



INNOVATE, COMMUNICATE, COLLABORATE.

Empowered Nurses Enhance Patient Care

The 2017 Sondra D. Bender Nursing Report



SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

INNOVATE, COMMUNICATE, COLLABORATE.

Empowered Nurses Enhance Patient Care

AT SUBURBAN HOSPITAL, nurses lead superior patient care and so much more. Innovations championed by clinical nurses have made the practice environment safer for patients and staff. Better dialogue, led by nurses, between every member of the care team as well as with patients and families has saved lives, sometimes even after a patient leaves the hospital. The connections and partnerships our nurses forge with physicians, fellow nurses, other support staff, generous donors, and patients and their family members helps Suburban Hospital elevate the patient experience and excel in safety, quality, and excellence. Read on for our stories.



Suburban Hospital's nursing leadership.



Jacky Schultz, MSN, RN, CNAA
President

INTRODUCING SUBURBAN HOSPITAL'S 2017 NURSING REPORT carries special meaning for me.

A career nurse myself, I know firsthand the challenges and obstacles that clinical nurses face daily on the front lines of patient care. I also know that all of our nurses pour their hearts and souls into providing the best care possible for every patient and family.

Patients in the hospital receive care from nurses more than any other type of care provider. It is the nurses and patient care technicians who urge patients to get up and get moving, encourage patients and families to ask questions and actively engage in their care, and educate the next generation of caregivers by exemplifying the principles of nursing.

I've always been proud of our nurses at every level, but as you'll see in this report, they are soaring far above our highest expectations. As you read, you'll learn how they are advocating for evidence-based care models, implementing best practices, and leading conversations about how to continually enhance their own knowledge and the knowledge of those around them.

When I look for leadership at Suburban Hospital, I know I will find countless examples among our nursing team.



LeighAnn Sidone, MSN, RN, OCN, CENP
Vice President/Chief Nursing Officer

I AM PARTICULARLY HAPPY TO SHARE OUR 2017 NURSING REPORT with you. This year's report really paints a picture of our nursing team's tireless dedication to excellence from the patient bedside to training and educational pursuits and out into our community.

One thing I'm truly proud of is the engagement of our clinical nurses in efforts to improve safety and care across the hospital and beyond. Nurses have always been our organization's pulse. Today, they're also driving the adoption of evidence-based best practices across Suburban Hospital. Our nurses are embracing the new world of patient safety and quality data. I see clinical nurses at the bedside finding small ways to improve their daily practice, measuring the outcomes of those efforts, and reporting their successes (and opportunities to improve) in transparent ways to share what works and what doesn't with colleagues in every specialty.

In my nearly 25 years at Suburban Hospital, I'm continually impressed by the collegiality and collaboration that goes on within our walls. Building partnerships to advocate for change is challenging, but our nurses and their amazing colleagues embrace that challenge with one goal in mind: providing the best care environment for every person who comes to our hospital.

I hope through this report, you'll see just some of the ways our nurses work hard every day to reach that goal.

QUALITY AND SAFETY DATA

Empowers Nurses to Improve Care

ON THE ADULT SURGERY UNIT at Suburban Hospital, several nurses and patient care techs gather around a scrolling digital screen. The nurse manager highlights on screen the unit's current rate of patient falls, how it compares to last month's fall rate, and how the unit's performance on this metric compares to other units in the hospital. Together the group talks through tactics they can employ to continue reducing patient falls—from visiting patients' rooms hourly to identifying which high risk patients might benefit from additional staff attention.



Adult Surgery's digital screen is one example of a hospital-wide effort called "True North," to bring meaningful data to the bedside and engage clinical nurses in the challenging work of improving care quality. Every unit in the hospital now has a board where relevant data is posted for the nursing team to study and discuss, and more units will have digital displays installed in the next year. A larger "home base" board hangs in the nursing leadership office for easy reference.

"True North keeps us grounded and focused on our direction toward improving patient care—like a compass," says Karin Nevius, BSN, RN, CCRN, CPAN, CAPA, director of Professional Practice and Quality at Suburban Hospital.

