





Johns Hopkins Howard County Medical Center

2025 NURSING ANNUAL REPORT

MAGNET EXCELLENCE ON THE RISE

JOHNS HOPKINS MEDICINE
HOWARD COUNTY MEDICAL CENTER



What Our Professional Practice Model Means to Us

Our nursing practice is developed from a foundation of **care and compassion**.

We practice patient- and family-centered care by partnering with patients and families to individualize the care we provide. We do this by following our core tenets of nursing practice.

Advocacy means pursuing what is right. Advocacy requires that we listen to other perspectives (inclusion) and respond with kindness and understanding (empathy).

Quality means meeting desired outcomes. High-quality healthcare is the result of work done by strong teams (collaboration) that deliver cutting-edge, evidence-based care (innovation).

Competency is building confidence and proficiency in nursing. Competency comes from seeking out educational opportunities to elevate nursing knowledge.

Healing means restoring harmony and balance. Healing occurs when patients trust that their care aligns with their physical, cultural, emotional and spiritual needs (holism).

Cover images: Nursing staff from the Shared Governance councils, intensive care unit and pediatric emergency department

A MESSAGE FROM OUR CHIEF NURSING OFFICER

Looking back on 2025, the year was defined by meaningful progress, resilience and a deep commitment to excellence across our nursing organization. I am especially proud of the work that has been done toward American Nurses Credentialing Center Magnet designation. This extraordinary effort reflects not only excellence in nursing practice but also the strength of our culture and our unwavering focus on patient-centered care. More importantly, it reflects who we are.

At the heart of our work last year was a clear priority: strengthening and stabilizing our workforce. We know that when our nurses are supported, our patients receive the safest, highest-quality care. Through intentional investments in staffing and nursing leadership, we reduced vacancies by more than 50%. For our bedside teams, this means stronger support, improved continuity and a more balanced work environment. For our leaders, it reflects the disciplined work of building teams that are engaged, accountable and positioned for long-term success.

These efforts are translating into real, measurable outcomes. Across the organization, we achieved meaningful improvements in nurse-sensitive indicators, clinical outcomes and the patient experience.

In the emergency department, the team demonstrated what is possible through focus, collaboration and consistency. The launch and expansion of the Purple Zone improved flow for low-acuity patients and reduced overall length of stay, despite sustained boarding pressures. At the same time, improvements in communication, responsiveness and care delivery drove meaningful gains in patient experience, including increased likelihood to recommend and stronger nurse communication. Workforce investments improved team stability and well-being, creating a more resilient environment where staff can succeed and patients receive timely, effective care.

Our commitment to patient safety and harm reduction continues to be a defining strength. Through interdisciplinary collaboration, we increased patient mobility and achieved a 70% reduction in falls with injury, earning the organization significant safety praise in this area. These results were not accidental. They reflect intentional, consistent practice-structured rounding, real-time coaching and visible leadership that is now embedded in how we work every day.

We have also made significant strides in operational excellence. Units are consistently meeting the two-hour discharge target from order to home, reflecting stronger coordination, clearer communication and a shared ownership of patient flow. These improvements enhance not only efficiency but also the experience of care for our patients and the work environment for our teams.

As we look ahead, we will continue to build on this momentum. Our focus remains clear: advancing clinical excellence, investing in and supporting our people and delivering exceptional experiences for every patient, every time. This means continuing to strengthen the environment for our bedside nurses and ensuring our leaders are equipped to lead with clarity, accountability and purpose.

To our nurses, thank you for the work you do each day. Your impact is seen in every patient interaction, every team you support and every outcome we achieve. Together, we are not only sustaining excellence — we are defining what the future of nursing looks like.

Sincerely,

Ronald A. Langlotz, D.N.P., R.N., N.E.A.-B.C.
Chief Nursing Officer
Johns Hopkins Howard County Medical Center



2025 NURSING COUNCIL ACCOMPLISHMENTS

NURSING INQUIRY COUNCIL

The Nursing Inquiry Council promotes excellence and innovation in nursing practice and advancement of nursing inquiry, including nursing research, evidence-based practice and quality improvement at Johns Hopkins Howard County Medical Center (JHHCMC). The council reinforces a culture of evidence-based practice that supports clinical excellence and outstanding patient experience.

2025 highlight: Supported completion of 16 inquiry projects at the medical center and 11 inquiry disseminations.

PATIENT EXPERIENCE COUNCIL

The Patient Experience Council operates within nursing and other hospital departments to demonstrate our commitment to enhancing the patient's experience through multidisciplinary communication, staff education and teamwork. The council focuses on how nursing practices affect the patient experience and quality of care.

2025 highlight: Hosted the second annual hospitalwide Patient Experience Fair, themed Rodeo Journey.

