



All Aboard

Tracking Our Magnet® Journey

Vol. 7 January 2021



Who are we?

One of the data points that the Magnet process expects to see annually is a list of celebrations and accomplishments, along with a basic breakdown of our nursing staff. That requirement encouraged me to do some thinking about who we are, and how I would describe our staff to an outsider who hasn't met a Johns Hopkins Bayview nurse yet.

Based on the stories in this issue, I would pick a few adjectives:

Courageous: The nurses and techs who volunteered to stand up the first dedicated COVID unit are a profile in courage. Learn a little bit about their work here.

Flexible: The CICU relocated seemingly overnight to temporary quarters in the PACU. How did that happen?

Creative: Part art. Part therapy! BWU nurse Leena BhaduriHauck shares her creativity with colleagues and visitors of the Burn Center.

Innovative: working as one with JHH, our ED Float Pool program is the first of its kind. How did the program launch?

Celebrated: See a short list of some of the achievements of our staff this year, including our fifth straight A rating from Leapfrog!

We are an accomplished and diverse group, as you can see from the charts below. We have faced adversity in 2020, and continue to persevere through this ongoing challenge.

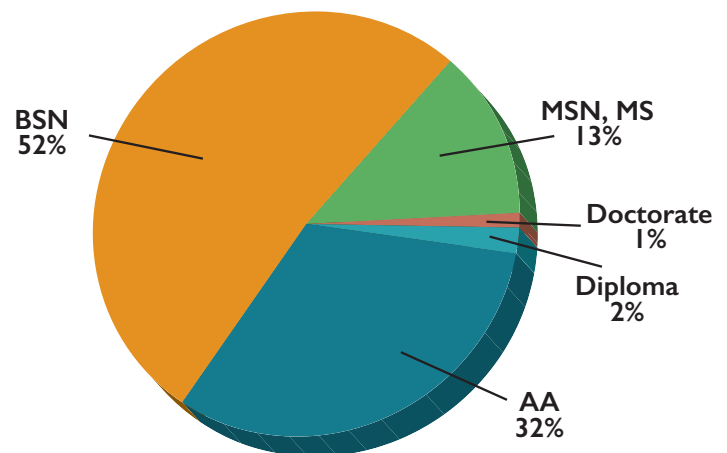
With gratitude for your continued excellence and much hope for the future,

Maria V. Koszalka, Ed.D., RN

Chief Nursing Officer, Vice President, Patient Care Services

Nursing By The Numbers

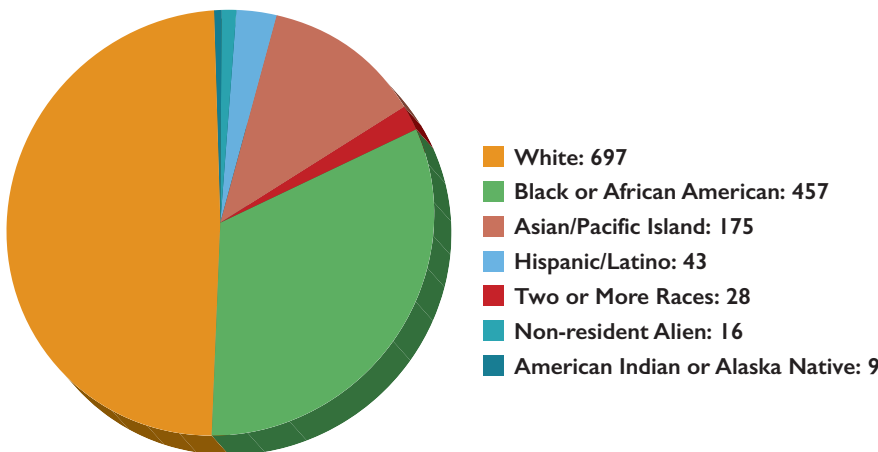
Degrees as of 12/1/2020



In November 2020, 66 percent of nurses held a BSN degree or higher and 32 percent of nurses eligible held at least one advanced professional certification.

Ethnicity

1429 Nurses, Leadership and Support Staff



COVID Care by the Numbers

- More than 1,500 COVID inpatient admissions since April
- More than 15,000 drive through tests since April
- A dozen unit reconfigurations to accommodate bio-mode demands
- Too many N95s to count
- 45 stories of extraordinary moments

Promoted to Leadership Roles in 2020:

Brandon Buckingham

– Director of Nursing, Ambulatory Services and Nursing Administration

Fontinie Dougherty – Assistant PCM in Emergency Department

Stephanie Hansen – Manager in Case Management

Afton Jamerson – Trauma Manager

Taylor Lurz – Assistant PCM on NP3

Holly McDaniel – Ambulatory Services Manager in Surgical Clinic

Want to share some Kudos and Congratulations of your own?