Recognizing that communication has to be a two-way dialogue, the leadership team launched True North with a series of Chief Nursing Officer (CNO) Roundtables that physically connected clinical nurses with nurse leaders, including CNO and Vice President LeighAnn Sidone, MSN, RN, OCN, CENP. Over two to three months, 500-plus nurses from every level, every unit, and every shift participated.

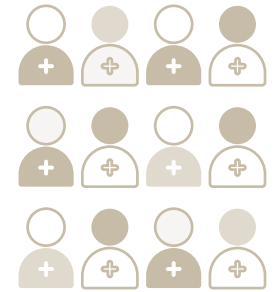
"The roundtable approach brought meaning to the data by connecting it back to a patient face and story instead of simply a rate or a number," LeighAnn notes. "We aimed to turn the focus to how quality and experience impact safety, and how small intentional changes in our practice are the way to make improvements."

“NURSING HAS AN AWESOME RESPONSIBILITY AND POWER. IF EACH ONE OF US CHANGES ONE SMALL THING IN OUR PRACTICE, COLLECTIVELY WE CAN REDUCE HARM.”

— LeighAnn Sidone



500+
NURSES
PARTICIPATED in
CNO Roundtables
over the period of
three months.



Delivering the data to nurses in a way that empowers them to act is showing results: when True North communications focused on fall rates, the rates began to trend in the right direction. Efforts to reduce catheter-associated urinary tract infections are leading to more discussion and better decision making about urinary catheter placement at the bedside.

“Nursing has an awesome responsibility and power,” LeighAnn concludes. “If each one of us changes one small thing in our practice, collectively we can reduce harm.”



Clinical Nurse Champion Spearheads SMOKE-FREE OPERATING ROOMS

EXPOSURE TO THE SMOKE that is generated in the operating room by surgical tools that cauterize or burn, known as surgical smoke, is harmful to inhale. This is especially true for perioperative staff exposed to it day after day and year after year.

Though precise risks are difficult to quantify, surgical smoke contains 150 chemicals, many of them carcinogenic or mutagenic, according to published laboratory analysis. Smoke generated by surgical tools also may contain communicable viral or bacterial particles from the tissue the tools burn away, increasing contamination risk.

So Richey first pinpointed a primary surgical smoke contributor—the electrocautery pencil. Used in nearly 85 percent of all surgical cases, replacing the current device with one incorporating smoke reduction technology could significantly change the air quality in Suburban’s operating rooms.

He then collaborated with operating room nurse leaders including OR Clinical Educator Kris Kepner, BSN, RN, CNOR, to design a phased education and rollout plan. The plan highlighted the dangers of surgical smoke and offered some common solutions. Together, Richey and the team arranged to pilot use of a smoke evacuating pencil in the operating room with hands-on support from the equipment manufacturer. This gave surgeons and nurses the opportunity to get familiar with the workflow changes and processes required for the new device.

Now, the hospital has a Smoke Free policy for operating rooms in accordance with the standards set by the Association of periOperative Registered Nurses (AORN). Electrocautery pencils without

smoke evacuation technology have been eliminated from most procedures, and Richey estimates that by January, the smoke-eliminating device will be in use across every operating room for every procedure.

“This was only possible because our hospital, especially the perioperative

team, are so willing to continually adapt and optimize,” Richey says. “With the right resources in place to ease the process, everyone was really open to doing what is best for the patient and the staff even if it meant a change to how things have always been done.”



NOW, THE HOSPITAL HAS A SMOKE FREE POLICY FOR OPERATING ROOMS IN ACCORDANCE WITH THE STANDARDS SET BY THE ASSOCIATION OF PERI-OPERATIVE REGISTERED NURSES.”

Richard “Richey” Oliver, BSN, RN, moved to surgery from a floor nurse assignment to play a role in finding innovative solutions to challenges. He was quickly assigned to explore ways to reduce surgical smoke exposure. It was a big job. Change is difficult in surgery, where efficiency and process are key to patient safety. Introducing a new workflow or procedure involves extensive communication, education, training, and cooperation at all levels of the team.



WALKING IN THE PATIENT'S SHOES

to Improve Communication and Comfort

A PATIENT LAYS IN A HOSPITAL BED tugging at her hospital gown and searching for her call bell, surrounded by a small group of nurses. Though it's a vulnerable and unfamiliar position for the patient, it's important for the clinical nurses to observe this situation. Which is how this particular patient ended up in the hospital bed—she's a clinical nurse participating in a program at Suburban Hospital designed to give the staff a physical experience of the patient's perspective.

