I am delighted to share our first Howard County General Hospital Nursing Biennial Report with you.

This document will showcase the many accomplishments we have achieved over the past two years, and share the stories behind our talented caregivers. In our report, we celebrate the contributions of Howard County General Hospital (HCGH) nurses who are dedicated to serving our community, building on our knowledge base, and expanding our nursing scope of practice. These stories are supported by outcomes data, but what is most impressive is the extraordinary ways nurses, well served by the multidisciplinary team, have had a positive impact on the patient experience and enhanced quality and safety for all those we serve.

**We cannot do this alone.** We value the relationships we have built with our colleagues on the larger clinical team, our providers, and our community. We continue to look for ways to enhance autonomy, professionalism, and integration. You will read about the many ways we are fulfilling our mission and carrying out the strategic priorities of the Johns Hopkins Health System. The people we have highlighted on these pages are only a few of the many who actively work every day to improve our care to patients and families and the patients’ outcomes. My colleagues and their stories mirror what it means to be a nurse at HCGH, promoting excellence in the delivery of high-quality, safe, and empathetic care to our community. We balance our evidence-based nursing practice with our compassion and empathy for our patients and families. Our patients and their partners in care inform what we do and shape our goals based on valuable input we receive from several Patient Family Advisory Councils. We are grateful for their input and dedication to improving the care we deliver.
The hospital promotes a professional practice environment where nurses are encouraged to grow professionally, expand their skills and knowledge base, and build on their education. This year, we have shifted our attention to increasing the nursing education at the bachelor’s level within the organization, increasing the number of certified nurses in their specialty, and encouraging professional growth through advancement in the clinical ladder and leadership development.

As nurses, we are strategically positioned to effect outcomes at the point of care, thus we are a major driver of the patient experience. We accomplish this only through the support and collegiality we receive from the entire care team. We value our colleagues who work alongside us to reach our common goal in achieving excellence in patient-centered care and enhancing the patient experience. We have all worked hard to ensure that we not only provide the best possible care to our patients and their partners in care, but that they hear our caring through the empathetic language we use. **On behalf of our entire nursing leadership team, I extend my sincere thanks to all those who contribute to the care we deliver, most importantly, to our patients.**
NURSES TRANSFORMING CARE

Nurses at Howard County General Hospital inspire others and are driven to improve quality. Each one has a unique story and experiences that made them into incredible caregivers.
The Relentless Pursuit OF IMPROVEMENT

When your caring nature is what drove you into nursing and you find yourself working at the hospital in the community you call “home,” you want the quality of care to be the best it can be. Throughout her 34-year career at HCGH, Judy Brown, RN, has committed herself to doing just that.

The year was 1982, and Judy had just started work at HCGH as a shift director. Fast forward to 2016 and Judy, senior vice president of Outcomes Management, is often referred to as “The watchdog of data” because not everyone can look at the latest data and know exactly what it is saying like she can—frequently correcting the source of the data when what it says just doesn’t look right.

Judy’s knack for knowing when the data might not be accurate began early in her career when she noted some discrepancies in a test she took. Data collected from an aptitude test Bryn Mawr Hospital School of Nursing gave her during the application process said she had a strong data analysis trait (true) and should be an accountant (false). Instead of following the path the data directed, Judy pursued her diploma in nursing. “I knew I wanted to work with people,” recalled Judy. “The aptitude test wasn’t too far off though. I did follow my nursing degree with a bachelor’s in business administration and knew management was for me. For two years I was a full-time student by day and a full-time nurse at night.”

Judy continued her education with a master’s degree in administrative science from Johns Hopkins University and worked her way up in nursing at HCGH. “During my tenure as the chief nursing officer, I felt strongly that HCGH should be moving toward magnet status, and my degrees were in business,” said Judy. “I didn’t want my education to keep the hospital from achieving magnet status, so I went back and got my master’s in nursing.”

