



# All Aboard

## Tracking Our Magnet® Journey

Vol. 6 October 1, 2020



Congratulations to Labor and Delivery nurse **Sabrina Aloe, BSN, RN, C-EFM**, labor and delivery, who is the recipient of the Hispanic Heritage Month Achievers Award. The award recognizes and highlights underrepresented minorities across Johns Hopkins Medicine who exemplify excellence and exhibit our Johns Hopkins Medicine core values.

## Resilience Throughout a Pandemic

### Exemplary Professional Practice

#### Resilient. Strong. Flexible.

All of these words describe the work of our front line caregivers in 2020, who have led the efforts to care for nearly 1,000 inpatient COVID admissions on our campus during worst health crisis in a century. Resilience is the theme of this newsletter as we get back on track with **All Aboard**, documenting our journey to Magnet.

According to an article in the **New York Times**, “the most significant determinant of resilience — noted in nearly every review or study of resilience in the last 50 years — is the quality of our close personal relationships.” I am proudest of our nursing staff for their relationships, and the way that **each of us** has strengthened **all of us** during 2020.

We adapted to new clinical practices, documentation requirements and work schedules. Some nurses became safety officers. Others worked in administrative positions or within the Incident Command structure.

We pivoted to confront these new demands while also caring for family members, covering shifts for colleagues, or home-schooling children.

To paraphrase Winston Churchill, I believe that what we do under constant stress reveals who we really are. The stress of the past six months has shown me that our nurses are **strong**, facing a new pathogen in ever-evolving circumstances. They are **flexible**, configuring new units out of storage closets and break rooms. They are graceful and they are grateful: reading the kind words you use to describe each other on the Applause recognition wall humbles me and fills me with pride.

I value the resilience of this team, and know that together, we can handle whatever comes our way.

With much appreciation for all your efforts,

**Maria V. Koszalka, Ed.D., RN**

Chief Nursing Officer,  
Vice President of  
Patient Care Services



Dr. Koszalka, pictured center, is thrilled to introduce readers to Director of Patient Experience Stacy Colimore, MS, RN, BSN, (left) and Director of Nursing for Nursing Practice and Interprofessional Education (NPIE), Jennifer Spahn MSN, RN, NEA-BC (right), who will join forces to coordinate our Magnet credentialing journey.

## Next Stop:

Fall research symposium on **October 21, 2020**, 8 a.m. to 1 p.m. Register in myLearning by searching for “BMC 2020 Annual Fall Nursing Symposium.”

## Interested in Research?

Consider applying for the Burton Scholarship, with a grant that supports research projects focused on geriatric surgical patients. The application deadline is December 1, 2020. Learn more at [insidehopkinsbayview.org/burton](http://insidehopkinsbayview.org/burton).

## Refer A Friend

Nursing is a career that delivers great reward, but can take an emotional toll on caregivers. Burnout, stress and compassion fatigue are real! Providing personalized patient care is a hallmark of our work, and we know that COVID has challenged our nurses in unprecedented ways. The entire institution is committed to recruiting new nurses to our staff and giving all nurses the tools they need to provide care they feel proud of.

Since June, we have welcomed 70 RNs and PCTs to Johns Hopkins Bayview, and we are actively recruiting!

To refer a friend, please see the intranet. You may be eligible for a referral bonus!

# Recovering Certificate Classes in the Age of COVID

## Structural Empowerment

By *Yvette Wilson, DNP, APRN-CNS, CCRN* and *Theresa Di Seta, MSN, RN*

Since thousands of clinical providers on campus require some level of life support certification to practice, Nursing Practice and Interprofessional Education (NPIE) offers classes on campus in basic life support (BLS), advanced cardiac life support (ACLS), pediatric advanced life support (PALS) and neonatal resuscitation.