"Experience the Experience," an immersive nurse-led role-play activity, asks one nurse participant to volunteer as patient, and the rest stand in as family members and observers. Then, a "typical" hospital day begins. Perhaps the nurse receives a phone call during a bedside conversation, or a doctor abruptly steps away after a frightening diagnosis. Maybe the patient care technician comes in and doesn't speak to the patient while performing basic tasks. One event that always resonates for participants is learning how long a five minute wait feels after a patient rings the call bell for urgent bathroom help.

The program was designed collaboratively by seasoned nurse managers and educators including Patricia Gabriel, RN, CEN, CPEN, TCRN, Teresa McCamon, BSN, RN, CMSRN, OCN, and Kris Hakanson, director of Patient and Family Experience. Each scenario highlights small things that nurses and patient care technicians can do to maximize connection and minimize patient discomfort. Members of the hospital's nursing leadership coach every session, asking questions in an open and nonthreatening environment to spark

interactive discussion about the big role care providers play in making a patient feel human and well cared for.

Initially piloted as a coaching program for newly graduated nurses, the program has impacted nurse-to-patient communication and patient comfort levels so effectively that it is now evolving into a coaching session for more seasoned clinical nurses as well.

Clinical nurses who complete the program earn higher compassion scores. Direct impact on patient satisfaction scores will be tracked in upcoming surveys, so that the program can continue to evolve. Clinical nurse Abosede Adeniji Sakariyah, BSN, RN-BC, credits the program with "helping the nurse understand what really matters to the patient and communicating in a way the patient understands."

According to Kris, Experience the Experience creates an opportunity for nurses at every level to, "see how it feels, what it sounds like, and what it looks like to be a patient. It helps them see right away that how we connect and understand patients, even in the smallest ways, is important to the work we do."



INTERDISCIPLINARY BEDSIDE ROUNDING

Engages Nurses and Patients

DAILY ROUNDS IN ONCOLOGY at Suburban Hospital look quite different today than just a year ago. Eager to find ways to enhance patient and care team communication, the unit's leadership developed a patient-centered, nurse-led rounding process that allows patients and family members/care partners to play an active role in care discussions with their complete care team.



The new interdisciplinary rounds occur within the same specific time window every day at the bedside of the patient, with every member of the care team present. Additionally, now clinical nurses play a lead role in presenting the patient's "case" to the rounding group of case managers, social workers, physicians, and the assistant nurse manager.

"This was a huge change for our whole team. We developed hands on training that equips our clinical nurses with the tools they need to effectively present each case. That includes an outline of the topics to cover, communication, and presentation strategies," explains Courtney Cornell, BSN, RN, OCN, nursing director of the Oncology Unit. "Giving them the ability to lead the rounds gives our nurses a sense of ownership and leadership over their patient's care, and builds the patient's confidence in our clinical team."

Implementing such a major shift in workflow took some convincing, but only at first. "Asking physicians and other care providers to commit to a set time and process daily was challenging, and many of them worried

about the time commitment," notes Courtney. But once we started to see the workflow benefits and could follow through on our promise to complete rounds in less than two hours, everyone was on board."

Almost immediately, average discharge times on the unit improved significantly, as discharge plans were mapped out early in the day. Patients also feel much more comfortable with information they receive, as reflected by increasing satisfaction scores for both physician and nurse communications.

"We're all on the same page very early in the morning," Courtney explains. "And the format reduces patient anxiety—all of us, including the patient and his or her family, know what to expect for the day. Rounds have become a patient-centered team effort led by our nurses, and everyone is benefitting."

The approach has been so successful in its initial rollout in Oncology that plans are underway to implement similar structure in additional medical and surgical units in the coming year.



CLINICAL NURSES

NOW PLAY A LEAD ROLE in presenting the patient's "case" to the rounding group of case managers, social workers, physicians, and the assistant nurse manager.

