



All Aboard

Tracking Our Magnet[®] Journey

Vol. 9 July 2021

**BUILDING
ON OUR
PROMISE**

Inpatient and ED Nursing

Building on Our Promise is an initiative aimed at improving patient experience, staff satisfaction and efficiency.

Within the Inpatient and ED Nursing workstream, care delivery models have been designed to ensure consistent practices across nurse practice settings at JHH and JHBMC, which will create a sustainable infrastructure for the future and build upon the Johns Hopkins legacy of excellence.

Our goal? Transform how we deliver care by ensuring that the right people are doing the right work, and that we are providing the right care for our patients at the right time.

Workstreams

- Nursing Orientation & Education
- Nursing Operating Model
- Supplemental Staffing Unit

Celebrating quiet excellence throughout COVID

As I write this, Maryland has just recorded its second consecutive day with no COVID-19 patient deaths. Our own inpatient COVID-19 census has dropped to almost zero.

These encouraging milestones seem to be ushering an era of recovery for our community— and for ourselves.

Though it's too soon to declare victory against the virus, I think we are all cautiously optimistic as we ease back into a more normal way of life. We continue to juggle a high patient census as we confront post-pandemic staffing shortages, leadership changes and new routines.

I am thankful for your continued resilience and am grateful for your seamless work taking excellent care of our patients, often tackling tasks that are outside your scope of practice.

I was thrilled recently to recognize my colleague Flora Kisuule, medical director of our CIMS team, with a VP Award. I also celebrate a few recent recognitions: our latest DAISY Team Award, Nurse of the Year and Support Staff of the Year. We are thankful for the teams who will lead during upcoming surveys and those who are finding ways to integrate more fully with Johns Hopkins Medicine.

In this issue, you'll read about some teams who quietly persevered with important work during the pandemic: our rehabilitation team, our cardiology nurses in the clinic and our wound care specialists. While the rest of us were focused on COVID-19, they continued to do stellar work improving outcomes for their patients and creating new ways of working as one.

With continued gratitude for your work,

Maria V. Kozalka, Ed.D., RN

Chief Nursing Officer and Vice-President, Patient Care Services



*Dr. Kozalka, left, with CIMS medical director **Flora Kisuule, M.D.***

Coming Right Up

Beginning July 1, all new candidates applying for employment will need to initiate COVID vaccination or apply for an exception within two weeks of starting employment.

Learn more about vaccination requirements on the intranet.

Next Stop

With your help, we will all be ready for the next patient every day. Learn more by searching "Joint Commission" on the intranet.

Become a Preceptor! New workshops begin in September. Register in my Learning.

Celebrations

Structural Empowerment

DAISY Team Award: NP3

We congratulate the team on NP3 for their DAISY Award celebrating their work during COVID-19. The nomination read, in part, "The patients NP3 cares for are isolated, scared and alone. On most days, the staff are their only human interaction, and not one of the staff members takes that for granted, going above and beyond as a team to ensure the highest quality of care is delivered to every single patient."



Misty Kothari, center, with ED leaders and mentors.

Nurse of the Year: Emergency department charge nurse **Misty Kothari** was honored as Nurse of the Year. A role model for the staff, known for her courtesy and grace, Kothari empowers her colleagues in a very challenging environment, and is a natural leader who remains closely connected to her team.

Support Staff of the Year:

Nominated by five colleagues, patient care technician Wynie Kahler from the float pool was recognized as Support Staff of the Year. Kahler is treasured by nurses, attending providers, EVS colleagues and others throughout the house for her warmth and enthusiasm.



Wynie Kahler, left, with Director of Nursing Andy Magalee.

Cardiology Clinic Nurses Don't Skip a Beat

Exemplary Professional Practice

The COVID-19 pandemic's toll wasn't limited to infectious disease. Delays of care and patients' reluctance to seek routine care led to excess mortality across the globe.