NURSING PRACTICE COUNCIL

The purpose of the Nursing Practice Council is to review and revise policies, procedures, protocols and standards of care related to professional nursing practice at the medical center. Nursing practice activities include policies and procedure revision and approval, proactive review of nursing practices to promote patient safety, best practice review, practice change dissemination, product review and approval, and documentation practice changes review and recommendation.

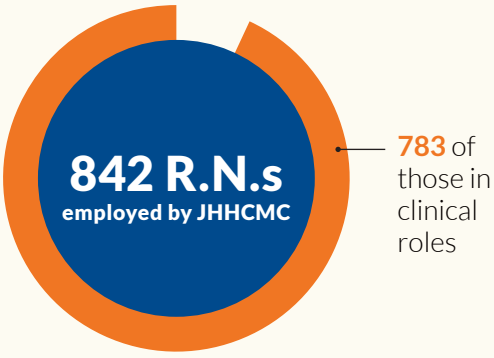
2025 highlight: Reviewed, supported, updated or retired 123 local and system policies.



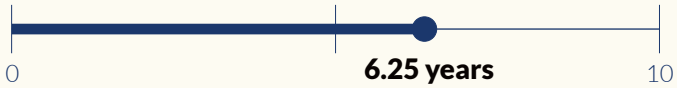
2025 Shared Governance Council Chairs

JHHCMC Nursing by the Numbers

Registered Nurses



Average Length of Service for Clinical R.N.s



2025 NURSING COUNCIL ACCOMPLISHMENTS

NURSING INFORMATICS COUNCIL

The Nursing Informatics Council serves as a forum for optimization, innovation and integration of the electronic medical record to improve patient care outcomes, regulatory compliance and the clinical work environment while promoting a culture of safety using innovative, evidence-based technology.

2025 highlight: New council this year! Provided feedback on systemwide Epic enhancement requests and approved several Johns Hopkins Howard County Medical Center Situation, Background, Assessment, Recommendation requests for enhancements.

NURSING PROFESSIONAL DEVELOPMENT COUNCIL

The purpose of the Nursing Professional Development Council is to promote nursing role development at the medical center. Role development includes professional certification, degree progression, clinical ladder, succession planning, mentorship, retention and transition programs.

2025 highlight: Renewed 50 nurses on the clinical ladder and advanced 22 new nurses into CN III/CN IV positions.

NURSING QUALITY COUNCIL

The purpose of the Nursing Quality Council is to improve and support the quality, safety and service provided by medical center staff to patients, families and the community. This council also exists to advocate and promote exceptional clinical and organizational outcomes.

2025 highlight: Coordinated unit-based engagement and recognition activities for National Fall Prevention Week.

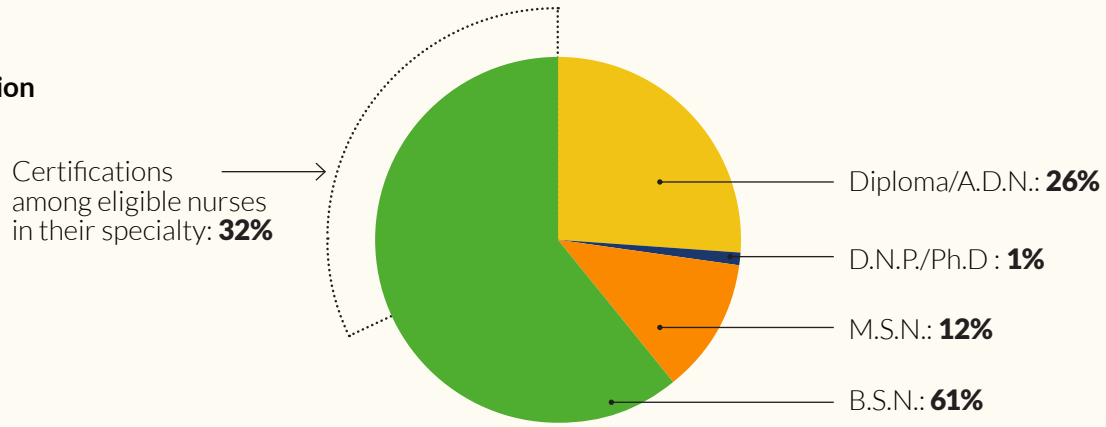
Indicators Validate Strength in Practice

Nurse-sensitive indicators (NSIs) are key measures of patient outcomes that reflect the direct impact of nursing care on quality and safety. At JHHCMC, NSIs are tracked through a national benchmarking database, allowing performance to be compared with peer hospitals across the country.

In 2025, JHHCMC outperformed the national mean on four nurse-sensitive indicators, demonstrating the strength of our nursing practice and our commitment to delivering high-quality patient care. The indicators are:

- Catheter-associated urinary tract infections (CAUTI)
- Patient falls with injury
- Perioperative patient burns
- Hospital-acquired pressure injuries (HAPI) stage 2 and above

Education



VIRTUAL NURSING



A virtual nurse partners with a bedside nurse to support patient care.

