them,” says Cornelius.

Patient safety rounds aren't always related to a critical patient issue. Sometimes, participants will discuss more routine issues ▶





CICU CUSP team meets immediately after safety rounds to ensure the staff has access to both meetings.

► like outstanding HEROs, wireless connectivity or ongoing projects on the unit. But they always provide a great opportunity for staff to close the loop and feel heard by leadership, two key metrics from the safety culture assessment of great concern to director of patient safety, **Kerri Huber, Ed.D., MSN, RN**.

Says Huber, “for the past five consecutive survey periods (dating back to 2011) our top two scoring questions across the institution have been ‘I know the proper channels to direct questions regarding patient safety in this work setting’ and ‘I am encouraged by others in this work setting to report any patient safety concerns I may have.’ I think that this speaks volumes to the positive culture of reporting that we have here at Johns Hopkins Bayview. I attribute this to the work that the patient safety specialists do every day, encouraging staff to talk about safety concerns.”

Empowering nurses at every level and through many avenues as they focus on safety issues is a best practice for ensuring the highest quality care. Safety rounds provide an innovative, relationship-based forum for interdisciplinary teams to continually improve standards of care for our patients.

Find out when your units holds rounds, and **join the conversation!** ■



Kerri Huber, Ed.D., MSN, RN, pictured center, Kerri leads a team of eight specialists who cover the Johns Hopkins Bayview campus.

Did You Know?

Nine out of ten Americans do not receive health information in a way that they can understand or use. Patient education is part of treatment. **This month, our educators are coming to visit YOU!**

The Patient Ed Blitz will make resources easier for staff to access and more meaningful for our patients.

Four key topics will include:

- a. Accessing Pt. Ed in Languages Other Than English
- b. Overview of the Teaching Plan
- c. The Finer Points of the Teaching Plan
- d. MyChart Bedside and Patient Education

Questions can be directed to Tracey Bagwell, MS, RN at tbagwell@jhmi.edu or 0-1352.

Next Stop:

Patient Education Blitz beginning October 24, 2019.

Stepping Toward Civility

Exemplary Professional Practice



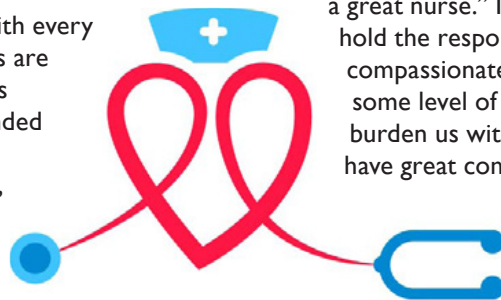
Ann Coulson, Cindy Walker and Rachel Moseley (in white coats) at Jan Weatherspoon's Lunch-and-Learn.

18,000 steps. That's the average daily count on wound ostomy nurse Rachel Moseley's Fitbit after any given workday.

With a role that is part clinician, part educator and part auditor, a unique team of inpatient caregivers—consisting of **Rachel Moseley, MS, RN, CWON, APHN; Cindy Walker, MSN, APRN-CNS, CWON; and Ann Coulson, BSN, RN, CWON**—spend their days crossing campus, mentoring and encouraging bedside nurses to recognize the skin issues that may progress into Hospital Acquired Pressure Injuries, a critical nurse sensitive indicator that is monitored closely by all hospitals.

Since their roles bring them into contact with every unit at Johns Hopkins Bayview, these nurses are objective observers of the different cultures on our inpatient floors. They recently attended Dr. Jan Weatherspoon's Lunch-and-Learn presentation titled *Incivility in the Workplace*, and shared their observations on civility and its impact on the nurses' work.

According to Dr. Weatherspoon, 60% of new nurses leave their first position within six months due to some form of verbal abuse or harsh treatment from a colleague (ANA, 2018). Research shows that incivility has a direct impact on patient safety because it depresses the practice of “speak up and speak out,” which provides an important system of checks and balances for healthcare providers.



Walker is grateful that the incivility that she sees in our culture at large isn't the norm here at Johns Hopkins Bayview. She says that bullying also can lead to a stifling of evidence-based practice. “Why do we do things the same way all the time?” she asks. “If we are dismissive of our coworkers' new ideas, we all lose out on the opportunity to grow and change.” She identifies the Four Eyes in Four Hours safety campaign as one that was born when front line staff felt like their suggestions mattered — and then embellished the practice to grow it into something great.