That same year, Judy assumed her current role with Outcomes Management in which she provides oversight of performance improvement and is responsible for risk management, patient safety, infection control and The Joint Commission and CMS regulatory compliance. “It was not my choice to move to the quality and regulatory role,” noted Judy. “But, I had the clinical background and excruciating attention to detail.”

At the time, quality data was not publicly reported and core measures were very new. Since then, hospitals have become extremely transparent, and data collection—as well as analysis when something is wrong—have become more important.

“The real trend in safety today is to look at processes rather than people. When an error occurred, you would look at people. While people do make mistakes, processes contribute to errors. By conducting detailed case analysis with the data, and evaluating processes, we can determine what can be done to keep someone else from making that same error,” said Judy. “Technology has come a long way too in preventing errors. HCGH uses these technologies in ways that you wouldn’t expect in a community hospital.”

Over the course of her career in nursing operations, she also spearheaded the implementation of numerous programs, including obtaining funding to start the Sexual Assault Forensic Examiner (SAFE) Program at HCGH, which resulted in Judy receiving the American Organization of Nurse Executives Community Health Improvement Award in 1999. In addition, Judy and her team launched The Center for Wound Healing at HCGH. Judy’s dedication to continued education and training has inspired many others to follow suit.

“To nurses today: Achieve your education—one course at a time if that is what it takes—to progress, even if you want to stay at the bedside. No one can ever take it away from you.”
Emilia Alvarez-Negron, RN
HCGH Emergency Department

Became a Nurse: 2010
Started at HCGH: 2015
From 9-11 to 9-1-1 A NURSE’S JOURNEY

Emilia Alvarez-Negron was 31 years old when she was reminded in an instant that she had not embarked on her lifelong dreams yet. It was 9-11. The day the towers came down. She watched it happen from a few blocks away. From 1993 to 2000 she had worked in and around the World Trade Center and knew the city that was underneath the towers and the intricacies of the offices above ground. She wanted to help but had no training. “That day reminded me that I needed to find a way to end my career as an executive assistant and begin my journey to become a nurse,” recalled Emilia. “I wanted to take care of people—not corporate executives anymore.”

By the age of 27, she was married and had three children. Her focus was on daily life and taking care of her family’s needs and working hard to survive life in New York. Sitting in a classroom was not an option for her, but the online education era was beginning to take hold.

At the age of 34, she began her nursing career journey taking as many courses as she could online—in the evenings and on the weekends—all while working full time and being a mom. “I knew that I had ignited a fire and a passion for learning and it just kept getting bigger and bigger with each class I tackled,” said Emilia. “With my first patient encounter, I knew I had found my calling in life. It took me five years, but at the age of 39, I graduated nursing school at the top of my class with my husband, parents, and children by my side and my first grandchild in my arms.

“As a nurse, I knew it started with teaching. I discovered in nursing school that the best way for me to learn was to teach others. My schoolmates helped me to recognize the pure joy in helping others learn and watching them grow. I also knew I wanted to get my master’s in science of nursing and then continue my studies to be a nurse practitioner. Along the way, I discovered just how few Spanish-speaking healthcare providers there were and the needs that existed.”

Emilia moved to Maryland and worked in the Emergency Departments of several Baltimore-area hospitals before landing at HCGH. “The hospital was warm, it was welcoming, it was a Hopkins-affiliated community hospital and it had a feel to it that said, ‘We are here for you,’” noted Emilia. “If you knew me, you’d know that I strive for excellence in everything that I do. I wanted to align myself with people who think the same way I do, and I have to say I made the right choice.”

Emilia is currently finishing her master’s degree as a nurse practitioner with an emphasis on acute care for adults and gerontology and a post master’s in nursing education.

“I believe God put me on this planet to become a nurse and everything that I have ever experienced has been so that I can be the bilingual Spanish nurse that I became,” said Emilia.