BRINGING SAFE SANCTUARY to Inpatient Mental Health

IT'S BEEN MORE THAN TWO YEARS since the nurses in the Behavioral Health Unit at Suburban Hospital have had to put an out-of-control patient in restraints. This fact exemplifies the nursing team's dedication to exploring less stressful strategies that create a safer, more constructive environment for everyone on the unit.

"We always want to empower patients to learn and to employ coping skills themselves when possible, before a stressful situation escalates into a dangerous one," says Elizabeth Tordella, MPP, MS, BSN, RN-BC, assistant nurse manager of the Behavioral Health Unit.

The unit's existing seclusion room was rarely being used, and space on the unit was limited. After a review of best practices for care of inpatient behavioral health patients, nurse educator Anne Apynys, PhD, BSN, RN, led the charge to convert the existing room to a "comfort room," — a more welcoming, warm environment for patients to step away from stressful situations.

"The biggest challenge we had to overcome was the available space," says Anne. "We were looking for creative ways to transform our existing seclusion room into a soothing place that reduces anxiety, but we needed the ability to quickly revert to the seclusion room when necessary."

"We have some really creative clinical staff here who want our patients to succeed," Beth says. "They took ownership of the idea. One of our psychiatric counselors, David Emmela,

painted a beautiful seaside mural on one wall and everyone added personal touches to really make the space appealing."

The room features lightweight, moveable furniture including bean bag chairs and a box of diversionary activities such as a white noise machine, stress balls, and art projects that patients can use to calm themselves. The goal is to provide individual relaxation, the development of self-coping skills, and valuable quiet time. Everything can be quickly removed from the room if the day comes when the staff determines that a patient needs seclusion rather than comfort.

The staff monitors safety by camera. The attending nurse interviews patients before and after they spend time in the room to collect effectiveness data on how well the space enables patients to practice coping skills that they'll use in the world outside the hospital.

"It's a place where both patients and staff like to be, even in times that aren't stressful," Beth continues. "We've started holding some small group sessions in that room, too, when possible, to maximize its benefits for everyone."



We have some **REALLY CREATIVE CLINICAL STAFF** here who want **OUR PATIENTS TO SUCCEED**

REACHING PATIENTS HOURLY

for Safety and Well Being

CLINICAL NURSES AND OTHER CARE PROVIDERS rely on standard workflows such as bedside shift reporting to ensure patients are safe, their needs are met, and they feel cared for. Have they been repositioned in the bed recently for comfort? Has someone helped them use the toilet? Inconsistency and uncertainty in rounding by clinical nurses and patient care technicians increases fall rates, among other safety concerns. Additionally, if a patient feels that staff are too busy to regularly tend to them, it can contribute to a negative perception of the care and communication they receive in the hospital.

To more effectively address these challenges, Suburban Hospital's Professional Development Council launched a new workflow based on a national best practice model called "hourly rounding" or "rounding with intent" to accompany standard bedside shift reporting. Suburban's version features a simple mnemonic: Restroom Environment Activity Comfort Hourly, or REACH, to

highlight necessary tasks to complete at every hourly patient visit.

"Combining REACH with the existing bedside shift reporting establishes a set of practices that connect with patients, improve communications, and provide quality care at the bedside," says clinical nurse Elizabeth Gabriel, BSN, RN-BC, Co-chair of the Professional Development Council.

To make it as easy as possible for busy nurses and patient care technicians to reach the goal of hourly patient visits, the hospital also made a simple physical change to the units.

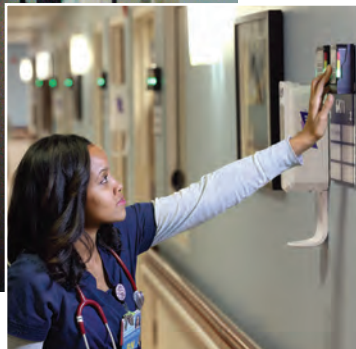
"We needed a quick and easy visual cue for rounding that doesn't cut into the care workflow," Elizabeth explains. "We are now installing Visilert timers outside each patient room. The timer has an indicator that lights up when an hour has passed. The clinical staff member who rounds stops the timer when entering the room and hits a button to start it again on the way out."

Successful adoption of the REACH strategy demonstrates the nurses'

commitment to patient care, no matter what else is happening on the unit. Patients are reporting higher levels of responsiveness and attentiveness in patient experience surveys, too.