Virtual Nursing: A New Era of Patient Care

Technological advances in nursing have led to surprising innovations in workflow management and patient care. In spring 2025, Johns Hopkins Howard County Medical Center became one of many hospitals across the country to embrace the practice of virtual nursing.

Virtual nurses are on-site staff nurses who function from a central space within the hospital rather than from a specific hospital unit. They help monitor up to 30 hospital beds and provide essential patient care that does not require physical assessment or in-person management. Rooms equipped for virtual nursing have secure two-way communication pathways and include a TV monitor and a camera.

Virtual nurses partner with bedside nurses; they do not replace them. As an extra set of eyes and ears on the patient, virtual nurses can identify priorities and redirect bedside nurses if they notice that a patient needs support. They can monitor a patient's health in real time and quickly intervene should any issues arise.

JHHCMC virtual nurses Adelaida Halaguena, B.S.N., and Karen Epstein, R.N., support their bedside teammates on 4 Pavilion as they complete admission and discharge, perform chart audits, wound and skin checks, and more.

The bedside nurse explains the virtual nurse role to the patient in person and how virtual nursing works. "The camera stays facing the wall until the patient gives their

VIRTUAL NURSING

consent for us to enter the room on the screen, and then we turn the camera toward them," says Epstein.

Even though they do their job virtually, both Halaguena and Epstein say that they form close connections with their patients. "I may not be at the bedside, but I'm still making a difference," says Halaguena. "I answer questions and do purposeful rounding. I explain their plan of care if they have questions, ensure they are knowledgeable about their medications and the side effects, and share any concerns they have with their bedside nurse or physician. I think they especially value the education we provide and appreciate that I am engaging with them in a meaningful way."

According to Epstein, virtual nursing gives her the opportunity to have more one-on-one time with the patients. "My time is not extremely limited, so when I log into a call, I feel like there is less distraction, because it's just me and the patient. They can ask me anything. It's a lot more interactive than you would expect."

Virtual nurses may also include interpreters and family members in the virtual communication. If a patient has a family member who lives out of state and needs to know what to expect post-hospitalization, the virtual nurse can add them to a video communication.

Halaguena and Epstein play an important role in expanding capacity for bedside nurses to focus on in-person patient care. Tina Martin, M.S.N., nurse manager for 4 Pavillion, shares that virtual nursing is especially helpful during time-intensive processes like discharge. "Complex discharges can take an hour or more," says Martin. "Introducing a virtual nurse enhances the process by giving the bedside nurses more flexibility, allowing them to be present for all their patients while ensuring each discharge gets the attention it deserves."

Nursing leadership is evaluating the success of the virtual nursing program based on quality indicators and patient satisfaction metrics. "Before we had virtual nurses, we got a number of calls after discharge from family members and patients saying they don't understand their discharge instructions," says Martin. "Those calls have dramatically decreased."



"INTRODUCING A VIRTUAL NURSE ENHANCES THE PROCESS BY GIVING THE BEDSIDE NURSES MORE FLEXIBILITY, ALLOWING THEM TO BE PRESENT FOR ALL THEIR PATIENTS WHILE ENSURING EACH DISCHARGE GETS THE ATTENTION IT DESERVES."

Tina Martin, M.S.N., R.N.
Pavillion 4 Nurse Manager

Since virtual nursing is new, there are opportunities for the program to grow and improve. Martin and her team are interested in determining ways to make connecting with the virtual nurse even easier. "Some people are skeptical about virtual nursing, but are swayed when the nurse introduces themselves in person," says Martin. "We're trying to figure out a way to further make that personal connection through video."

As it stands, virtual nursing holds a lot of promise. "There are so many things that we can do with this that we haven't even tapped into," says Epstein. "When we started, we just did admissions and discharges. We've added new things along the way, so I'm really excited about where we can go and what else we can help with. The positive implications of this program can be huge."

PURPLE ZONE

Going Purple: New Treatment Space Improves Emergency Department Patient Satisfaction

Capacity constraints in the Johns Hopkins Howard County Medical Center emergency department (ED) have resulted in longer wait times and throughput and have presented challenges related to the delivery of efficient care. Collaborating with providers, nursing teams strategized on how to change that — developing standardized work and protocols based on evidence-based practices that soon became the "Purple Zone."

Opened in January 2025, the Purple Zone is a nine-bay, vertical split-flow model — a triage workflow where stable, lower acuity patients are treated in upright chairs rather than lying on horizontal stretchers. The Purple Zone nursing team model, including a licensed practical nurse, registered nurse and patient care technician, working with a physician, initially began serving patients 12 hours a day, five days a week.