Early days of the pandemic had the indirect effect of disrupting care for many patients with chronic conditions. Hospitals reported steep declines in the number of heart attack patient admissions during 2020, per the American College of Cardiology, while patients with existing acute heart failure faced a mortality risk that roughly doubled if they contracted COVID-19, per the European Society of Cardiology.

Care delivery disruptions were not an option for the nurses in our cardiology clinic!

The cardiology team oversees two high-volume programs for patients: the **diuresis clinic** and the **heart failure transition clinic**, which share a common goal of managing acute heart failure preventing emergency department visits or hospital readmissions.

In the clinic, nurses and practitioners build long-term relationships with patients, who range in age from mid-twenties to nineties. These trusting connections helped to persuade “terrorized” patients to maintain their care routines, some of which require hours in the clinic at a time, while other services of the clinic transitioned seamlessly to telemedicine.

During diuresis appointments, the nurses use Lasix to treat edema in up to six patients each day, allowing the heart to pump more efficiently. They also teach their patients about diet and fluid management and monitor their contributing health conditions. Distancing requirements forced some changes to the diuresis clinic flow, which continued in-person throughout the pandemic by necessity.

The heart failure transition clinic, typically a four-week program for recently discharged patients led by nurse practitioner **Theresa Booker**, increases patients' ability to manage their condition at home— menu planning and food preparation, activity levels, medication management, housing and transportation. “Heart failure is a chronic condition, which is why education is so crucial,” explains nurse **Asta Puskarich**. “The best way to help your heart failure is to recognize and manage your symptoms!” The transition program pivoted immediately to telemedicine with good results, and now relies on a combination of in-person and virtual care to complete the program.

Puskarich says, “We also needed to see patients urgently who were borderline admissions. Our team managed to see them more frequently to avoid admitting them through the ED at the height of COVID.”

OUTCOMES

The schedule-scramble worked. According to **Lucille Fields**, cardiology practice manager, patients seen in the Heart Failure Transition Clinic have a lower-than-expected readmission rate. 2019 readmissions observed over expected was 0.77 and decreased during 2020 to 0.55. “It is proven that patients do better if they are seen within seven days and have the appointment scheduled before discharge—which we have the capacity to fulfill,” says Fields.

Though some patients were admitted, most patients stuck to their routines without needing to be re-admitted during the pandemic. Today, patient care routines are nearly normal, though demand for care remains very high.

“Even during the pandemic,” says Fields, “the team continued to provide excellent treatment for our heart failure patients. Through the strong work of our providers, nurses, community worker and executive secretary, impactful relationships were built between staff and patients, which always results in a win for everyone. I am proud to be included in such a resilient, skillful, compassionate team.”

Disease management remains a priority focus for Johns Hopkins Medicine, and this team not only maintained successful outcomes, but improved upon them. We are grateful for the exemplary practice of our nursing team in the cardiology clinic!



The nursing team in the cardiology clinic has their collective finger on the pulse: from left to right: **Asta Puskarich BSN, RN, CHFN**; **Theresa Booker CRNP**; **Maya Nixon BSN, RN**.

Brand Ambassadors for Bayview: Nurse Recruitment

Structural Empowerment

Now hiring!

In every U.S. state, the demand for nurses is projected to grow 11% or more annually through 2022, according to the American Nurses Association—for an estimated need of 11 million new RNs in the coming years.

Turnover in the nursing workforce has been especially high during COVID-19—not just at Johns Hopkins Medicine, but throughout the nation. Labor shortages impact nearly every position in patient care: nurses, technicians, patient escorts, materials management, EVS and dietary.

And The Great Resignation is real! The people we have known and worked with for years are forever changed by our collective experience over the past year; burnout, work-life balance and personal goals changed our definition of fulfilling work.

Nurse recruiters **Tambra Creel-Zacharias**, **Maria Goode** and **Deborah Mello** confront this challenging post-COVID landscape as nurses themselves! Each has cultivated lasting relationships with their assigned units across campus as they've become embedded in the culture of the units they serve.

