



2018-2019

Sondra D. Bender
Nursing Report

NURSING
EXCELLENCE:

IT'S WHO
WE ARE



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

MAGNET
RECOGNIZED

AMERICAN NURSES
CREDENTIALING CENTER

NURSING EXCELLENCE:

IT'S **WHO** WE ARE



ACROSS EVERY UNIT AT SUBURBAN HOSPITAL, our nurses are compassionate and committed care providers and, most importantly, leaders at their very core. This year's annual report highlights the collaborative spirit of our entire nursing team, especially clinical nurses at the patient bedside. You'll read about nurses sounding the alarm before someone takes a critical turn toward a deadly infection and spearheading technological and human solutions to communication and care challenges.

Everything we do and every initiative we undertake as nurses at Suburban has one goal: to give the very best care possible to every patient who walks through our doors. We hope you enjoy our stories.

LETTER FROM LEADERSHIP



Jacky Schultz, MSN, RN
President
Suburban Hospital



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

This year marks the end of a decade full of great advances for our organization, including the growth of our nursing governance structure and leadership, nursing practice and our hospital's physical footprint.

One thing that remains consistent, however, is the focus and passion of our nurses. Their hard work, dedication and true grit has benefited our staff as well as the patients and families in our care. We are proud to announce their efforts have also led to our hospital receiving the honor of Magnet designation from the American Nurses Credentialing Center (ANCC). It's an exciting time to be part of this extraordinary nursing team at Suburban, and an honor to celebrate our colleagues and their monumental first-time status within ANCC's Magnet Recognition Program.

In the wake of this honor, it's exciting to think about what's next. We know we will continue to learn, grow and implement initiatives that revolutionize how we care for our patients. We'll renew the focus on finding solutions to challenges and keep evidence-based best practice at the heart of our work. New partnerships will reach across professional expertise areas and form multi-disciplinary teams with shared passion for tackling common issues. And our expertise will reach beyond the hospital walls to provide expert voices on health care issues such as chronic illness to our community.

When we started the journey toward Magnet accreditation nearly 10 years ago, we knew the qualities, expertise and energy that define all institutions that have achieved Magnet status were already woven into the fabric of Suburban Hospital's nursing culture. Today, we're so proud to see how that culture has grown and evolved among the entire nursing team. We hope you enjoy this year's annual report stories—they are a true reflection of the qualities that make Suburban Hospital an elite member of the select group of hospitals who have been honored with Magnet recognition.

Suburban Hospital achieved its first time Magnet designation in recognition of nursing excellence in 2019. The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program is the highest national credential for professional nursing practice. Fewer than eight percent of U.S. hospitals achieve this prestigious recognition. Staff from every unit were joined by Jacky Schulz, Suburban's president, LeighAnn Sidone, chief nursing officer, and Deborah Baker, DNP, ACNP, NEA-BC, senior vice president for nursing of the Johns Hopkins Health System, for a celebration of the achievement on the announcement day. "A hallmark of care at Suburban Hospital is their interdisciplinary partnerships—for which nursing plays a large part," said Ms. Baker. "The motto of their Magnet journey remains constant and shining. At Suburban, "There is no place like home."



Suburban Nursing Achieves

MAGNET



"Suburban's staff of more than 600 nurses are highly skilled, deeply compassionate and strongly committed to delivering exceptional patient care," said LeighAnn Sidone, MSN, RN, CENP, vice president and chief nursing officer. "I am so deeply proud of our nurses and the entire staff at Suburban for achieving Magnet designation."





To achieve Magnet designation, organizations must pass an intensive evaluation process that demands widespread participation from leadership and staff members. This rigorous process includes an electronic application, written patient care documentation and an onsite visit with review by the ANCC Commission on Magnet Recognition.

"Magnet recognition validates our work on the patient experience, quality improvement and employee engagement," said Jacky Schultz, MSN, RN, president of Suburban Hospital. "I am so proud of our entire team as we receive this prestigious recognition."