"Lower acuity, or 'Level 3,' patients are typically the highest volume group in an emergency department per day," says Christie Thibeault, M.S.N., R.N., director of emergency services at JHHCMC. "Evidence suggests that if a Level 3 patient lays horizontally, they typically have a longer length of stay. The Purple Zone supports vertical treatment spaces, which is best practice in emergency departments. Having a space like the Purple Zone where you can dedicate services to turning over these patients quickly makes you overall more efficient."

Efficiency leads to shorter stays and higher patient satisfaction. Since the Purple Zone began operating, it has treated an average of over 1,000 patients a month, and the average length of stay for a patient in the ED fell from almost six hours to just three hours and 45 minutes. Patient complaints have also decreased by over 50%.

"It has been a huge win," says Ashley Gick, M.S.N., R.N., emergency department nurse manager. "Patients are getting more timely care, and that links to our patient satisfaction scores. We recently broke our patient satisfaction record, and it keeps increasing."

"Evidence showed that this would be a low-cost way to improve ED throughput and overcrowding," says Thibeault. "Our initial target was to decrease length of stay in the ED for low-acuity patients by 10%." The results from the first six months were positive, and in July, the Purple Zone received an increase in budget to operate 16 hours a day, seven days a week. As the number of Purple Zone patients rose, overall time spent in the ED fell and the team surpassed the initial goal of a 10% reduction in length of stay.

"Things really began to shift after we held a rapid improvement event in September 2025," says Gick. "We knew we wanted to do even better and really streamline processes, and we knew that it would only be successful if the people doing the work were included in the decision-making. We followed a PDSA — Plan, Do, Study, Act — format, which is a part of Lean methodology. A multidisciplinary team of physicians, physician assistants and nurses planned together for two hours, then went out on the floor and implemented their changes. They studied their results, and we acted on those recommendations to design the new processes."

Some simple shifts led to big changes. Wayfinding signs now help patients navigate independently to the Purple Zone, rather than requiring a staff member to escort them. Once in the Purple Zone, signs prompt patients to line up for the next free chair



On average, over 1,000 patients a month are seen in the Purple Zone treatment spaces.

rather than wait in the waiting room. These procedures have helped shift patient volume more evenly throughout the ED and free time for the nursing staff.

The Purple Zone team's dedication to innovation has earned them recognition across the hospital. "Every week, we do a hospital throughput drive, when all the leaders from different units come together and share data and metrics on length of stay," says Gick. "The Golden Clock Award is given to the group that had the most impact. We've won the award twice."

Progress in the Purple Zone is ongoing and intentional. Daily audits help the nursing team comply with new procedures, and metrics are reviewed and discussed weekly during huddles. "The front-line team is actively engaged, and we still make tweaks to our protocols," says Gick. "It's continuous improvement."

The Purple Zone has made a significant difference in how the hospital cares for its patients, and Thibeault and Gick credit nursing team members for its accomplishments. "We make sure to share these successes with them, and let them know the work they are doing is paying off," says Gick. "It's important they know the patient experience is going up. Timely care is what patients care about in the ER — they want to get in and out. The work everyone does to optimize the Purple Zone process is worth it."

NURSING GRAND ROUNDS

Nursing Grand Rounds Promotes Excellence in Nursing Inquiry

On May 9, 2025, Johns Hopkins Howard County Medical Center hosted the inaugural Johns Hopkins Health System Inquiry Council Nursing Grand Rounds, a new quarterly event series designed to encourage a broad culture of nursing inquiry and provide a dedicated space for professional learning across the Johns Hopkins Health System. Grand Rounds offers nurses the opportunity to share clinical knowledge and real-world experience as well as discuss evidence-based approaches that inform nursing practice. Open to all health system employees, the first event showcased nursing research, quality improvement and evidence-based practice work done by the medical center's nursing team.

Nursing Grand Rounds was established to bridge the gap between the biennial Center for Nursing Inquiry's SHINE conferences and to keep nurses connected to support professional growth throughout the year. "There are long spaces between the conferences," says Nursing Inquiry Council Chair Vicki Lowe, Ph.D., R.N., "Nursing Grand Rounds allows us another opportunity at a system level to disseminate, distribute and celebrate the work our nurses are doing locally."

The theme of the inaugural Nursing Grand Rounds was Bringing Inquiry to the Bedside. "The event was meant to be educational and to inspire people to think at a different level," says Lowe. "We had people submit their work, and we formalized a process to elevate the quality. It was a great way to showcase the research happening with the JHHCMC nursing team."

Three projects were selected for podium presentations representing all types of nursing inquiry: quality improvement, evidence-based practice and research. The topics included supporting antenatal milk expression during a hospital stay, the impact of gaming on critical thinking and assessment skills in new nurses and spontaneous awakening and breathing trials standardization. The presentations were in person and livestreamed throughout the health system and are available on demand.