“When a patient comes into the Emergency Department, they may be experiencing their worst moment possible and you do something that changes their world. You have made an impact. They probably won’t remember your name, but they will remember what you taught them, what you did for them or how you made them feel. When you go home at night, you know you made a difference. That is nursing.”
Loida Lacson, RN
Vascular Access Specialist

Became a Nurse: 1993
Started at HCGH: 2014
A Mission of **CARING**

When HCGH nurse Loida Lacson heard about her extended family who had been living in a gym for over a year with 69 other families following a devastating fire in Tondo, Manila, Philippines, she did what nurses do. She made it her mission to put a plan in motion to care for those in need. In the fall of 2015, Loida gathered supplies and filled nine pieces of luggage with donations from her HCGH co-workers and set out to deliver them in person with her family to Tondo.

“Typically, when we visit our family in the Philippines, we relax there,” recalls Loida. “This time was not a vacation, and it gave me a new perspective. I found myself asking, ‘Why don’t you make others’ lives a little better?’ I am blessed with a job, house and a car—even though it isn’t new—everything that I have is a blessing. But, when you go to a third world country, you realize it even more—it opens your eyes and you realize you have everything you need.”

Upon arriving in Tondo, Loida used her donations to purchase noodles, sardines, rice and chocolate. Her family unpacked the luggage and made individual bags to give each person containing three pieces of clothing.

Loida recalls being greeted, “When we got there, the people knew we were coming and were walking behind our car. The families, sleeping on mats in the gym, were in need of nearly everything. What truly surprised me was their smiles. Even though they had only one meal a day, with such hardship they could still smile. This same reason is why I love what I do as a nurse at HCGH. Not only do I give happiness to others, but also I ease their pain and anxiety. The reward is their smile.

“This was my first mission. There will be more.”

“I came to the United States in 1999. I had nothing. All I had when I came here was a pair of hands that can do wonderful things.”
Katie Leffner, RN

Intensive Care Unit

Became a Nurse:   2012
Started at HCGH:  2012
NURSING DNA

Nursing is in Katie Leffner’s DNA—literally. The granddaughter of a nurse, the niece of a nurse and the daughter of an HCGH nurse, to Katie it seemed only natural that she too would land at HCGH as a nurse to start her career. And, when the opportunity arose to travel to Africa on a mission with her co-workers, a place she had once been, she knew she had to return.

In the fall of 2015, Katie overheard HCGH pulmonologist Jeanette Nazarian, M.D., discussing an upcoming trip to Africa to work on a project with fellow nurses. “I traveled to eastern Africa and did HIV/AIDS work in 2012 during my study abroad in my senior year of college, so when I heard ‘Africa’ my ears perked up,” said Katie.

In March 2016, Katie and Leigh James, RN, a fellow HCGH nurse, traveled with Dr. Nazarian to Nairobi, Kenya, to follow up on a project to assess the need for additional equipment to include an autoclaving machine used to sterilize instruments specifically used for cervical screening. According to Katie, the clinic “has only one autoclave machine that can only hold two instruments and takes up to four hours to run through a cleaning cycle resulting in a limited number of screenings that can be done for women.” The HCGH group also visited the Kijabe Mission Hospital and spoke to their ICU nurses and toured the unit and clinics in the area that provide basic care as well.

“Although I had been to eastern Africa before, I was shocked at the lack of access to care,” recalled Katie. “The hospital was on a mountainside. I can’t imagine climbing the mountain to get to it—especially in the rainy season. I have a new appreciation for the medicine we have here in this country. We have access to health care—I can’t imagine having major surgery and being released from the hospital to go home and having to walk down a mountain. I would love to go back to Africa someday, and I hope that Dr. Nazarian has plans to do more in that part of Africa.”

Until then Katie continues to grow as a nurse here. She recently became a progressive care certified nurse (PCCN) and is looking to undertake her critical care nursing certification (CCRN). Katie adds, “And someday soon, I hope to go back for my master’s degree. I want to keep on learning.”