STATUS for Nursing Excellence



The Magnet Model provides a framework for nursing practice, research and measurement of outcomes. The foundation of this model comprises various elements deemed essential to delivering superior patient care, including quality nursing leadership, coordination and collaboration across specialties, as well as processes for measuring and improving the quality and delivery of care.



CLINICAL NURSE LEADER FELLOWS

TAKE THE LEAD

A TRUE LEADER DOESN'T NEED 'manager' in their title to lead. An innovative fellowship program at Suburban Hospital championed by senior nurse leaders gives young nurses the confidence needed to grow as true leaders in their field. As part of the inaugural Clinical Leader Fellowship cohort, six nurses oversaw clinical improvement projects that have already impacted the patient and family experience within their units.



Madeleine Felley, BSN, RN, CNOR
Giovanna Oliveira Silvera, BSN, RN

"After just one year, we have seen these nurses lead the way to improving care," noted Eunice D'Augostine, MSN, RN, nursing director of adult medical and acute medical and one of the fellowship's designers. "They have served as our change agents and have inspired others to commit to delivering high quality care."

Fellow Abosede Sakariyah, BSN, RN-BC, CMSRN, became staff champion for the adult medical unit's transition to multi-disciplinary, nurse-led bedside rounds. She served as the primary contact point between leaders and staff, tracked data and identified 'pinch points' that might prevent long-term adoption. One year later, patients report increased satisfaction with communications about the care they receive and the care teams report better collaboration as well as streamlined delivery. The structure successfully developed for adult medical has now been adopted by acute medical and will soon be implemented in surgical units too.

"The fellowship and my appointed mentor taught me that change doesn't happen in a day," Abosede says.

"Everyone may not be on the same page, but you have to find ways to bring everybody together and have the difficult conversations that will help get a more positive outcome in the end."

Giovanna Oliveira, BSN, RN, and Madeleine Felley, BSN, RN, CNOR, also credit their mentors for helping them collaborate toward a shared goal of improving communication between the operating room (OR) and the waiting room.

"As a nurse, you want to take care of the patient and their family members," says Maddy. "But we didn't have any simple and effective ways to continuously communicate updates to families from the operating room."

First, they found a way for OR nurses to use the existing electronic system to send messages to waiting families during set points of a surgery. Almost immediately, this additional communication improved the families' experience, as noted on post-surgical surveys.

The game changer for this project arrived when the electronic system was paired with a dedicated perioperative nurse liaison assigned to provide face-to-face

updates to families. In only one month, the combined electronic and personal strategies led to the team exceeding its target patient experience measures.

All the nurses participating in the Clinical Leader Fellowship faced challenges in changing the status quo. However, the combination of mentorship support and coursework gave them confidence in their abilities to help their teams embrace change.

"In the role of staff nurse your thinking is so focused on the task at hand," says Gia, who was recently promoted to charge nurse. "The fellowship teaches you about yourself and how to communicate with others in order to accomplish our goals. I encourage other nurses to apply, knowing how much they'll learn and how much the experience will lead to even better patient care every day."



NURSES MOVE THE NEEDLE ON CAUTI REDUCTION



THE ACUTE MEDICAL UNIT at Suburban Hospital recently celebrated 24 months without a single catheter-associated urinary tract infection (CAUTI) among patients. The oncology unit has been CAUTI-free for the last 17 months, and the adult medical unit just passed one year without a CAUTI. These milestones were the result of a nursing-led initiative to reduce hospital-acquired infections.

“Nursing has a special role to play in preventing CAUTIs,” says Karin Nevius, BSN, RN, CCRN-K, director of Professional Practice and Quality at Suburban. “When the Hospital-Acquired Infection Steering Team identified CAUTI reduction as a priority, nurses had the opportunity to make an impact.”