Nurse recruiters are candidates' first impression of the Medical Center and shepherd hires from the front door to the front lines.

They support managers during the hiring process and with ongoing career progression, advanced education and credentialing questions for their teams. They grow support staff into nursing careers and work with education colleagues to help new RNs become confident floor nurses through a residency program and workshops.

The pandemic has accelerated the use of technology by the nurse recruiters and supplements their skills in quickly identifying and safely placing the right nurses in the right roles on the right unit.

Using new digital marketing tools broadens the geographic reach of their campaigns, and their daily routines now depend on electronic communication, Zoom interviews and job fair presentations, social media, creative writing and web analytics to connect with candidates. As the pool of active job-seekers continues to shrink, these tools provide proactive surveillance of the labor pool to help to stimulate interest from passive job-seekers.

Today applicants are inundated with information and they have many choices; hiring great new colleagues is a challenge we all face, as ambassadors for Johns Hopkins Bayview: before, during and after recruitment!

Referral bonuses are still active! If you know of a nurse who is looking for a new home, please call any of our nurse recruiters at 0-1234.



Mello, Creel-Zacharias and Goode anchor the welcome for our new staff.

Road to a Safer Discharge on the Rehabilitation Unit

New Knowledge, Innovation and Improvements

Eliminating preventable harm is key to high quality patient care. Mistakes happen, but our nurses have built overlapping systems to ensure that mistakes – inevitable in human-delivered health care- don't become tragedies.

At Johns Hopkins Bayview, CUSP teams guard against medical errors, a leading cause of death in the United States. In the complex care environment of the rehabilitation unit, sixty five percent of patients have major neurological diagnoses such as stroke. Many of them have suffered a major trauma, such as a motor vehicle accident, amputation or burn. Almost all of their patients are discharged with new deficits and require ongoing coordination of care as they continue to recover at home and relearn activities of daily living.

Effective discharge planning is crucial with this patient population.

The rehabilitation unit does not have a dedicated Case Manager, so the coordination of care is shared by a large team. Recently, the unit has won praise for a quality improvement project, led by their CUSP team, which had a tremendous impact on patient safety.

Using Lean Management tools, nurses, residents, attending physicians and clinical informatics joined forces to improve discharge planning for patients. They re-oriented team members on Epic features that were critical to the needs of their population, and published documentation about how the unit operates, which is different from a medicine floor. They created checklists to reinforce key elements of discharge planning to make sure that patients were able to follow up appropriately at home.



The rehabilitation CUSP team is led by **Ashley Triplett, RN**, seated right with unit leaders and CUSP team members.



Unit education efforts are led by nursing practice specialist **Kim Cox, MSN, RN**.

Says assistant patient care manager **Beth Petterson, BSN, RN, CCRN**, “Our nurses meet patients at their worst, form a magical bond, and use humor and relationships to promote acceptance and healing. They are amazing teachers who take on back-breaking work, partnering with patients to overcome any obstacle.”

Not only did the unit's safety scores related to discharge efficiency improve greatly, patient satisfaction and staff satisfaction rose dramatically as well: the Safety Culture Assessment showed a 32 percent rise in the metric “I would feel safe being treated here as a patient,” and a 27% increase in the rating for “Safety efforts in my work setting are valuable in protection patients from harm.”

This focus on continual improvement has also fostered growth in expertise among the nurses and patient care technicians, with several new NICHE-trained experts in geriatrics and 14 nationally certified specialty nurses (One board certified and 13 CCRN, CCRN, or CMSRN).

Quality results and successful patient outcomes are a hallmark of Magnet hospitals, and we are grateful for the work of our rehabilitation nurses, who build lasting relationships with their patients—and with each other.

For the Greater Good: Fostering a Culture of Safe Skin

Structural Empowerment

“All nurses are skin care nurses,” says wound care specialist Cindy Walker.