All three team members identified one of Dr. Weatherspoon's culprits as an ingrained issue on campus: the tendency to tolerate poor behavior over time with the caveat, “...but she's such a great nurse.” In today's high stakes environment, we all hold the responsibility to confront incivility with frank, yet compassionate, conversation. “Everyone has experienced some level of incivility,” says Coulson, “but people don't burden us with drama while we are on their floors. We have great comradery on our committee and those positive relationships travel with us.”

As members of three different generations, these teammates also agree with Dr. Weatherspoon's assessment that younger nurses bring an innate mastery of teamwork with them to the workplace — they've been raised on group projects in school. Harnessed appropriately, the constant connectedness of these younger staff members can bring huge benefits to patient care. Moseley points out that using mobile technology to support patient care is a great way to take advantage of millennials' ►

Did you know...

In 2019, according to the annual Gallup poll, 84% of respondents said they rated nurses “very high” for honesty and ethics, positioning nursing as the most trusted profession for the 17th consecutive year. Source: www.gallup.com.

► tech-savvy experience with their own mobile devices. “Embrace their attachment to their phones,” says Moseley, “because it’s proven to increase documentation, which leads to better outcomes.”

The wound team is a cross-campus, cross-boundaries team that leads with positives, and then coaches through negatives. Within

their own committee, they focus on getting representation from every unit and maintaining a safe space where the whole team can work as one to forge better practices, and then support those practices on the floors.

We are grateful for the exemplary practice of these three special nurses and their colleagues on the wound team for spreading great ideas across our campus — 18,000 steps at a time. ■



Annie Duremdes, center, and staff serve patients and families in perioperative services.

Families Are on the Care Team

Exemplary Professional Practice

Did you know that a three hour surgery can translate to an eight hour wait for your friends, family or loved ones? What do they do during that wait?

Senior Clinical Nurse **Annie Duremdes, BSN, RN**, fills a unique role in our quest to provide patient- and family-centered care. As the nurse facilitator in perioperative services, she is the clinical liaison between the patients’ loved ones and surgery team. “Families are not an afterthought,” says Duremdes. “They are an extension of the patient. In my experience the best clinical outcomes always involve family members in the care team.”

With a daily surgical schedule that often reaches more than 50 patient cases, it’s not unusual for Duremdes and a small staff to be the primary point of contact for at least 150 guests each day.

Duremdes’ communicator role supports families by reducing the stress and anxiety caused by waiting room uncertainty. Having a clinician in this role builds a bridge to the operating room, and provides great transparency and accessibility for families about the surgical process.

The nurse presence in the waiting room also reduces disruptions to the clinical nurses in the OR, Prep and PACU, so the clinical nurses in these areas can then focus on providing care to the patients rather than being interrupted by multiple questions from the families. As facilitator, Duremdes continues to drive projects that promote the patient- and family- centered care in perioperative services and is thankful that her leadership team is innovative, supportive and encouraging in the development of this role.

Now celebrating 28 years as an RN and her 20th year with the institution, Duremdes uses her innate problem-solving skills and an ability to connect with people as she pioneers this role. Her move to the perioperative unit was born of necessity when her own status as a cancer patient required that she leave her role as a nurse clinician in the burn critical care unit (BICU). Her treatments put her — and the fragile patients in the BICU — at greater risk for infection while she was undergoing chemotherapy. Duremdes loved being with her patients, but saw a need for this new connector role and has embraced it to promote quality and cohesive care in the perioperative area.

Duremdes is also an ad hoc staff advisor to the patient family advisory committee (PFAC), which bridges the gap between patient experiences and organizational decision-making. She brings perspective to this body as a clinical nurse, a patient and now, as the primary point of contact for families: a rich combination of viewpoints that PFAC relies on to drive change here on campus. ■



Float Pool Forges Ties with McCulloh Homes Residents

Structural Empowerment

Medicine for the Greater Good (MGG), an initiative with roots at Johns Hopkins Bayview, strives to bring the hospital to the community. In the six years since its founding, MGG faculty have trained more than 100 residents and students to combat the barriers to health care faced by those in need.