The reduction of CAUTIs became a priority for all Suburban nursing councils, which are chaired by clinical nurses. The Evidence-based Practice and Research Council reviewed available literature to identify best practices for CAUTI prevention. These proposed practices included a nurse-driven catheter removal protocol. This evidence was sent to the Quality, Safety and Service Council for consideration and development. Once completed, the Professional Practice Council refined the specific practice changes and translated them into protocol. Finally, the Professional Development Council took the protocol and created education plans that gave clinical nurses the training and confidence to successfully implement the updated protocols.

As a result, the CAUTI rate has been cut in half in the past 12 months. Several units are celebrating a year, or even longer, without a single CAUTI.

The development of the protocol, coupled with unit-level education efforts, raised awareness for everyone about CAUTI prevention and tactics, and gave clinical nurses the power and confidence to remove a catheter as soon as patients no longer met criteria to have one. Evidence shows that expediting removal greatly reduces the risk of catheter-associated infections.

Nursing councils continue to keep an active eye on this challenge. The Quality Council monitors the implementation to track results, identify issues and work with the hospital's infection prevention team on case reviews when CAUTIs do occur. In addition, several new catheter-related medical products referred by clinical nurses were approved by the Practice Council. These bedside tools will assist the team in further reducing CAUTIs.

“Nursing took this effort on because it is our priority to provide the best care possible for our patients,” says Karin. “These infections complicate the care patients need and add unnecessary costs. I'm so proud of our nurses for taking on this challenge, really owning it and making a huge difference for every patient.”



SHARED GOVERNANCE EMPOWERS CLINICAL NURSES TO LEAD



CLINICAL NURSES KNOW BEST whether something will work or not work in practice. Nearly 10 years ago, the nursing leadership at Suburban Hospital launched a council-based governance structure that sought to harness that knowledge in organizational decision making.

Today, five specialized councils meet monthly and engage clinical nurses from nearly every hospital department and unit, including as council chairs.

The **Quality, Safety and Service Council** focuses on nursing's role in hospital quality and safety. This council oversees nursing-sensitive quality measures such as patient falls, pressure injuries, catheter associated infections, central line associated blood-stream infections and medication errors. The council tracks and reports statistics around these safety metrics at the unit level and champions efforts focused on health care worker safety such as the installation of patient lifts that reduce staff injuries.

The **Professional Practice Council** specializes in the review of policies and protocols to improve and enhance nursing practice at every level of care. The council:

- Provides input on process improvements in areas such as patient identification and handover practices
- Plans, implements and evaluates Nurse's Week activities that recognize Suburban's excellence in nursing practice
- Reviews usage of clinical products intended to enhance practice and improve patient care
- Collaborates with the Professional Development Council to review portfolios for the clinical ladder of career advancement for clinical nurses.

The **Professional Development Council** is responsible for identifying opportunities to enhance the professional growth and knowledge of Suburban's nurses at all levels. In addition to reviewing nurse career portfolios for advancement, the council leads the hospital-wide sepsis education initiative and educates nurses about workplace violence de-escalation. This council also reviews and validates the success of the hourly patient rounding program for clinical nurses (REACH), hosts patient education fairs and volunteers in local community events.



The **Evidence-based Practice and Research Council** serves as the voice for evidence-based best practice among nurses. This council oversees and supports nurse-led research projects and reviews and recommends practice changes based on the latest evidence. The council promotes the incorporation of evidence into practice through annual nursing grand rounds and utilization of referral processes. The council collects evidence and rating information about existing resources and tools for practice improvement. Finally, this council specializes in improving protocols for sleep, urinary tract infections and many other areas of clinical care.

The **Night Shift Council** brings the unique challenges of the night shift into the light of day by tackling programs and initiatives that can enhance care in the overnight hours. The council leads the hospital's "Whisper While You Work" initiative and consults on the implementation of related protocols. The council also serves as the voice of the night shift to the chief nursing officer and to many hospital services and departments, including pharmacy, human resources, and food services.

This well-established structure for governance is embedded in the very fabric of the nursing culture at Suburban Hospital and forms the basis for the hospital's Nursing Practice Model, which seeks to deliver safe, individualized and quality care to the patients and families of Suburban's diverse community.