Wound care specialists **Ann Coulson**, **Rachel Moseley** and **Cindy Walker** keep the Medical Center on track with Hospital-acquired Pressure Injuries (HAPI), a critical nurse-sensitive indicator. They audit, benchmark and report data about the prevalence of HAPI to the state of Maryland and to the National Database of Nursing Quality Indicators (NDNQI). They also mentor our bedside nursing team who prevent, identify, stage and treat the avoidable harm caused by these injuries.

“Pressure injuries (PI) are the second leading cause of litigation against hospitals,” says Moseley. “They’re very expensive to treat; they extend a patient’s length of stay and impact their quality of life. They can even cause death.”

Reducing the prevalence of these injuries is vital to the overall well-being of our patients, and also to the financial health of Johns Hopkins Bayview; a percentage of hospital reimbursement is at risk based on safety metrics, so the Medical Center is penalized for preventable harm such as pressure injuries. Meeting the benchmarks is also foundational to patient experience metrics and to our Magnet journey.

After many years of meeting the standard, Johns Hopkins Bayview must now rebuild the practices that prevent HAPI. “Meeting the standards for HAPI requires strict documentation and practice, which were affected by the crush of the pandemic,” explains Walker. COVID workloads, staffing turnover, and disaster management documentation had a great impact on nursing practice.

Additionally, measures that address critical illness and respiratory failure often limit repositioning, resulting in a higher prevalence of PI, and delays across the spectrum of care resulted in patients being sicker when they did present to the hospital—and pressure injuries were no exception to this trend. The inpatient skin team’s consult volume increased by 20 percent during COVID, now averaging more than 300 each month.

According to the wound care specialists, a few units do routinely stellar work with pressure injuries, such as the MICU, PCU and 6 Surg. Managers and safety nurses lead the teams’ successes with pressure injuries and proactively do internal audits on their units, while campaigns like “Four Eyes in Four Hours” create the habits that put skin safety first.

Says Coulson, “Our ultimate goal is to empower the front line nurse. To act as a consultant at the bedside. We are there behind the scenes with the data and the goals, but we really want to make each nurse stronger in skin and wound care, for the greater good.”

Says director of nursing for surgical services **Kim Goldsborough**, DNP, RN, “The WOCN nurses are a specialized team who have dedicated their careers to patient safety and education. As ostomy specialists, they are a huge asset to our surgical team as well! They are the layer of protection for all patients and their skin care needs.”

Interested in learning more? The Wound/Skin Resource Team will be going for the GOLD during its annual education event on September 23. Look for details coming soon, and plan to join them!

Supporting Staff

A culture of safe skin requires recognition of risk, early intervention, dynamic reassessment. How do we create great habits?

- Ninety minutes during nursing orientation
- Four-hour RN program
- Annual hands-on training and competency assessments
- Active wound champions on each unit
- In-person support on the unit: mentoring, training, encouraging
- Documentation training and audits
- Epic build outs
- Routine surveys of records

Champions



Cindy Walker (right) with PCU nurse Jennifer Ziegler.



Ann Coulson (left) with 6Surg ACE nurse Autumn Pagan.



Rachel Moseley (right) with MICU nurse Christine Sidle.

“A few units do routinely stellar work with pressure injuries,” says Walker.

Nurse Residency Program Rejoins The Classroom

Structural Empowerment

Nursing Education is thrilled to begin offering in-person cohort classes to our new graduates. This 12-month program uses hands-on and didactic instruction, along with strategic coaching and team projects, to help new graduate nurses launch their practice. Please join us in welcoming participants from our newest cohort to our campus!

To learn more about the program, please reach Nursing Professional Development Specialists Kim Paul at kpaul17@jhmi.edu or Tamara George at tgeorg12@jhmi.edu.