Those whose research was not selected for a podium presentation were invited to display their conclusions on a poster during the in-person event. "We allowed people who were working on other projects to learn the process of making posters and highlighting their work," says Lowe. Combined with the podium presentations, the posters gave participants a closer look at the diverse nursing research done at JHHCMC.

The event was attended by over 300 people virtually and in person. Each entity in the health system now takes turns hosting Nursing Grand Rounds, but it is open to all who wish to explore what nursing inquiry means to the organization as a whole. Attendees receive NCPD contact hours for their participation.

Nursing Grand Rounds is an important tool for promoting systemwide collaboration in addition to furthering nursing inquiry excellence. "The system has these amazing resources," says Lowe. "But if, as individual entities, we remain passive participants, we lose an opportunity for growth."



Games Bring New Reasoning for New Nurses
(l. to r.) Deb Tildsley and Stephanie Al-Adhami presented their research project, "Impact of Gaming on Critical Thinking and Assessment Skills Among New-to-Practice Nurses," at Nursing Grand Rounds. This project examined the impact of using a board game as an educational tool for nurse residents to further develop nursing assessment and critical thinking skills.

2025 RESEARCH PROJECTS

Nurses Leading Research and Education

Listed below are the recognitions and ways Johns Hopkins Howard County Medical Center's nurses shared their expertise and innovative ideas with their colleagues here and across the country in 2025.



NEW RESEARCH PROJECTS

Impact of Gaming on Critical Thinking and Assessment Skills Among New-to-Practice Nurses. IRB00486386, Approved 4/30/25, PI: Vicki Lowe, PhD, RN, IBCLC, Co-PIs: Stephanie Al-Adhami, MSN, RN, NPD-BC, CAPA, and Tildsley, Debra, BSN, RN, CMSRN.

Virtual Nursing: Assessing Barriers and Facilitators to Implementation. IRB00469394, Approved 1/16/25, PI: Heather Watson, Co-PI: Rinchu George, BSN, MSHCA, RN-BC, CCM.

POSTER PRESENTATIONS

Moore, K. (2025, May). *BERRT Team in Psych Nursing.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Jenkins, A., Li-Xu, S., Pollock, S., and Ventour-O'Neale, J. (2025, May). *Caring for Aggressive & Violent Patients.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Lemuiex, J., Rahman, N. K., Foster, A., Schinner, D., Boyd, T., Lowe, V. (2025, May). *Healing Hugs: A QI Project to Promote Skin-to-Skin as the First Hold in the NICU.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Dammers, C., Luckwaldt, A., Ernst, N., McQuigg, D., Lowe, V. (2025, May). *Discharge Hospitality Suite: A Nurse-led QI Project To Address Throughput and Patient Experience.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Horman, A., & Fleming, M. (2025, April). *Supporting Antenatal Milk Expression in the Intrapartum Hospital Stay.* AWHONN MD Conference, Stevensville, MD.

Schinner, D., Lowe, V., Rosenblum, N. (2025, June). *Supporting Antenatal Milk Expression in the Intrapartum Hospital Stay.* AWHONN National Conference, Orlando, FL.

Lowe, V., Rosenblum, N. (2025, November). *Supporting Antenatal Milk Expression in the Intrapartum Hospital Stay.* International Lactation Consultant Association Conference, Tampa, FL.

PRESENTATIONS

Al-Adhami, S. & Tildsley, D. (2025, May). *Impact of Gaming on Critical Thinking and Assessment Skills Among New-to-Practice Nurses.* Nursing Grand Rounds. Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Das, M. (2025, May). *Spontaneous Awakening and Breathing Trials (SAT/SBTs) Standardization: Impact on Ventilator Days and ICU LOS of Intubated Adult Patients Vent Liberation.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

Madera, B., Schinner, D., and Horman, A. (2025, May). *Supporting Antenatal Milk Expression in the Intrapartum Hospital Stay.* Nursing Grand Rounds, Johns Hopkins Medicine, JHHCMC, Columbia, MD.

MANUSCRIPT

Rosenblum, N., McAlduff, N., Lowe, V., Rosenblum, N., McAlduff, N., & Lowe, V. (2026). *The Financial Feasibility for Providing Expanded Access to Donor Milk for Low-Risk Preterm and Full-Term Newborn Infants: An Integrative Review. Breastfeeding Medicine.*, 21(1), 7–16. https://doi.org/10.1177/15568253251389960 (Published ahead of print in 2025).

Liquid Gold: Antenatal Milk Expression on Mother-Baby Units

In 2025, the maternal-child nursing team noticed something interesting happening. More and more expectant moms were bringing prenatally expressed breastmilk, called colostrum, with them to the hospital to feed their baby. "Moms were learning about this practice on social media, but the nurses had never heard of it," says Bernadette Madera, B.S.N., R.N., lactation lead clinical nurse. Often, there would be no way to accept the colostrum or properly store it, and it would expire before it could be used.