Nursing Practice Model

Nursing practice is guided by the following principles:

Our Mission — To deliver safe, individualized & quality care to the patients & families of the diverse community we serve.

We are committed to putting **patients first**. Care delivery is centered around the needs of the patient and family as defined by the patient.

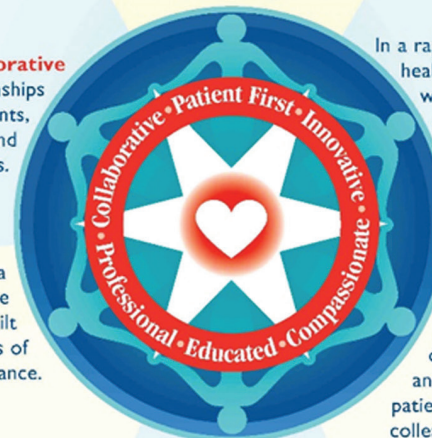
We are **collaborative** in our relationships with patients, families, and colleagues.

In a rapidly changing healthcare environment, we will embrace and cultivate **innovative** methods or ideas in our care delivery and nursing practice.

We support a **professional** practice environment that is built upon the principles of shared governance.

We are **compassionate** and respectful of the diversity and individuality of patient, families and colleagues.

We are **educated** professionals motivated toward continuous learning and the application of evidence based practices to achieve the best patient outcomes.



Our Vision — Suburban Hospital nurses will provide outstanding care supported by clinical expertise & research. We will deliver adaptive, technologically advanced care while maintaining a personalized & comforting touch.

NURSE-LED BEDSIDE ROUNDS

REACH MEDICAL AND SURGICAL UNITS

DAILY MULTI-DISCIPLINARY ROUNDS at a patient's bedside are standard in critical care units. At Suburban Hospital, this rounding approach has been adapted by the medical units too. Every day, the team gathers alongside the patient's family for a comprehensive discussion with the bedside nurse about the patient's care.

"Though it takes a little more time on the front end, this team-based structure helps get everyone on the same page for the whole day," says Regina Morales, BSN, RN, clinical manager of the acute medical unit. "Families make fewer calls and requests for additional information from their nurses, and the nurses are making fewer calls to get information from physicians."

The results—which include streamlined care conversations, significant reductions in discharge time and increased patient satisfaction—have demonstrated the benefits of the rounds to every care provider.

Continual feedback ensures everything works as seamlessly as possible. The full clinical rounding teams meet every other month to review metrics, discuss the process and make necessary workflow adjustments. For example,

when total rounding time began to creep upwards, the unit charge nurse and clinical manager took responsibility for ensuring each bedside nurse was prepared in turn to ease the team's transition from room to room. The nurse leaders also provide feedback to the bedside nurses after each day's rounds to help them strengthen their presentation skills.

The collaborative rounding approach changes how care providers interact with each other, too. "People are working more closely and everyone feels confident in the care plan," says Charlene Faku, MSN, RN, clinical manager of the adult medical unit. "The whole team, not just nurses,

are now invested in how data about patient experience gauges the success of our efforts."

The team responsible for leading the move to interdisciplinary rounds across Suburban was recognized this year with a Johns Hopkins Medicine Award for Clinical Collaboration and Teamwork.

Courtney Cornell, BSN, RN, OCN, nursing director of the oncology unit, notes that successfully rounding this way is a truly pivotal idea for patient care in the medical and surgical units. "Bedside rounds promotes teamwork between the physicians, nurses, and other care coordinators. But most importantly, it enriches our connection with patients and their families."



"PEOPLE ARE WORKING MORE CLOSELY AND EVERYONE FEELS CONFIDENT IN THE CARE PLAN."