The outcomes from REACH were highlighted during the CNO Roundtables as a prime example of how small changes to daily practice can lead to significant improvements in care for patients.

"Celebrating our nurses' successes is as important as talking about where we can improve," Elizabeth concludes. "It gives us real time proof of the power that small, sustainable practices have in keeping patients' needs at the center of everything we do."



WE ARE NOW INSTALLING VISILERT TIMERS

outside each patient room. The timer has an indicator that lights up when an hour has passed.

COMMUNICATION AND TEAMWORK

Key to 40 Years of Confident Trauma Care

AFTER FORTY YEARS as Montgomery County's only designated trauma center, the physicians and nurses at Suburban Hospital's Emergency/Trauma Center know that effective communication, teamwork, and training across the continuum of trauma care may save patients' lives.

Educational and training programs within the trauma specialty focuses on building every nurse's expertise and confidence so that he or she can successfully care for any trauma patient.

Nurses new to Suburban's Emergency/Trauma Center complete an objective-based orientation program to the center's trauma bays that teach skills according to an individual's knowledge base and the real patients who come through the center, rather than a prescribed orientation time period.

"We tailor the orientation to whether the team member is brand new to trauma or has some experience with intensive care or trauma at another facility," says clinical nurse Virginia Schad, BSN, RN, CEN, TCRN.

"Trauma is a vastly different patient population than any other, and we want them to complete orientation feeling confident and successful in caring for patient," adds Greta Cuccia, BSN, RN, CEN, TCRN, nursing director for Emergency, Trauma, and Pediatrics.

Seasoned trauma nurses continue to increase their knowledge. Trauma nursing case reviews focus almost exclusively on the decision making and care that nurses provide to trauma patients throughout hospital units.

"The nursing focus makes this a unique educational opportunity by emphasizing cross-unit teamwork. The discussions connect each nurse to the downstream impacts of the care they provide, resulting in improved trauma care across the continuum," says Patricia Gabriel, RN, CEN, CPEN, TCRN, a clinical nurse educator.

Every clinical nurse is encouraged to pursue a variety of professional certifications that increase knowledge. Currently, many members of the team are pursuing a relatively new board certification as Trauma Certified Registered Nurses (TCRN).

Suburban Hospital's trauma nurses have carried their expertise out into the community as well—training more than 200 community members



and staff in basic traumatic wound care. The program, "Stop the Bleed," prepares citizens to take a few crucial lifesaving steps in the initial moments when someone is injured.

Melissa E. Meyers, MBA, BSN, RN, TCRN, Trauma Program director, concludes, "We see our job as ensuring that from the moment someone is injured, they receive the best care possible, from the field, to the trauma center; the operating room, and beyond!"

CLINICAL NURSES LEAD THE CHARGE

to Get Patients Back on Their Feet

“EVERY HOSPITAL and health system faces challenges in getting their patients mobile,” says Eunice D’Augustine, MSN, RN, nursing director, Adult Medical and Acute Medical Units at Suburban Hospital. “Patients don’t want to move. Some of them are used to the ‘old school’ medical approach—stay in bed and get rest until you feel better.”



“WHEN OUR MOBILITY SCORES WERE TRENDING THE WRONG WAY, THIS PROJECT REALLY BROUGHT THE ISSUE BACK TO THE TOP OF THE PRIORITY LIST FOR ALL OF US.”

In the Adult Medical Unit, it was the nurse residents who kicked off a serious discussion about better ways to keep patients moving. Abosede Adeniji, BSN, RN-BC, and Diamina Sanchez, RN, chose mobility as the subject of their required evidence-based practice project while completing their first year of clinical work.

“We’ve always looked for new and better strategies because we’ve seen how much it helps,” says Eunice. “When our mobility scores were trending the wrong way, this project really brought the issue back to the top of the priority list for all of us.”

To determine next steps, the group sought input from the unit’s clinical nurses and several physicians who champion mobility initiatives. The clinical nurses strongly advocated for a dedicated patient care technician to walk patients every single day. They felt that the “walking tech” strategy, when staffing permitted, had worked with some success in the past.

Eunice notes, “We needed the walking tech, and we also needed a way to educate the team about the best practice and prioritize which patients would benefit most.”