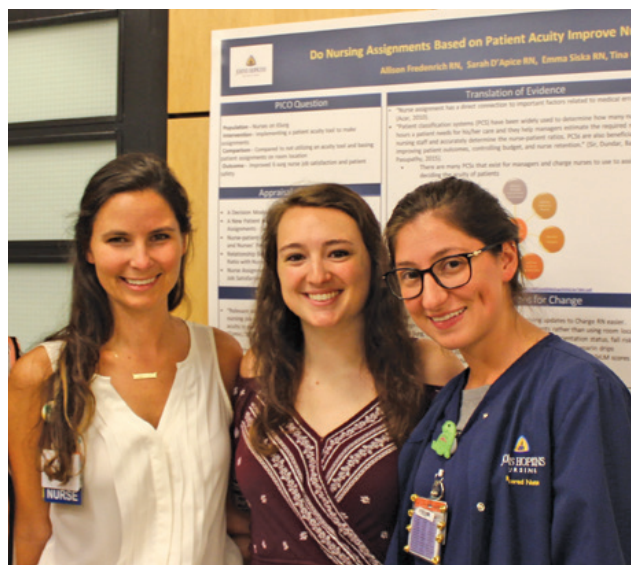
Our float pool nurses are among those supporting the MGG mission, bringing monthly population health workshops to residents of the McCulloh Homes, a recently refurbished community of 350 apartments and homes in West Baltimore. The nurses teach their guests about diabetes management, nutrition, hypertension and other health topics. The social calendar for the residents often features other presentations that dovetail with the nurses' health seminars, including a mobile farmers market or vegetarian cooking classes.

"The largest class we've hosted was 40 guests," says **Nicci Domanski, BSN, RN, CCRN**, unit educator of the float pool. "Ten or twelve is common. A great benefit of participating in this initiative is the way it brings us together as a team and builds better relationships with each other. Running a workshop is outside of our normal comfort zone of direct patient care, and we are proud to own this project."

Magnet organizations typically feature a robust culture of community outreach, and we appreciate the float pool for building bridges across Baltimore at the McCulloh Homes as they promote good health practices and wellness. ■



Michelle Kafica, BSN, RN leads a game of Jeopardy with patient education about diabetes.



A research poster from new med-surg nurses Allison Fredenrich, Sarah D'Apice and Emma Siska

Nurse Residency Celebrates Poster Presentation

New Knowledge, Innovation and Improvements

The nurse residency program is a 12-month cohort learning experience for all new RNs on campus. Cohorts typically have between 40 and 50 new nurses in each program, which includes four hours of classroom instruction per month and culminates in a group EBP project.

With the approval of their clinical nurse specialist or a patient care manager, new nurses will work with peers from different units to research and present an evidence-based practice or quality improvement project at the end of their program, hosted this year in August.

As do all hospitals in Maryland, the nurse residency program uses a curriculum from Vizient, "designed to help decrease the nurse turnover rate, improve decision-making skills, enhance clinical nursing leadership practices and promote the incorporation of research-based evidence into practice."

Congratulations to our recent residents on completing their cohort! ■



The Next Generation of Huddle Boards

By Brandon Buckingham, MS, RN, CCRN-K

New Knowledge, Innovation and Improvements

Continuous performance and process improvement is sweeping the Department of Nursing as standard format huddles and huddle boards are in various stages of implementation on all inpatient units. A few key features of the next generation of huddling include these considerations:

Why Huddle?

To support daily problem-solving

- Make alignment visible
- Make performance visible
- Make defects visible
- Make problem solving visible

How to Huddle:

Hold a brief Daily Readiness Huddle at the start of each shift:

- Departing charge nurse leads the huddle
- Oncoming shift attends the huddle, including oncoming charge nurse

Hold the Daily Problem-Solving Huddle mid-shift:

- Charge nurse leads the huddle
- Daily readiness is reviewed for changes and updates
- Daily Problem-Solving strategies are discussed. ▀

S	Safety	Falls, HEROS, Have there been any near misses? Any concerns? Patients to watch?
M	Methods	Are our current processes effective? What processes need to be re-evaluated? Additional training needs? Workarounds needed? Defects?
E	Equipment	Do we have what we need? Shortages?
S	Supplies	Do we have what we need? Shortages? Substitutions we need to use.
S	Staff	Callouts? Resource RN? New staff members? Staffing challenges?

Coming Soon:

iQuERY Symposium
Tuesday, October 15
8 a.m. to 4 p.m.
Grossi Auditorium

All Nurses Invited

All nurses are invited to the inaugural nursing symposium, hosted by the Nurse Inquiry Council.

Keynote address: State of the World's Nursing: Local to Global
Patricia Davidson, Ph.D., RN, FAAN
Dean, Johns Hopkins School of Nursing

Featuring presentations and panel discussions from the following speakers:

iQuERY

The iQuERY Model presented by
Karen Speroni, Ph.D., MHSA, RN
Research Consultant

Innovation

Innovations in Nursing presented by
Karen Speroni, Ph.D., MHSA, RN
 Burn Unit Innovations presented by
Emily Werthman, BSN, RN

Quality Improvement

QI Resources and Activities at the Unit Level
 Presented by **Kelly Krout, DNP, RN**
 and Panel

Evidence-Based Practice

An EBP Overview, Myths and the Model
 Presented by **Kathie Guth, MS, RN**
 and Panel

Research

Nursing Research:
 Gratitude study
 IPNG study
 VAPs in Burn ICU by **Andrea Atkinson**
 Presented by **Cathy Lindauer, DNP, RN,**
CEN and Panel

A Few Fun Facts About

Holly McDaniel, MSN, RN, Charge Nurse and Council Member

Favorite Musician: My family often wakes up on the weekends to Janis Joplin blaring in the kitchen.