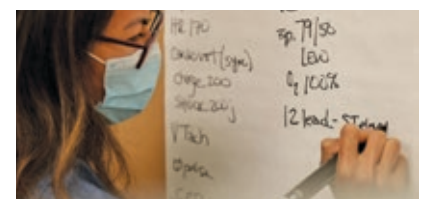
COVID brought that practice to an unexpected halt this spring. The American Heart Association, recognizing the pandemic's impact on caregivers, extended expiration dates for certifications for 120 days. This gave NPIE some breathing room to create a new schedule, process and venue for the life support classes, which were cancelled from March through June, resulting in a huge backlog of students.

Space conversions and capacity restrictions have conspired against NPIE!

Some of the breakout rooms previously used for hands-on instruction had been converted to offices, and new capacity restrictions limited their class sizes for all life support sessions. The nurses of NPIE broke their large training room into two large spaces using a curtain, and rearranged their small simulation lab to maintain physical distancing during the hands-on portion of skills training for all classes. Didactic content moved to online delivery, and course materials were made available through the trainers to reach as many students as possible.

“Beginning July 1, we doubled up our class offerings,” says clinical nurse specialist Yvette Wilson, DNP, APRN-CNS, CCRN, who co-coordinates the training calendar using 45 ACLS instructors and 150 BLS instructors. “By the end of August, we were caught up, and once again began to offer BLS once a month, and ACLS every other month.”

All nurses are encouraged to check their certifications to make sure they are current, and schedule upcoming review courses in myLearning.



# Converting Products During Great Demand

## New Knowledge, Innovation & Improvements

Former nurse practitioner **Lauren Smith, MSN, ACNP-BC** joined Johns Hopkins Corporate Supply Chain team as a director of value analysis. Lauren works on behalf of the health system, and started at Johns Hopkins Bayview a month before the pandemic began. Her role as the director of value analysis includes identifying and reviewing equipment that our nursing staff uses each day, like gowns, masks and other PPE.

Because the global market is unstable, the supply chain team works closely with various departments within Johns Hopkins to vet equipment, a process that includes:

- Sourcing products across multiple vendor databases for items that meet HEIC requirements
- Forensic audit of suppliers and any third party privy to the transaction to confirm legitimacy of business and ability to export/import supplies
- Testing sample products through the Johns Hopkins Applied Physics Lab to ensure they meet JHM standards
- Obtaining clinical and end user feedback
- Developing new guidelines and adapting policies as needed
- Ordering and deploying new products before existing stock is depleted.

Without the constraints of COVID, products are often tested on our nursing units or reviewed with the Professional Practice Council, we still make every effort to do this, but converting products related to global shortages has made this practice nearly impossible, especially after many years of just-in-time supply chain management, which produced limited stockpiles.

“Thousands of products are on a dashboard we use for sourcing: PPE, pharmacy testing kits, respiratory supplies, disinfectants. We watch the dashboard—and our internal supply levels—constantly to see where we may be at risk for product short falls,” says Smith. “Safety is our primary concern for supplies, so we rely on Johns Hopkins Medicine leadership and guidance from the CDC and FDA to identify acceptable alternatives when products are identified as limited on the dashboard, or become unavailable.”

N95 masks are a recent example of how we source alternatives. One of our most common products was manufactured in the U.K., which stopped exporting N95s. HEIC approved a substitute product, the applied physics lab conducting PFE testing to confirm its filtration efficiency matched the specifications on its packaging and NIOSH, and JHHS deployed these products with the clinical and scientific assurance of their viability. Combining mask and face shields had the appropriate net effect to meet safety needs.



**“Even though we may not have the time for broad feedback and trialing that our nurses are used to when identifying products for use on our units, there’s a lot going on at the health system level to ensure that these substitutions are safe and appropriate for care,” says Smith, who uses HERO reporting to monitor product concerns.**

Feedback or product concerns can also be shared with your representative on the Professional Practice Council, or by emailing Lauren directly at [lsmit234@jhmi.edu](mailto:lsmit234@jhmi.edu).