Consider nominating a nurse or a team for the new VP Awards, launching in January 2021.

- Innovator Award
- Team Award
- Bulls Eye Award
- Unsung Hero
- Spirit of Service

Learn more at insidehopkins-bayview.org/vp-awards.

Celebrations and Successes

Rosenwald Nursing Innovation Award

Congratulations to **Maria Sheilla Membrebe, MSN/ED, RN, ONC, CMSRN, CBNT**, from the department of Hospital Epidemiology and Infection Control for receiving the Rosenwald Nursing Innovation Award from the Johns Hopkins University School of Nursing. The award recognizes nurses who develop initiatives to improve the quality of patient care across the Johns Hopkins Health System.



COVID Star Nurses

A special recognition of outstanding Johns Hopkins nurses during the COVID-19 pandemic



Annie Duremdes, BSN, RN, senior clinical nurse from the operating room, was redeployed as a COVID Safety Officer (SO) in April. She embraced her redeployment and was greatly responsible for the success of the safety officer program, which totaled several dozen staff members at its peak. Duremdes was a partner, resource and advocate for the bedside team, quick to applaud staff for their successes, and continues to adapt to the ever-changing demands of the COVID pandemic.



MICU STRIDE program coordinator **Heather Thornton, BSN, RN**, returned to direct patient care after several years in a specialty role. With a normal census that frequently exceeds 90% occupancy, the medical intensive care unit became the Medical Center's first dedicated COVID ICU, and needed all hands on deck. Thornton is widely recognized by her peers as a dedicated team player who is passionate about getting the job done.

2020 DAISY Award Winners

Combined Pediatric Unit

The team worked as one to meet a young patient's complex psychosocial needs and find a safe long-term placement for ongoing care after an inpatient stay of more than 160 days.



Afton Jamerson, BSN, RN, TCRN, CEN, was recently promoted to trauma program manager, but her deep roots in emergency care remain. She spent hours driving a patient's wife home during the middle of the night, consoling her in a time of great loss.

Ashley Wujek, BSN, RN, from 6Surg, was nominated by a grateful patient, who knew that Wujek's sense that "something was not quite right" came just in the nick of time.



Numbers Aren't Just for Nerds!

Celebrating Quality Scores from Leapfrog

Empirical Quality Results

The Magnet credentialing process evaluates many features of nursing practice, including RN satisfaction, patient experience ratings, safety and quality. While hundreds of nurses provide direct patient care on our campus, a small-but-mighty team of nurses and analysts act as a data hub in quality management.

They are responsible for compiling and reporting on quality data related to preventing and responding to patient harm. This team recently celebrated the Medical Center's fifth-straight A rating from The Leapfrog Group, a nonprofit advocate for transparency in health care. This important scorecard measures and publicly reports on medication safety, healthcare-associated infections and surgical outcomes.

Why does this score matter?

Clinical Quality Project Coordinator **Natalie Tredway, MSN, RN**, says "As these numbers go up, every single point represents another patient that we have saved. It's real!"

With roots in bedside care, Tredway sees collaboration as the key to success with quality, which is impacted by house-wide efforts from Hospital Epidemiology and Infection Control (HEIC), credentialing, clinical informatics and patient safety, among others.

"Having one person who looks at all the areas holistically within the Leapfrog framework is important," explains Director of Quality Management **Kelly Krout, DNP, RN**. "Implementing large initiatives like the effort to drive down C.Diff rates or prevent sepsis requires that we build relationships and systems that support those on the front line who make change happen. We just report on the numbers—the success we have with quality metrics is **100 percent because of our nurses!**"

A bright spot with engaging with the Leapfrog score card has been the creation of a health system-wide workgroup dedicated to quality metrics. Every month, Krout and Tredway have a sounding board of peers to compare data to, or interpret new standards with, while standardizing processes and policies across Johns Hopkins Medicine.



"The nurses from the NSCCU will be ready for new hand hygiene metrics from Leapfrog." Pictured, left to right, Brittany Lozupone, RN; Jonathan Chornay, RN; Sarah Stitt-Plater, BSN, RN.

"The fact that our nurses do so well with these measures despite the demands of COVID is remarkable," says Krout.



New APCM Taylor Lurz continues to build the unit.

Attitude Overcomes A lot!