Favorite Book: Although, I am not much of a reader: "I Know Why the Caged Bird Sings" by Maya Angelou, which happened to be a required reading for my master's program, would have to be my favorite.

TV Show that I never miss: I know this will be a big shock for someone in health care...but what else other than Grey's Anatomy!

Proudest moment at work: When a patient, family member or fellow co-worker gives compliments about clinic staff on the care they provide.

Dinner out with friends would always be at: Tambers Restaurant in Charles Village... love the Indian food.

If I weren't a nurse, I would be a: Confectioner/small business owner of a sweet shop. I love to bake and make desserts and candy.

Super Power: The ability of my mere physical presence to "fix Epic problems"

Coworker I most admire: Demetria Larkins, a CMA in our clinic. Despite growing up in challenging circumstances with lots of adversity, Demetria stayed in school to complete her education and certificate, progressing in a great career while remaining dedicated to her five children. She's now completing her prerequisites for nursing school, and I know she will be a GREAT RN one day. She's dependable, positive, and our patients love her! But she's also an awesome role model who has worked to rise above lots of challenges, not just bettering her own life, but also the lives of her kids. Her oldest son, born when Demetria was a teen, has graduated from high school, is working a full time job and in college, considering his own career in nursing like his mom.

Magnet Champion Spotlight

Holly McDaniel, MSN, RN, Charge Nurse and Council Member

Transformational Leadership



Holly McDaniel, MSN, RN pictured third from left with her staff of surgical CMAs: Jessica Burris-Jackson, Rae'ven Sallaway, Demetria Larkins.

As a ninth grade hospital volunteer, Professional Practice Council member **Holly McDaniel, MSN, RN** didn't know that she would one day lead a clinical council. She just knew that she enjoyed the patients in her 40-bed hospital in southern Illinois, where she worked her way up from nurses' assistant to nurse. She has recently completed an MSN with a concentration in executive leadership, and now spends her days as the charge nurse in the surgical clinic.

Like other unit-based councils, the one that McDaniel co-

chairs shares announcements from leadership and discusses current topics and trends, such as patient falls, supply chain changes, HEROS and cultural influences on patient care — all issues that were discussed at a recent council meeting.

Unlike other bodies, this shared governance council unites nurses and certified medical assistants (CMAs) from every outpatient clinic, people whose paths may not otherwise cross on our sprawling campus. The care delivered by this diverse group of clinicians varies widely, from oncology to pediatrics to wound care. How do they sustain the delivery of such highly customized care plans and still maintain a unified presence as one council?

McDaniel believes that the best way to do so is by being seamless and providing them a common voice, with no "us versus them." Many of the outpatient clinics have practice administrators who are not clinical, so much of the care coordination, education and clinic administration is done by RNs while the CMAs work directly with patients.

In the surgical clinic, McDaniel says their successful CMAs are highly skilled and also competenced for a broad scope of care; they are valued by nurses, providers and patients. "They show dedication, autonomy, reliability and trustworthiness. They have to perform with very little direction, and they can handle a great deal of complexity — this is often where the hardest patients tend to land because our people are able to provide advanced care, keeping patients safe without readmitting them or referring them elsewhere for specialty care, like infusions."

In years past, the ambulatory clinics had two councils: one for charge nurses, and a separate one for CMAs. When the leaders of those separate bodies moved on, McDaniel and her co-chair, **Barb Zeigler, MSN, RN**, worked with then-Director of Nursing, **Wendy Houseknecht, MSN, RN** to combine the groups into a common body, ensuring that all who provide patient care hear the same information at the same time.

McDaniel appreciates the emphasis that Johns Hopkins Bayview places on growing in place. Starting a career as an RN while continuing professional development through her BSN and then MSN, McDaniel saw a great advantage to putting classroom learning into immediate use in real life in the OR. Continual access to professional development is a key feature of Magnet hospitals, for nurses and CMAs alike! ■

"The rung of a ladder was never meant to rest upon." — Thomas Huxley

insidehopkinsbayview.org/magnet