MAINTAINING A SAFE, THERAPEUTIC ENVIRONMENT FOR ALL

AGGRESSIVE AND VIOLENT BEHAVIOR from patients or family members is not “another part of the job” for nurses and other frontline health care providers, although for a long time many in the profession believed it was. To ensure that Suburban Hospital is a safe, therapeutic environment for both staff and patients, the hospital has actively participated in the Johns Hopkins Health System Workplace Violence Executive Oversight Committee and launched its own workplace violence steering team to focus on process and culture change.

Suburban’s effort to reduce workplace violence has **two goals:**

Equip frontline care providers with **new strategies** and **clear support** structures to cope with all types of workplace violence, including verbal violence and threatening behavior.

“Nurses are the closest physically to the patient and spend the most time with them,” explains Quinn Collins, MSN, RN, NE-BC, director of Nursing Systems and Operations. “No matter what upsets the patient, often they take it out on the nurse because that’s who they see. Our nurses and staff now have better tools to identify the early stages of inappropriate behavior, de-escalate situations with clear boundary-setting and, most importantly, report every incident so leaders can intervene and keep everyone safe.”

Make sure everyone who enters the hospital **clearly understands** this behavior is unacceptable.

The steering team engaged nursing councils and unit directors to develop a strategy for handling aggressive patients or visitors in a safe and practical way, then disseminated the workflow to all frontline staff via unit directors and reinforced it through hospital leadership.

“A large part of this work was really shifting the mentality to one where people understand that reporting verbal and physical aggression is something you do every time it happens,” says Cindy Notobartolo, MS, BSN, CHP, HEM, administrative director of ED/Trauma, Safety, Security, and Employee Health Services. “We’ve improved the ways that nurses can flag problems both electronically and visually for the rest of the team, and we’ve shown the staff that we respond to every occurrence in a serious way, with the goal of sharing information that keeps people safe.”

The response from front-line staff has been positive—in 2018, the number of incidents reported more than doubled from the previous year. A series of communications were also rolled out to set behavior expectations for patients and visitors. Signage in public areas like waiting rooms, nursing stations and the cafeteria outline the behaviors that everyone at Suburban is expected to maintain within the hospital’s therapeutic environment. Card-sized versions of the expected behaviors are placed in every admissions folder and bedside nurses have them at their fingertips.

“If we want the best nurses to come spend their careers caring for patients at Suburban,” Cindy concludes, “We have to show them we are serious about keeping them safe and creating a healing environment for everyone who walks through our doors.”

ATTENTION: PATIENTS, FAMILY AND VISITORS

Suburban Hospital’s goal is to provide quality care in a safe environment—safe for staff, patients, families and visitors. Our code of behavior requires that each person treat others with courtesy and respect. **Any verbal or physical behavior that causes staff, patients, families or visitors to feel threatened, uncomfortable or embarrassed is unacceptable.**

Suburban Hospital expects all individuals in the Johns Hopkins Medicine healthcare system to refrain from:

- Using foul language, racist comments or name-calling
- Videotaping or recording without consent
- Threatening or attempting to intimidate anyone
- Making sexually explicit comments or suggestions
- Touching someone inappropriately
- Using physical violence
- Damaging hospital property

Those individuals who do not refrain from such behavior will be asked to stop. If such behavior persists, security will be notified and **may result in patients being discharged, or family or visitors being escorted out of the hospital and denied re-entry.**

Depending upon the behavior, the police may also be notified and the individual **may be charged with a crime or be subject to other legal action.**

Thank you for helping us maintain a safe environment.



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EDUCATION AND TECHNOLOGY TO REDUCE SEPSIS MORTALITY

SEPSIS OCCURS WHEN THE BLOODSTREAM is poisoned by bacteria. It is the body's most extreme response to an infection. One in three patients with sepsis will ultimately succumb to this deadly complication. Survival depends on delivering treatment within three hours of diagnosis—making early detection crucial. A hospital-wide initiative led by nurses is using education and technology to help staff identify the warning signs of sepsis and act quickly to reduce mortality.