"We needed a policy on how the staff was going to accept the milk from parents, treat and store it during their hospital stay and return any remaining," Madera says. Otherwise, the "liquid gold" would be wasted.

Madera and Vicki Lowe, Ph.D., R.N., a lactation consultant and the medical center's nurse scientist, approached Deb Schinner, M.S.N., NICU nurse manager, about conducting an evidence-based project. They wanted to establish what the research said about handling prenatally expressed colostrum in the hospital as well as what the guidelines were for safe antenatal milk expression. "We assembled a team for a literature review and used the Hopkins library and other web-based platforms to search for what data and literature was already out there," says Schinner. "We found a lot of articles about similar practices in Australia and some other countries, but not much published in the U.S."

Schinner and her team divided up the existing research articles for review among a group of nurses and lactation consultants. "We went through all the articles and tried to sort through what was quality information and relevant to our research," Angela Horman, B.S.N., R.N., lactation consultant and one of the committee's participants. "We each brought different strengths to the project and worked together to grade and rate the research." The group then used their findings to create a policy for staff members and education for staff and patients.



(l. to r.) Angela Horman, B.S.N., R.N., lactation consultant; Vicki Lowe, Ph.D., R.N., lactation consultant and JHHCMC's nurse scientist; Bernadette Madera, B.S.N., R.N., lactation lead clinical nurse; and Deb Schinner, M.S.N., NICU nurse manager, with their evidence-based practice research poster results, "Supporting Antenatal Milk Expression in the Intrapartum Hospital Stay," at Nursing Grand Rounds.

Since the project was completed, the group has shared their conclusions with the Maryland Perinatal-Neonatal Quality Collaborative, and their research poster has been presented at Nursing Grand Rounds, the Association of Women's Health, Obstetrics and Neonatal Nurses conference and the International Lactation Consultant conference. Their poster will be on display at the Johns Hopkins SHINE Conference in April 2026. The committee is also working on publishing their findings in a nursing journal.

What's next? The team plans to distribute this information to obstetrics offices. One of Joint Commission's perinatal core measures is to encourage exclusive breastfeeding in the first six months. Antenatal milk expression after 37 weeks of gestation and with the approval of an OB may help mothers avoid formula supplementation and start their breastfeeding journey strong. "Breastfeeding can be a little bit strange in the beginning," says Horman. "Practicing hand expression and being able to do some of it ahead of time gives moms the confidence to know that they can do this."

The Power of Education: **Improving Ventilator Weaning Outcomes**

The first step on the path to discharge for a patient on a ventilator is extubation — reducing sedation and machine support and removing the endotracheal tube when patients can breathe independently. The weaning process must be done carefully and systematically, and it requires coordination between the patient's care team and respiratory therapy to conduct spontaneous awakening and breathing trials (SATs/SBTs).

These assessments ascertain a patient's ability to breathe on their own, without the support of the ventilator, for at least 30 minutes. Once that goal is achieved, the physician can place the order for extubation. Approval for extubation can be delayed if the process is not coordinated — resulting in a patient's longer length of stay in the intensive care unit and more time on the ventilator. Seeing a need to address the ventilator weaning procedure, Manjula Das, D.N.P., M.B.A., R.N., shift director for nursing administration, tackled an evidence-based project to study any barriers and create a standardized process.

"Research says that a reduction in a patient's length of stay and time spent on a ventilator can decrease long-term morbidity and mortality — so we knew this was an important issue to address. We noticed that there was a gap in communication between the physicians, nurses and respiratory therapists during this process," says Das. "We had a weaning document called the ABCDEF bundle in Epic, but it was not being utilized as efficiently as it should."

Manjula developed an anonymous, quality risk pre-survey for the critical care nurses and respiratory therapists to better understand their use of the bundle, their comfort performing the breathing and awakening trials and more. After collecting the pre-data, she implemented her project with the support of her organizational mentor, Catherine Miller, M.S.N., nursing professional development specialist.

"First, we reviewed our two existing policies for critical care staff and for respiratory therapists," says Das. "We combined them and updated the policy. I collaborated with the physicians, respiratory therapists and nurses to develop SATs/SBTs algorithms, which are now posted in all the patients' rooms."



Das and Miller also developed a huddle document, which is emailed to each nurse for a quick review prior to their weekly huddles. They created a module in the education system on ventilator weaning, which was taken by all the critical care nurses and respiratory therapists. The subject was also added to the annual competencies, preceptorship and new-hire onboarding education. Unit champions were also selected for the day and night shift. After implementing these strategies, Das and Miller collected data for 12 weeks and distributed a post-survey to gauge the results.

"Our pre-survey data indicated that the average time a patient spent on the ventilator was 3.6 days, and the average ICU length of stay was 4.6 days," Das says. "After we developed this process and improved interdepartmental collaboration and communication, those numbers fell to 2.56 days on the ventilator and 3.14 days in the ICU. Now, I am so happy to see the extubated patients up and in a chair. It's a good, inspirational moment."