A brand new manager builds a brand new unit

Transformational Leadership

In April, the observation unit of the emergency department was rapidly converted to a bio-mode, acute care unit dedicated to COVID patients—the first on campus. The third floor of the north pavilion, known as NP3, was initially staffed by clinicians and support staff who volunteered from more than half a dozen units, none of whom had a

background in infectious disease. This team quickly bonded with each other and with the house staff who lead the treatment of these patients.

Taylor Lurz, BSN, RN, CMSRN, is now the assistant patient care manager for NP3. She moved into a leadership role for the unit in September, before the current surge. At that point, NP3 was a hybrid unit, under construction to



Thank you, NP3!

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Integrating New Knowledge:

An ED Float Pool Spans Two Hospitals

New Knowledge, Innovation & Improvements

Seamless integration of Johns Hopkins Medicine entities is a key institutional priority. Recently, Johns Hopkins Bayview and Johns Hopkins Hospital (JHH) teamed up to extend the Medical Center's long internal history of success with an RN float pool by creating a new bi-campus float pool for emergency nurses.

"In March, when we agreed to move ahead with a dual campus float pool, we were excited to introduce this concept to both of our EDs and to engage new graduate nurses in an opportunity to obtain a broad clinical skillset through a wide array of experiences at both locations" says Bayview ED Nursing Practice Specialist **Karen Talbot, MSN, RN, CEN, TCRN.**

The program currently features a six-month orientation, split between campuses. "Both settings are intense," says Talbot. "The Bayview ED in particular sees very high acuity patients. Myself and my colleague Tracy Colburn, the Nurse Educator in the JHH ED, and their preceptors on both campuses, do our best to prepare them for any scenario. Each campus has something different to offer, whether it's assisting a patient with their Left Ventricular Assist Device (LVAD) or taking care of a Trauma patient."

The nurses in each cohort are also enrolled in the new graduate RN residency program, and have a preceptor for their entire training period. Talbot, Colburn, and NRP colleague Kristen Marcantonio mentor the new nurses with one-on-one education, Zoom classes and in-person rounding. The program leaders from both campuses also have bi-weekly huddles to review progress and outcomes. A total of twelve nurses have been hired into the ED float pool, and the early hires completed orientation in December.

"It has really been cool to be a part of a pilot integrating both JHH and BMC," says new nurse McKenzie Miller, RN. "Nursing requires critical thinking and adaptability -- in the float pool rotating between two separate ED's I am learning firsthand how to adapt quickly and be a more versatile nurse. I hope to continue to learn as much as possible and take all that I learn at each location with me."

Float pools such as this attract nurses who are eager to learn, enthusiastic, open to flexibility and not afraid to jump in. Talbot says, "It's a unique opportunity, and we are hoping to expand it beyond new nurses. We are learning as we go, and we think it's a positive thing for both the new nurses and the institution as a whole."



The inaugural class of the ED float pool. (Not pictured, but always valued, Jada Cozart, RN.)

Attitude Overcomes A Lot, cont.

expand the negative pressure rooms. They have since reverted to a full COVID unit, to care for patients during the surge.

Lurz explains that COVID patients are a totally different kind of challenge. They present in many different ways: some come from the ED, some are stepping down from an ICU, and some need a private room. She says, "The patients are sicker than a typical med-surg floor would see—many of them have never been in a hospital before, and they're so appreciative of the care we provide.

Though the team is still growing, with a continually full patient census, the NP3 staff often helps to launch new initiatives, such as participating in research studies or trialing new medications,

something Lurz is familiar with from her time on Med B. In November, the staff supported a quality improvement study on "pocket talkers" that can amplify sounds for patients, reducing the impact of noisy HEPA filters on both patients and nurses. "We've learned so much in just six months," says Lurz. "A lot of our nurses have enjoyed this population. It's exhausting to be in PPE full time, but it's also been really interesting to learn from a new disease process."

Igniting innovation in the practice environment is at the heart of every Magnet hospital, and the NP3 team, established by the demands of the pandemic, is a growing force that transforms patient care each day.



APCM Heather Hicks launched the mobile CICU.

A Displaced Cardiac Unit Comes to Life in the PACU

Structural Empowerment

Dedicated bio-mode units sprang up seemingly overnight during the spring COVID surge. The cardiac intensive care unit (CICU) surrendered their space to COVID in April when the medical intensive care became the first dedicated COVID ICU, and their patients overflowed into the CICU.

Cardiac patients relocated to temporary quarters in the post-anesthesia care unit (PACU), with patient rooms separated by curtains, a supply closet fashioned out of carts strung together in an open bay, and one drainage sink down a long hallway in the ASU.

Assistant patient care manager **Heather Hicks, BSN, RN, CCRN**, was on vacation when she got a call that she was needed back on campus to staff and supply a mobile CICU in this new space. “Because I have been around here for so long, I knew how to pull together people and resources that could be of use,” Hicks explained.