“Now, we’re tracking mobility scores to evaluate progress and also educating nurses and techs on the importance of mobility and how to achieve a patient’s highest level of movement,” says Teresa McCamon, BSN, RN, CMSRN, OCN.

“These walks are part of their recovery,” adds Julie Todaro-Lawser, RN-BC, assistant nurse manager on the unit. “Having a tech assigned to walk with a patient at a certain time makes the mobility feel more like it’s an appointment or prescription.”

It is challenging to justify costs of the additional patient care technician for walking, especially when staffing resources are tight. However, with the mobility scores trending upward since the program launched in 2016, the outcomes are making the case for continued support.

“Increasing mobility improves a patient’s sleep, can decrease length of stay, and may be the difference between discharge to a rehab hospital or discharge straight home,” Teresa concludes. “So far, we’re seeing evidence in the Adult Medical Unit that investment in initiatives like this benefits patients, the care providers, and the hospital’s bottom line.”

TRANSITION GUIDE NURSES

Make Patients the Stars of Their Own Recovery

THE FIRST 30 DAYS after a patient is discharged from the hospital is a crucial and challenging window of recovery. To be successful, the patient must learn to take medications, complete follow up visits and return to daily living tasks. This time frame is so critical that state and federal agencies have identified readmission rates—the number of patients who return to the hospital within 30 days of initial discharge—as an indicator of a hospital's quality and safety.

The transition guide nurse role was created at Suburban Hospital to help patients through this fragile transition using a system of communication, education and support.

One team of transition guide nurses operates within the hospital walls, working with clinical teams to ensure high risk patients have a "Care Partner" identified, someone who agrees to contribute to the patient's recovery at home. An assigned transition guide nurse works with the patient and that care partner to plan for some common challenges that may arise.

Another team provides phone and in-person follow ups a few days post-discharge to revisit warning signs and symptoms, make sure a patient is aware of needed follow ups and ensure clarity on medication instructions. In cases where a patient needs additional help to get back on their feet, the team calls or visits in the home as much as needed to help keep them safe and on track.

"When patients leave the hospital, they are given so much information. They may receive instructions on wound care, multiple

medications, the importance of connecting with their primary care physician, the list goes on. All this information is delivered when they're distracted by the idea of leaving the hospital, or taking medications that affects their ability to process information," says Margie Hackett, RN-BC, transition guide nurse manager.

"We've found that sometimes, a small amount of contact and clarification after the dust has settled on their return home can make a big difference in helping them successfully recover," she continues.

Follow ups occur for any patient in the 30 day post-discharge window, averaging nearly 200 patients per month. To tackle the demand, the team recently expanded to include four full time and two part time staff, made possible in part by a grant from Montgomery County.

Since the program's expansion, readmission rates have declined by almost 5 percent as of June 2017. This rapid initial progress and increases in reported patient satisfaction make clear the positive influence the program is having on patients' lives.



 **5%** **DECLINE IN READMISSION RATES** since the program's expansion; as of June 2017.

"We like to say that we 'transcend the walls of the hospital and make people stars,'" says Margie. "They become stars in their own lives by learning self-care management, staying engaged in their care, and helping themselves recover well and achieve a high quality of life."

IN THE SPOTLIGHT

ALTHOUGH PERSONAL SATISFACTION with a job well done is a worthy reward in and of itself, peer recognition carries weight in the professional realm. Through presentations at professional societies, publications in journals, elections to leadership positions and awards, Suburban's nurses are gaining local, regional and national attention.

PRESENTATIONS

2017 Johns Hopkins Medicine Patient Safety Summit

- **We Don't PICC You Anymore,** Kelsey Day, BSN, RN; Wink Mackay, MSN, RN, CCRN; and Kim Kelly, MBA, RN, CCRN-K.
- **Step Into My Slippers,** LeighAnn Sidone, MSN, RN, OCN, CENP; Patricia Gabriel, RN, CEN, CPEN, TCRN; Teresa McCamon, BSN, RN, CMSRN, OCN; and Kris Hakanson, director, Patient and Family Experience.
- **The Value of Patient and Family Involvement in CUSP,** Eunice D'Augostine, MSN, RN and Stephen Bokar, chairman, Patient and Family Advisory Council.
- **Whisper While You Work: A Quiet Campaign,** LeighAnn Sidone, MSN, RN, OCN, CENP and Hanada Rados, MS, RN.