(l. to r.) Manjula Das, D.N.P., M.B.A., R.N., shift director for nursing administration, with her organizational mentor Catherine Miller, M.S.N., nursing professional development specialist, at the Nursing Grand Rounds. Das presented her quality improvement project, "Spontaneous Awakening and Breathing Trials (SAT/SBTs) Standardization: Impact on Ventilator Days and ICU Length of Stay of Intubated Adult Patients Vent Liberation."

AWARDS AND DISTINCTIONS

DAISY AWARD

This special award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day.



Jennifer Payne Rodwell
Behavioral Health Unit
January/February 2025



Stephanie Rosenberg
Emergency Department
March/April 2025



Fiona Burke
JHHCMC Armstrong Institute
May/June 2025



Sonia Brown-Kundrat
Observation
July/August 2025



Debra Tildsley
Emergency Department
September/October 2025



Kathryn Zizzo
NICU
November/December 2025

DAISY NURSE LEADER AWARD

This prestigious award is presented biannually and honors a nurse leader who does not typically provide direct patient care but fosters an environment where compassionate and skillful care thrives.



Tina Martin
Nurse Manager, 4S
May 2025



Brigid Rice
Nurse Manager, Pediatrics
December 2025

AWARDS AND DISTINCTIONS

JHHCMC NURSING EXCELLENCE AWARDS

The medical center was proud to announce the winners of our 2025 Annual Nursing Excellence Awards.



ASSISTANT CAREGIVER EXCELLENCE (ACE) AWARD

Jose Marquez, PCT
SCU



CNO AWARD FOR CLINICAL NURSING EXCELLENCE

Scott Holz
JAS



PRECEPTOR OF THE YEAR

Lara Wood
MCU



NOVICE NURSE OF THE YEAR

Cecelia Broccolino
NICU



NURSE INNOVATION AWARD

Katarzyna Malas
4P

STARFISH AWARDS

This quarterly award honors patient care technicians and constant observers who provide compassionate care to our patients and families.



Rokiya Lewis
ED



LaTrease Gray
SCU



Joe Bufalini
SCU



Lawrence Ukenye
2W

2025 BALTIMORE MAGAZINE EXCELLENCE IN NURSING AWARD



Vicki Lowe, Lactation Specialist
NICU



Sharon Romero, RN
4P



Ajitha Mattathil, Lead Clinical Nurse
Observation

2025 JOHNS HOPKINS MEDICINE LEADERSHIP EXCELLENCE AWARD



Morgan Risley, Nurse Manager
MCU

THE JOURNEY TO MAGNET

Magnet 101

Johns Hopkins Howard County Medical Center has been on a journey for many years now — a journey toward American Nurses Credentialing Center (ANCC) Magnet designation. The Magnet program recognizes organizations worldwide where nursing leaders effectively align their strategic goals to improve their organization's patient outcomes.

According to the ANCC, "The Magnet recognition program provides a roadmap to nursing excellence, which benefits the whole organization. To nurses, it means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be."

The ANCC Magnet Model is grouped into five model components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical outcomes.

Less than 10% of U.S. hospitals are Magnet designated.

JHHCMC's Magnet mantra, Magnet Excellence on the Rise, reflects the hospital's culture of nursing excellence, strong leadership, quality patient outcomes and a dedication to continuous improvement.

Key moments in the process:

- **January 2024**: Launched document-writing project with 18-month timeline.
- **Aug. 1, 2025**: Submitted completed Magnet document to ANCC.
- **Oct. 22, 2025**: After review, the document was accepted by ANCC with no deficiencies, allowing the hospital to proceed directly to site visits without rewrites.
- **Dec. 2–4, 2025**: Hospitalwide mock site visits were held to prepare for ANCC visit.
- **Jan. 28–30, 2026**: ANCC Magnet site visit scheduled at JHHCMC.

Telling the Magnet Story

Writing for Magnet is more than sending a list of nursing accomplishments. A team of writers worked for over 18 months to draft the Magnet document that told the story of JHHCMC nursing excellence through 102 articles. The final Magnet document totaled 2,458 pages. During document review, Magnet appraisers did not identify any deficiencies, which is a rare outcome that reflects the extraordinary care and attention of the writing team.

Our Team of Magnet Writers

Linda Sayre, *Project Leader*
Stephanie Al-Adhami
Neysa Ernst
Claudette Jacobs
Andrea Jenkins
Kate Kelly
Vicki Lowe
Danielle McQuigg
Kristin Moore
Colleen Pallozzi
Deb Schinner
Nick Schoch
Christie Thibeault
Kathryn Zizzo

"AS A PROJECT COORDINATOR AND WRITER OF THE MAGNET DOCUMENT, I WAS ABLE TO ACCURATELY HIGHLIGHT OUR ORGANIZATION'S COMMITMENT TO NURSING EXCELLENCE, EVIDENCE-BASED PRACTICE AND SUPERIOR PATIENT OUTCOMES. MY ROLE WAS TO SYNTHESIZE DATA AND PATIENT OUTCOMES INTO A COHESIVE DOCUMENT THAT HIGHLIGHTS NURSING CARE, INNOVATION AND CONTINUOUS IMPROVEMENT IN PATIENT CARE."