“I love helping people in any way I can.”
A Team Approach to Enhancing Performance

Lean Sigma Transformation

Lean Sigma is a process improvement approach that is designed to enhance efficiency, quality and safety in our day-to-day operations. “Lean” methodologies focus on eliminating waste. “Six Sigma” is a process of analyzing data and employing statistical rigor to identify the root causes of defects. Originally used by Toyota to find the most cost-effective way to build reliable, high-quality cars, the process applies equally to health care systems, which often struggle with waste and inefficiencies. In addition to a positive financial impact, these efforts have already boasted positive trends in infection control and, most important, a more positive patient experience. The greatest benefit of Lean is that everyone has a voice in improving procedures in the workplace for the benefit of both patients and employees.

More than 200 HCGH employees throughout the hospital have been Lean trained since October 1, 2014.

Working with front-line staff, Lean Sigma experts—called “black belts”—use a problem-solving method to assess the way work is currently being done and create a more efficient process to eliminate waste and increase patient safety. The Lean Sigma black belt facilitates the process of:

- mapping current processes (value-stream analysis)
- developing new processes
- piloting the new processes and studying the results
- assessing how well they are working
- continuing new processes if measurable improvements are made.

While the program was initiated in the Emergency Department, Perioperative Services and Labor and Delivery, teams across the hospital have seen successes as well.

The training of staff in the Lean Sigma methodology, coupled with an increase in leadership development and training programs, is empowering nurses and developing leaders in the organization from the top to the bottom.

“We have employed Lean to improve the patient experience. It’s a long-term commitment to understand the needs and expectations of patients and to make sure we are delivering efficient and prompt care. It is an opportunity for employees to become more effective in what they do every day.”

— Steve Snelgrove, president
Marci Young, RN
4 Pavilion/Acute Care Unit

Became a Nurse: 2007
Started at HCGH: 2005 as a PCT extern

A TEAM APPROACH
PILOTING CHANGE

Emergency Department wait times are often at the crux of patient satisfaction scores and have been identified by the Lean Sigma method as needing improvement. With a multidisciplinary approach, the Lean team developed a pilot program to have a nurse float throughout the hospital’s inpatient units to expedite those patients being discharged to home. Marci Young, RN, volunteered to help with the program. The goal: to improve Emergency Department patient flow for those patients being admitted who are awaiting an inpatient bed.

Through the pilot, several barriers were identified. The barriers ranged from coordinating patient transportation home to the nursing staff having more urgent issues that required their attention. This can be frustrating for inpatients who have already received their care and are ready to go home and those who are waiting to be admitted.

During the first pilot for discharge, improvement was noted and data to increase the patient experience is still being reviewed. “The response from the nurses has been overwhelmingly positive,” said Marci. “It can take 15 to 30 minutes to discharge a patient and 45 minutes to one hour to complete an admission. Nurses have reported that the pilot has provided them with more time to care for their patients.”

The second pilot will incorporate a float nurse to assist with admissions and discharges—providing continuity of care for patients. Patients get to witness the collaboration between an Emergency Department and inpatient admitting nurse via bedside reporting. The patient is then transported to the inpatient floor by that same nurse.

Marci feels, “These pilot programs will have an impact from both the patient and nursing perspective. Patients will spend less time waiting. We recognize our community has a concern about ED waiting times, and it makes me feel good as a resident of the community and an employee that we are working to solve this issue.”

Language of Caring

There are many efforts underway to fine-tune our culture to ensure that we are always showing compassion and caring for patients and for one another as colleagues. We are doing this through management and leader training, as well as implementing the Language of Caring program for all employees at the hospital. Every HCGH employee has participated in the Language of Caring, an evidence-based, skill-building training program that provides tools to strengthen our communications with all the people we serve: each other, patients, families and visitors. Marci participated in the Language of Caring program as a facilitator. Over 50 nurses were trained to act as facilitators who taught workshops to staff.

“As caregivers, we all want to create the ideal patient experience by communicating compassionately and effectively,” said Marci. “We are all caring people, and we come into this profession because we want to be able to use that skill and add purpose to that skill.

“I enjoy teaching the class. It was reflective. I move quickly and at a fast pace. I try and stop and slow down before I walk into a room so the patient doesn’t feel rushed. I look at the Language of Caring as an opportunity for nurses to improve skills they already have. We are already getting positive comments back from patients. We moved the bar and stepped up our game. It is exciting to see the patients are experiencing what we learned.”