Modeling current N-95 masks, BICU nurses **Carolina Flores, Rowena Orosco and Misty Turner.**

# Redeployed Within

## Exemplary Professional Practice



Dozens of staff were redeployed during COVID, including MICU APCM **Heather Thornton, BSN, RN** who had been away from direct patient care for more than five years. When COVID became an “all-hands-on-deck” situation in the MICU, she temporarily abandoned her role working with quality data and patient mobility to rejoin her colleagues at the bedside.

“The night before that first shift, I couldn’t sleep because I was so nervous. It was like being a brand new nurse again,” says Thornton. Though Thornton had maintained her competencies and picked up shifts within her scope since moving to her role as a specialist, she hadn’t worked 12-hour shifts routinely in several years.

The MICU frequently averages more than 90% occupancy, and began to receive COVID positive patients in March. On April 5, the unit became the first COVID ICU on campus when the entire unit was converted to biocode. At that point, the staff started to wear special scrubs and masks (either an N95, Draeger or Papr, at all times) once the unit was sealed off.

“The full-time use of PPE adds a layer of stress to the job, in addition to the demands of medically complex patients on ventilators. Since it’s so difficult to get in and out of PPE when going on and off the unit, many of us would just stay in the unit for an entire shift rather than taking a meal break since we could not eat or drink in biocontainment,” Thornton explained. Since July 14, the unit

has functioned as a hybrid unit with four beds sealed off into a biocontainment “core”, and the remaining beds reserved for intensive care.

*“The MICU staff truly is the picture of resilience, says director of nursing Michelle D’Alessandro, DNP, RN, NEA-BC. “This spring and summer, we had changes weekly, daily and sometimes hourly, and they met every challenge.”*

By late August, the MICU returned to its typically high census, and Thornton returned to supporting the STRIDE program, tracking patient data on potential harms and working with the rehabilitation specialists on patient mobility. “We patch our own holes on the MICU, and just welcomed two new nursing graduate orientees to our team, even during COVID,” says Thornton. “We feel prepared for any surge because we have a manager, **Susan Krauter, MS, RN**, who constantly advocates for us, and makes sure we have what we need to take care of our patients.”

We are grateful for the exemplary professional practice of the resilient team on our MICU.





# THANK YOU Johns Hopkins Healthcare Heroes

We were **thrilled** to see a recent JHM article about the team at the Center for Addiction and Pregnancy (CAP). We are grateful for these extraordinary nurses who transform the lives of mothers and babies working to thrive in recovery: (left to right) **Sue Berg, Sherry Jones, Nancy Spencer, Cindi Curtis** and **Deborah Wagner**.



## Did You Know?

We applaud the following nurses for creating New Knowledge through the annual World Patient Safety Day poster contest:

- First place winners from the Burn Intensive Care Unit: **Emily Werthman, BSN, RN, Julie Keenan, BA, RN, CCRN** and **Rowena Orosco, BSN, RN**
- Second place winner from the Surgical Intensive Care Unit: **Theresa Statkiewicz, BSN, RN, CCRN.**

15 of the 19 entries were sponsored from the department of nursing.

## Celebrating Ace

The ACE program has welcomed 30 new nurses to its ranks since September 2019. Please congratulate these leaders and role models from eleven units across the Medical Center. Learn more about our clinical ladder, and see our COVID-era celebration of our ACE nurses, at [insidehopkinsbayview.org/ace](http://insidehopkinsbayview.org/ace).

### Senior Clinical Nurses

- Buena Faye Bautista, BSN, RN (6 Surg)
- August Janine Canonero, BSN, RN (6 Surg)
- Ailea Farooq, BS, RN (6 Surg)
- Jessica Ferrigno, BSN, RN (Med B)
- Lisa Gray, BSN, RN (ASU)
- Keyona Hamilton, BSN, RN (6 Surg)
- Angela Kurek, BSN, RN (Med B)
- Nerisa Manalo, BSN, RN (6 Surg)
- Amy O'Toole, BSN, RN (ASU)
- Autumn Pagan, BSN, RN (6 Surg)
- Jessica Peters, BSN, RN (6 Surg)
- Natashia Vanholten, BSN, RN (6 Surg)
- Gina Vickery, BSN, RN (6 Surg)
- Loilyn Villan, BSN, RN (6 Surg)
- Ashley Wujek, BSN, RN (6 Surg)