Front Row (From left to right): Iwona Jankowska- Med A, Lamar Jacas- Med A, Lorrie Williams- BICU
Second Row: Gracia Cruz-Sarres- OR, Kaylyn Trussell- BICU, Regine Ollanos- CBMU, Kelly Wright- ED, Christina Huskins- Float, Keisha Artis- NSU, Sierra Mitcheltree- ED
Third Row: Austin Biemuller- OR, Nosa Adeyeri- SICU, Amanda Burnett- Med A, Kendall Leander- Med A, Karen Zhang- CBMU, Emily Joy Gille- CBMU, Ashley Beam- BWU, Demond Jones- ED, Taylor Everett- ED, Steven Hopkins- Med A

A Few Fun Facts About Cindy Shephard, MSN, RN, CWOCN

Favorite vacation spot: Acadia
National Park and Bar Harbor, Maine.

If I weren't a nurse, I would be:
A socioeconomist.

Coworker who most inspired me:
Rowena Orosco, charge nurse on BICU.
I was no ace when I started as a new
graduate nurse, and she was infinitely
patient, warm, kind and supportive of my
learning curve!

When I am not at work I like to:
Cook (and eat!), garden, practice yoga.

My proudest moment at work was:
Every time I'm able to help coach a new
ostomate through apprehension and fear
to independence and confidence. It's the
highest reward you can feel as a nurse.

*To learn more about our
wound/skin care resource team,
or to become a champion
on your unit, please visit
insidehopkinsbayview.org/wound.*

Magnet Champion Spotlight

Cindy Shephard, MSN, RN, CWOCN

Transformational Leadership



Pictured left to right are wound specialists **Betsy Fisher, BSN, RN, CWOCN; Cindy Shephard, MSN, RN, CWOCN; Kelly Carnaggio, BSN, RN, CWCN.**

Wound nurse coordinator **Cindy Shephard, MSN, RN, CWOCN**, started her working life working with numbers. First an actuarial assistant and later a retirement plan consultant, she turned to nursing after raising her family.

She graduated in 2005 and launched a second career as a floor nurse in the Burn Center, where she valued the long relationships they build with patients over their wide spectrum of care. She gravitated to wound care.

After adding advanced certifications in wound, ostomy and continence care, Shephard left the BICU and joined the wound clinic. When that clinic closed in 2014, then-COO Charlie Reuland approved implementation of a vision that Shephard presented to create a more nimble, patient-centered mobile service that would meet patients where they were — any clinic across campus. “We just go where there’s a wound,” says Shephard.

Using Epic reports to schedule wound consults in campus clinics, the team also responds to ad hoc requests. “A geriatric patient may show up for a Medicare wellness exam with an unexpected wound, and it’s a much better experience for them to have that wound addressed immediately while they’re already here, rather than refer them out for that care,” according to Shephard. As a bonus, having relationships with providers across campus enhances care coordination and communication between multiple specialists involved in the patient’s care.

The nurses also support their colleagues in the emergency department, which is critically important to tracking pressure injuries in a timely way. “When we are consulted to evaluate a patient, we assess, treat and chart all wounds so they’re packaged up nicely for admission to the floor.” They also provide wound and ostomy care teaching to new ED nurses, emphasizing the significance of documenting the presence of pressure injuries as soon as the patients are brought into the ED. If not, pressure injuries may be categorized as hospital-acquired.

This clinician with a “bean-counter’s brain” is committed to being a good steward of health care resources. “The more we all invest in the financial well-being of the hospital, the more people we are able to serve.” Non-reimbursed care such as for readmissions or hospital-acquired pressure injuries, greatly impacts the hospital’s ability to care for patients.

The Ambulatory Wound Ostomy Nurse Service can be reached daily from 8 a.m. to 4 p.m. For real-time requests for wound or ostomy care, use CORUS to schedule “Bayview Outpatient Wound Ostomy.”

“Strength does not come from physical capacity.
It comes from an indomitable will.”

—Mahatma Gandhi

insidehopkinsbayview.org/magnet