“Nurses love to be busy in their home units with their team who they know well. But, they don’t love working in a new space with as many unknowns as COVID presented. It was a challenge, and Heather is responsible for that success,” says patient care manager **Sue Kraeuter, MS, RN**, who manages both the MICU and CICU.

On campus since her high school LPN training nearly 30 years ago, Hicks relied on her past as a unit educator to mobilize the PACU-based CICU from scratch. “It was a little bit like outfitting a field hospital,” says Hicks. “We needed 20 to 25 nurses, and started out with four; we chose to beef up and retrain a staff from nurses from our campus with a specific skill set and recent ICU background.”

The nurses who filled out the team were either redeployed or volunteered from across the house, many of whom Hicks knew personally: CICU, MICU, PCU, PACU, Imaging, the Cath Lab and the float pool.

“We were also the code team,” Hicks explained. “So we responded to events all over, while caring for patients who were critically ill. So many patients suffered for days at home with chest pain, too scared of COVID to come to the hospital, so they were much sicker when they finally got to us.”

Though these redeployed nurses have returned to their home units, as the pandemic persists, many nurses continue to support new units in less familiar roles. “We are ten months into the pandemic,” says Kraeuter, “and I think people now have a huge appreciation for how exhausting ICU nursing is in our current environment—especially those who have redeployed into uncertainty.”

“This experience solidified that this hospital is different than other places—it has a community/family feeling.”

Structural empowerment looks different in times of great stress, and we value Hicks and all our nurses who learned new skills quickly as they redeployed and cross-trained this summer, and who continue to do so as we head into 2021.





Spotlight on the Burn Center With Leena BhaduriHauck

Exemplary Professional Practice

Burn Center nurse **Leena BhaduriHauck, BS, RN**, tapped into her natural creativity in short bursts as a young mom, during her kids' nap times. Always interested in art like watercolors and oil painting, she learned egg-dyeing from her Latvian mother, and was later introduced by a friend to pysanky, an ancient Ukrainian art form of written-wax batik on colorful dyed eggs, using traditional

folk motifs and designs. She has showcased her artwork at the White House, the Maryland State House and other festival exhibits throughout the region.

As her children grew, BhaduriHauck returned to school to become a nurse. During a guest lecture by Director of Quality Management **Kelly Krout, DNP, RN**, BhaduriHauck was inspired to pursue her clinical rotations on the BICU. Since 2009, she's cared for burn patients both in the BICU and BWU and those with complex wounds such as hidradenitis suppurativa.

BhaduriHauck and unit secretary Tracey Jones joined forces in 2016 on a spontaneous creative project. An empty dry erase board beckoned, and BhaduriHauck drew a Thanksgiving scene using markers. "We don't have windows on the BWU, so I wanted to create something that would allow us to see the seasons," she explains. Jones, the welcoming heart at the center of the BWU, mans the craft station and encourages passers-by to join in.

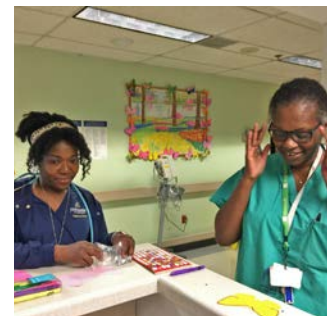
The board has grown into a decompression center for all who serve on the unit—nurses, technicians, providers, EVS staff, chaplains and physical therapists, among others. It's a positive place to help people cope with the stressors of their work in the intense environment of the Burn Center.

Working with this population is a special skill, and BhaduriHauck, who precepts new nurses, explains that "you can tell a nurse who's going to be great in this setting when you see them excited about wound care, learning about burn mechanisms, and connecting with their patients," even though it can be so overwhelming.

"Creativity gives our people a chance to take a brain break for a few minutes, reset, before forging on with the rest of their day," says BhaduriHauck. "It encourages everyone, especially our 'baby nurses'! We want our newest nurses to thrive and feel connected, and that's what we try to create in that space. I remind them that they're never alone- we are part of a team at the Burn Center."

BhaduriHauck will start a design with something as simple as a line, which evolves into a work of art over time, with contributions from the staff who create and embellish their own "tags", or tiny pieces of art that collage together to become a part of a mural. You can see some of their art below.

Great professional relationships have their roots in common ground, and are proven to keep patients safe and improve nurses' job satisfaction. The collective mural project is an innovative, nurse-led tactic that sustains a strong team in the Burn Center.



"You are braver than you believe, and stronger than you seem,
and smarter than you think." — Christopher Robin

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