2017 nurses and techs of the year.

Sleep for Healthcare Elders, Eunice D'Augostine, MSN, RN, and Julie Todaro-Lawser, BS, RN-BC; Annual NICHE Conference, March 2017.

Quietness at Night/Whisper While You Work, Sascha Sullivan BSN, RN and Karin Nevius, BSN, RN, CCRN, CPAN, CAPA; Planetree Conference, October 2017.

What to Expect During your Hospital Stay, Alexis Edwards, MSN, RN, NE-BC; local senior centers, October 2017.

Suburban Hospital Nursing Grand Rounds, Hosted by the Evidence Based Practice and Nursing Research Councils, September 2017.

Nursing innovation and leadership **ENHANCED BY PHILANTHROPY**

THOUGH THE JOURNEY TO NURSING EXCELLENCE is led by our nurses, success also requires the support and encouragement of our loyal benefactors. Generous gifts, large and small, have given us the ability to excel as leaders and to implement the quality and safety initiatives that our patients and the community truly need.

AWARDS AND OTHER DISTINCTIONS

- **2017 Donation Champion, Washington Regional Transplant Consortium** - Margery Donovan, MS, BSN, RN, assistant nurse manager, ICU.
- **2016 Johns Hopkins Medicine Clinical Award for Clinical Collaboration and Teamwork** - Carol Stephens, BSN, RN, ONC, director, Ortho/Adult Surgery unit; Patrick Caulfield, MD, orthopedic surgeon; Matt Tovornik, MBA, service line administrator; Tracy Briscoe, MGA, BSW, joint replacement coordinator.
- **2017 Johns Hopkins Medicine Clinical Award for Clinical Collaboration and Teamwork** – Diabetes Nursing Champions and Mihail Zilbermint, MD, director, Endocrinology, Diabetes and Metabolism Care.

- **Gold MarCom Award** - 2016 Sondra D. Bender Nursing Report.
- **2017 DAISY Awards** - Clinical Decision Unit; Jenna Curran, BSN, RN; Rakeisha Lloyd, RN; Dana Shapiro, RN; Sean Terwilliger, BSN, RN, SANE.
- **2017 Circle of Excellence Award** - Greater Washington Area Chapter of American Association of Critical Care Nurses President Kim Kelly, MBA, BSN, RN, CCRN-K and President-Elect Kat Carpenter, BSN, RN, CCRN.
- **Lambert Fund for Nursing Annual Awards 2017** (Nurses and Technicians of the Year) Nominations were based on the nominees' contributions toward Suburban's strategic priorities. Division winners exemplify the role of the nurse in a shared decision making model and demonstrate a focus on patient and family centered care.

NURSES: Sayouoba Samelare, BSN, RN, Critical Care; Ashley Guthrie, BSN, RN, Medical/Surgical Units; Agnes Ceniza, BSN, RN, Perioperative Services; Angela Murage, RN, Specialty Services.

TECHNICIANS: Rosa Rodriguez, Medical/Surgical Units; Katie Pelton and Mercedes Zelaya, Perioperative Services; Antoine Wheaton, Specialty Services.

■ **James A. Brown Award for Excellence in Oncology Care 2017:** Alberta Sigwalt, RN.

■ **Mended Heart Award for Excellence in Cardiac Care 2017:** Zemenay Mestesalem, BSN, RN-BC, PCCN, CMC.

WE ESPECIALLY THANK THE FOLLOWING MAJOR DONORS:

- Anonymous
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- The Suburban Hospital Auxiliary
- The Casey Endowment for Nursing
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a member of Johns Hopkins Medicine,
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Maryland, serving Montgomery
County and the surrounding area for
close to 75 years.

Our relationship with Johns Hopkins strengthens our clinical services and brings increased opportunities for medical innovation, education and research. It also allows us to achieve our goal of assuring that our community has access to the very best health care available. We are also proud of our unique affiliation with the National Institutes of Health.

Philanthropic gifts from the community play a vital role in nursing excellence and innovation. To learn more and add your support, see pages 12-13.

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