As a first step toward improving mortality rates the multi-disciplinary Sepsis Treatment Advancement Team (STAT) was formed to lead strategy development and measure results. The team started out with a hospital-wide education and awareness effort to help staff understand even the smallest signs and symptoms. Then, with the assistance of the nursing Professional Development Council, the team drilled down into workflows, handoffs and process challenges to truly improve identification and treatment at the bedside.

“As with so many treatment challenges, a bedside nurse is the most likely to notice an early sign of sepsis, and the first to take on early treatment,” says Noelle Flaherty, RN, MS, MBA, CCM, CPHQ, director of Performance Improvement, who helped form the STAT team. “To really understand, we need those nurses to have honest conversations with us about the barriers to early treatment so we can work with them to take those barriers down.”

As a member of the Johns Hopkins Health System, the team was also able to employ the Targeted Real-Time Early Warning System (TREWS), a tool developed by Johns Hopkins that flags people at risk for sepsis based on data entered into the patient's Epic record.

“Getting TREWS working properly was one part,” Noelle remembers. “The second was addressing the identified workflow challenges. When a nurse suspects sepsis or the system alerts us, what happens next? How do we get a physician to enter orders as soon as possible? What can the nursing team do in the meantime to set the stage for a positive outcome?”

The team's efforts have resulted in significant increases in compliance with the Center for Medicare & Medicaid Services SEP-1 measure, which tracks how effectively sepsis care is rendered within required time frames. The next step is looking beyond the hospital walls to reduce sepsis-related readmissions and help patients and their families know what to do if they have an out-of-control infection response after they leave the hospital.

“The initiative empowers nurses to advocate for patients,” says Danielle Clarke, BSN, RN, CEN, PMN-BC, an emergency department nurse who is also part of the STAT team. “It helps them educate the patients about the symptoms and risks, and I think that makes patient care better.”



**SURVIVAL DEPENDS ON
DELIVERING TREATMENT
WITHIN THREE HOURS OF
DIAGNOSIS—MAKING EARLY
DETECTION CRUCIAL.**

IN THE SPOTLIGHT

SUBURBAN'S NURSES CONTINUE TO BE RECOGNIZED and sought after as experts in how to provide the highest quality care for patients and their families. National and local award recognition, publication in peer-reviewed journals and presentations at society meetings and conferences allow us to exchange innovative ideas and share our experiences with colleagues around the country.

AWARDS AND OTHER DISTINCTIONS

- **2019 Silver Beacon Award for Excellence**, American Association of Critical-Care Nurses (AACN): Progressive Care Unit
- **2019 Circle of Excellence Award**, American Association of Critical-Care Nurses: Kim Kelly, BSN, RN, MBA, CCRN-K, nursing director, Critical Care
- **2019 DAISY Awards:**
Carrie Harrington, RN Jenna Oien, MSN, RN
Kenya Petway, BSN, RN Paula Starnes, RN
- **DAISY Lifetime Achievement Award:**
Karin Nevius, BSN, RN, CCRN-K
- **2019 Lambert Fund for Nursing Annual Awards**
 - James A. Brown Award for Excellence in Oncology Care: Vivian Danson, PCT, Oncology Unit
 - Mended Heart Award for Excellence in Cardiac Care: Regina Howell, MSN, ACNP, ANP
 - Nursing Friend of Philanthropy: Karen Boliek, MS, RN-BC
 - Nurses of the Year:
Maloure Boursiquot, BSN, RN, CCRN, PACU
Ginaya Crooks, MSN, RN, CCRN, Intensive Care Unit
Karrie Ellwanger, BSN, RN-BC, Oncology Unit
Catrina Padellford, RN, Adult Medical Unit
- Technicians of the Year:
Emily Athanas-Linden, Intensive Care Unit
Isata Baryoh, Preoperative/PACU
Ophelia Borbor, Adult Medical Unit
Rita Osei, Adult Surgical Unit
- A Suburban Hospital nursing photo was selected to appear on the cover of the **Journal of PeriAnesthesia Nursing (JoPAN)** in 2020 in recognition of how well it represents “the essence of Peri-Anesthesia Nursing and acute care clinical practice.”
- **2018 Gold Award**, Patient and Family-Centered Care, Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality: Intensive Care Unit
- **2018 Lantern Award**, Emergency Nurses Association (ENA): Emergency Department
- **2018 Platinum Hermes Creative Award**, Sondra D. Bender Nursing Annual Report 2017
- **2018 Bronze Beacon Award for Excellence**, American Association of Critical-Care Nurses: Intensive Care Unit