Linda Sayre, M.S., R.N.
Magnet Program Coordinator

The Role of Magnet Ambassador

Magnet ambassadors serve as enthusiastic champions of nursing excellence, connecting staff to the Magnet mission, celebrating achievements and inspiring a culture of professional growth and quality care across the hospital.

In 2025, our Magnet ambassadors, pictured on the right, approved our Magnet logo and slogan, supported staff credentialing, created and maintained unit Magnet brag boards, completed nursing inquiry training, led Magnet rounding and supported our mock site visit.



Magnet Ambassador: Ashley Dickinson, Perioperative Services

"As a Magnet ambassador, I enjoy taking a leadership role on the unit and helping my colleagues prepare. I think of a Magnet ambassador as the unit expert on the process who serves as a bridge between the Magnet program coordinators to help relay important information to the nursing units and works to ensure the unit is prepared and maintaining standards.

"It makes me feel really proud to be able to share what we are doing on our unit and continue to improve processes and see what other units do. It was really eye-opening to see the sharing of knowledge and communication among all the units.

"For staff, receiving Magnet recognition will speak volumes about what we're doing and hopefully encourage everyone to strive to keep doing research and progressing in their nursing career."

Magnet Ambassador: Alexa Cecil, Critical Care

"Because I was newer to the hospital, being a Magnet ambassador put me with a group of people across many departments whom I would never have met just working on my unit. I was able to learn about so many different and interesting projects throughout the hospital that are making a difference and how we're all doing things to try to better our patient experience.

"Being a member of the Magnet team made me more aware of what it means to be a Magnet facility and how exceptional our nursing care is. Achieving Magnet will give our nurses a lot of pride that they are a nurse at Johns Hopkins Howard County Medical Center. Even though we're a community hospital, this designation validates our nursing care is on the same high-quality level as the large Magnet institutions."

What Magnet Designation Means

"I believe that Magnet designation is so vital — it lets our community know that we are committed to providing them excellent care. It also shows that we support and uplift our nurses to be their best selves and provide compassionate, supportive and inclusive care."

Renee Quinn, R.N., 3P

SAFETY AND QUALITY

Looking Ahead at New Observation Unit



A rendering of a new observation unit patient room.

The Johns Hopkins Howard County Medical Center nursing team is looking forward to the opening of a 29-bed observation unit on the first floor of the hospital's pavilion. The unit will complement the existing 23-bed observation unit.

"The primary purpose of this renovation and new unit is to decompress the emergency department by supporting appropriate bed utilization and improving overall hospital forward flow," says observation unit nurse manager Brenda Hewitt, M.S.N, R.N. "The new unit will help us to get patients out of the ED and into a designated space designed to meet their clinical needs and ultimately improve the patient experience and reduce length of stay."

The observation unit will serve patients who are awaiting or undergoing evaluation or testing that will inform whether they will be admitted to the hospital or discharged. Nursing staff members select patients from the ED who match their admission criteria for the unit. Expanding capacity with the observation unit will allow nurses to transfer patients from the ED more efficiently. "Currently, observation is a combined unit, which means that we have two criteria for admission: simple and complex," says Hewitt. "The additional space will allow us to split the unit so that patients meeting simple criteria will go to the West Annex and patients meeting complex criteria will go to the Pavilion. Both spaces will provide cardiac monitoring."

Hewitt and her team are working closely with the construction team to ensure the new unit will meet the needs of its intended patient population. "We've been a part of every single process, from the blueprints on," says Hewitt. "It has really been from the ground up. We've had multiple meetings with the design team, the construction team, the groups that coordinate the telemonitors and phone systems and beyond. We have played a role in every incremental part of the renovation. It was wonderful to have the nurses' voice and expertise included in decisions from modifying patient rooms to meet clinical standards and configuring nursing workstations to aligning the space with regulatory and safety requirements. Operational workflows were also developed to define admission criteria, staffing models and interdisciplinary processes specific to the observation unit."

Patients on the observation unit have their own rooms, but they are still monitored on an hourly basis. "Observation patients receive quicker care in a more healing environment than they do if they stay in the ED," says Hewitt. "This expansion will allow us to offer that level of care to more people while still focusing on a fast discharge."

The end result? A shorter, more comfortable stay that benefits both the nurses and the patients. "We want to get the patient in the correct place to receive the correct level of care that they need. This expansion will help us do just that," Hewitt says.



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