### Advanced Clinical Nurses

- Kerry Engle, BSN, RN, TCRN, CEN (ED)
- Jonathan Espenancia, BSN, RN, CMSRN (CBMU)
- Laura Hemling, BSN, RN PCCN (PCU)
- Joan Jones, MSN, RN (Cardiac Cath)
- Rachel Kelley, BSN, RN (ED)
- Linda King, BSN, RN (CRU)
- Taylor Lurz, BSN, RN (NP3)
- Kayley Martin, BSN, RN, PCCN (PCU)
- Trista Medina, BSN, RN (ED)
- Kim Rivera, MSN, RN, CPEN (Peds)
- Angela Stephens, BSN, RN, CMSRN (Float)
- Melissa Woods, BSN, RN, CRN (Imaging)
- Holly McDaniel, MSN, RN (Ambulatory)



# Maternal - Child Health

148 NURSES  
13 PATIENT CARE TECHNICIANS  
9 MEDICAL ASSISTANTS  
7 ANCILLARY STAFF  
6 MANAGERS  
2 DIRECTORS

*One Resilient Team*



*Clockwise from top right to bottom left:*

**Shannon Green, CMA** OB-GYN Clinic

**Bonna Eisma, BSN, RN** Mother-Baby Unit

**Chi-Chi Nwaneshiudu, BSN, RN** Mother-Baby Unit

**Rebecca Weng, BSN, RN** Labor and Delivery

**Chrissy Hines, PCT** Labor and Delivery



# Bring Babies Safely Into The World During A Pandemic

## *New Knowledge, Innovation and Improvements*

### **Babies don't stop during a pandemic!**

Obstetrics never “ramped down”; like many settings in the Medical Center, those who care for moms and babies pivoted repeatedly in 2020: reductions in clinic capacity, visitor restrictions and frequent practice changes demanded flexibility from the nurses dedicated to this population.

**Labor and Delivery assistant patient care manager Kate Hackett** explained that the first COVID-positive patient they saw forced the nurses to react quickly: “A mom came in 9 cm dilated, and we didn't have time to think. We had to wing it, in a room we had already set up.”

While the overall census continued to increase, the nursing team collaborated with facilities to reconfigure their units, carving out negative pressure rooms and isolation spaces within labor and delivery, the postpartum unit, newborn nursery and the NICU. They were well-prepared to handle future COVID-positive and PUI-status moms.

**Ambulatory clinic manager Kimber-Lee Abel**, a fourteen year veteran from Johns Hopkins Hospital, assumed her role on the Johns Hopkins Bayview campus just weeks before the COVID crisis began. Her clinic serves primary Spanish-speaking patients, typically with the help of in-person interpreters who saw 50 patients per day. When those staff were redeployed in April, the nurses and medical assistants rapidly learned to use Cyracom for virtual interpretation. Although they were happy to welcome in-person interpreters back to their practice this summer, the staff feels less anxious if they need to use this service in the future.

“Many of our patients live in multi-family dwellings, where we are seeing a high positivity rate, even in asymptomatic patients,” explains Abel. “To help patients prepare for parenthood during COVID, our staff emphasized testing, isolation and masking to moms who hope to breastfeed, especially if they live in homes that share common areas for others.”

One of the most important things that clinic staff did was to prepare patients for their inpatient delivery experience, which was different than expected, with much-loved traditions like babies' first introduction to their extended families curtailed.

Says patient care manager **Barb LaMartina**, “This team is family-oriented, and some of the new protective measures we use, like separating moms who are COVID positive from

their babies, goes against every fiber of our being! The first thing OB nurses foster in new moms is the importance of skin-to-skin contact and breastfeeding, things that Zoom can't replace.” Constant communication ensured that the clinic and the inpatient units were speaking with one voice, and helped to prepare families for an unexpected birth experience.