Suburban's Intensive Care Unit received a Gold Award for Patient and Family-Centered Care in 2018 from Johns Hopkins Medicine



Image that will appear on the cover of the Journal of PeriAnesthesia Nursing in 2020

SELECTED PUBLICATIONS AND PRESENTATIONS

- “Engagement in Research: A Clinical Nurse Profile and Motivating Factors.” Journal for Nurses in Professional Development. May/June 2019. Vol. 35 Issue 3, 137-143. Elizabeth Scala, MSN, MBA, RN, Barbara Patterson, PhD, RN, ANEF, Debra Haas Stavarski, PhD, RN, Periwinkle Mackay, MSN, RN, CCRN.
- “Retrospective study of inpatient diabetes management service, length of stay and 30-day readmission rate of patients with diabetes at a community hospital.” Journal of Community Hospital Internal Medicine Perspectives. March 2019. Suburban nursing contributors: Periwinkle Mackay, MSN, RN, CCRN, and Cynthia Tucker, BSN, RN, CDE.
- **8th International Conference on Patient- and Family-Centered Care**
Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality
“Bringing Patient and Family Advisors to Comprehensive Unit-Based Safety Programs (CUSP) Teams.” Suburban nursing presenter: Kimberley Kelley, BSN, MBA, nursing director, Critical Care



Regina Howell, MSN, ACNP, ANP, (second from right) received the 2019 Mended Heart Award for Excellence in Cardiac Care

PHILANTHROPY THAT NURTURES NURSING EXCELLENCE

Philanthropic support for nurse-led initiatives has allowed Suburban Hospital to innovate and improve outcomes for all of our patients. Generous gifts, large and small, empower us to embrace and implement forward-looking changes to professional practice that enhance care across the board. We especially thank the following donors for their impact over the past year:

- A **\$500,000** contribution from the **Bender Foundation** supports expansion of a clinical ladder program and development of a clinical leader fellowship program. Together these programs enable professional growth and development for bedside nurses, ensure strong focus on improving quality and service for patients, and provide mentorship and career growth within the nursing practice model.
- A **\$100,000** gift from emeritus trustee **Dr. Donald Orkand** and his wife **Kim** ensures critical

funding for continuing education initiatives and advanced practice certification opportunities.

- We also thank many other donors for contributing cumulative gifts of **\$25,000** and above:
 - The Rona and Jeffrey Abramson Foundation
 - Anonymous
 - The Casey Endowment for Nursing
 - Estate of Lorraine Divver
 - Louis & Helen Fanaroff Charitable Foundation
 - Ann C. Jones
 - Arthur G. Lambert Fund for Nursing
 - Christopher Ludwa in memory of his beloved wife, Amanda Ludwa
 - Dr. Charles W. McCutchen
 - Karen and Tom Natelli
 - PNC Charitable Trust
 - Sam Rose
 - Saks Fifth Avenue/Chevy Chase
 - Estate of Brooks Salzman
 - Ruth and Samuel Salzberg Family Fund for Nursing Initiatives
 - The Suburban Hospital Auxiliary
 - Diana Davis Spencer Foundation

To find out how you can help, please call **301-896-GIVE** or visit donate.suburbanhospital.org/nursing.





SUBURBAN HOSPITAL, a member of Johns Hopkins Medicine, is a not-for-profit hospital in Bethesda, Maryland, serving Montgomery County and the surrounding area for more than 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.

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SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

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