Reacting to the demands of a pandemic required our nurses' resilience to innovate new practice standards and reconfigure work spaces, without breaking stride in caring for their patients.



*In the NICU, visitor restrictions had an outsized impact on our smallest patients. Lactation consultants **Alice Dawkins, BSN, RN, IBCLC** (pictured right) and **Denise Perseghin, RN, IBCLC** (pictured left), explain, “Parents rely on each other—and their extended families—so much to make it through the NICU experience. Now, only one parent is allowed at a time, so if both parents come to the hospital together, they take turns with the baby while the partner waits in the car. For new parents of a NICU baby, dealing with the stress alone is especially difficult.”*

# A Few Fun Facts About Jacky Arthur, BSN, RN

**If I weren't a nurse,** I would be a lawyer! I geek out over statutes, precedents, and I love to argue a point.

**Vacation of my dreams** would be following Pearl Jam across Europe on their rescheduled Gigaton Tour!

**My superpower** is locating missing objects. Really, I can find anything my family has misplaced!

**My favorite dinner spot** is breweries and tasting rooms; craft beers are my favorite.

**The coworker I most admire** is Melissa Kauffman, an RN colleague from the health suite at CPP. She is always positive, has a great, fun personality and is never without a kind word. She is constantly trying to improve not just the care we provide, but also herself—increasing her education, leading research and solving problems—like how will we convince our patients to get flu shots this year?

**My favorite quote** is “You’re gonna miss this, so BE present.”

# A Win Each and Every Day: Spotlight Jacky Arthur of CPP

## Transformational Leadership

One of eight nurses working at the outpatient Community Psychiatry Program (CPP), ACE Nurse **Jacky Arthur, BSN, RN** is also a member of the Professional Practice Council.

A psychiatric nurse for more than 20 years, affectionately known by her clients and colleagues as Nurse Jacky, Arthur has a unique hybrid role of care manager and administrator of the Health Homes program, for patients with behavioral health needs who are at risk for other chronic conditions. She spends her days filling in knowledge gaps around health literacy, nutrition, accessing care, safety—even teaching patients how to recognize their own medical symptoms and how to have them addressed.

Arthur describes her work as “individualizing the whole health outcomes measured by the DLA-20,” which enables clinicians to assess the everyday parts of life impacted by mental illness. She is dedicated to the 125 patients on her caseload, but always available to those who have “graduated” from the program as well, many of whom pop by her office to visit or shout friendly greetings to her as she walks down the halls.

One of Arthur’s favorite responsibilities is working with the Rehabilitation Therapists (RT), shown with Arthur below. A requirement of the Health Homes program is that patients must be enrolled in the Psychiatric Rehabilitation Program (PRP), where they actively engage with the RTs, who coordinate appointments, connect patients to community resources and crisis response, lead group sessions, and help patients navigate the entitlement process. During COVID, this high-touch patient program had to pivot quickly.

“On a town hall nursing call this spring,” says Arthur, “I heard the term ‘disaster nursing’, and realized that it applies equally to our role in CPP. We had to reimagine the way we work, and filter the incredibly diverse needs and demands of our patients through the limitations imposed by COVID.” Their team came up with a framework they called FIMMA—“like FEMA with a Baltimore accent”—which stands for Food, Information, Money, Medications and Activity.

As the Health Homes and Psychiatric Rehabilitation Program began to restore in-person work this summer, Arthur began to assess how to fill in **new** gaps for her patients, who experienced a spike in ED visits, hospitalizations and homelessness. This Mental Illness Awareness Week, we acknowledge the important work of Arthur and all the nurses at CPP.



Jacky Arthur, far right, with the rehabilitation therapists from PRP.



“I can be changed by what happens to me. But I refuse to be reduced by it.” — Maya Angelou

[insidehopkinsbayview.org/magnet](https://insidehopkinsbayview.org/magnet)