“Nursing allows me to focus on helping people daily. I can see the impact I have every day on someone other than myself.”
Nickie O’Rourke, RNC, C-EFM, BSN
Manager, Labor and Delivery
Became a Nurse: 2003
Started at HCGH: 2014

Lauri Martin, RN, C-EFM
Manager, Maternal Child Unit
Became a Nurse: 1995
Started at HCGH: 1998

Sheila Donahue, MS, BSN, RNC-NIC
Director, Women’s and Children’s Services
Became a Nurse: 1974
Started at HCGH: 2004
A multidisciplinary team comprised of front-line staff, nurses and physicians from the Labor and Delivery and Maternal Child units gathered last year to ask a question, “How can we improve?”

Patient satisfaction wasn’t what it once was. The backlog of patients, with no beds available on the floors, was having a significant effect on patient flow from Labor and Delivery to the Maternal Child Unit. Patients also were not being discharged efficiently and in a timely manner which further generated frustration with patients.

“Throughout the process, we maintained that the most important thing is that we are doing the right thing for mom and baby—what is best for them clinically,” noted Sheila Donahue, RN.

For this team embracing Lean methods, the answers became clear. The team discovered that new mothers who had given birth through a Cesarean section were staying longer in the hospital than they needed. This impacted discharge times and the availability of beds. Their Lean work also reflected a lack of communication within the group and units and a significant disconnect in patient education.

The process to improve began with a change in culture. Early education for the mom-to-be is now provided in advance of delivery in a discharge book distributed by the provider’s office so they can prepare for discharge before baby’s arrival. Newborns are now staying in their mom’s room more to allow parents to learn the baby’s cues, breastfeed and make the transition home easier.

Having “standard work” bedside shift report has culminated in an enhanced relationship between the two departments. Nickie O’Rourke, RN, noted, “We used to work in silos. Now we work together to the benefit of the patient. This has helped with camaraderie and gives us a common goal of mom and baby having a great experience.”

“We also have a daily patient status huddle that has helped the discharge process in both units,” added Lauri Martin, RN. “And, if we find ourselves with a surge and high volumes, we will huddle more often.”

“This process has allowed staff to be a part of the change,” said Sheila. “They feel vested, and we are transparent with all the front-line staff, including those from Environmental Services and Dietary, as to what our process is and why.”

The units now boast skyrocketing HCAHPS scores and higher patient satisfaction.

“Becoming a nurse was... serendipity. — Nickie O’Rourke

Babies are my first love, and I enjoy teaching from the very beginning. — Lauri Martin

As a nurse, I get the opportunity to work with fabulous people. — Sheila Donahue
HCGH nurses strive to demonstrate a commitment to achieving high-value care delivery that is accessible and coordinated, evidence-based and safe and provided in a uniquely compassionate environment to show patients and their families that they are truly at the center of everything we do.

Nurse Leader Rounds
Nurse leader rounding on patients in the hospital helps to identify key issues that can contribute to providing better care. Patient survey data analysis has shown that patients who have a nurse leader round on them regularly during their hospital stay are more likely to rate their experience as positive. HCGH units have a goal of 100 percent rounding, every day.

Expanded Multidisciplinary Rounds and Other Team Efforts
There are a number of best practices that highly reliable hospitals can employ to improve patient outcomes and satisfaction and also make employees feel valued and able to deliver excellent patient care. Multidisciplinary rounding on patient units is one such practice that is showing great promise at HCGH. Multidisciplinary rounds were incorporated on four medical-surgical units, enhancing care coordination and discharge planning. These daily rounds bring together patient care teams to discuss each patient’s plan of care, discharge plans, patient/family goals and an agenda for the day. Nurses explain this program to their patients in advance and solicit questions they may have for the team. In some cases, the team makes bedside rounds with a patient if there are considerable questions or concerns. Results show that multidisciplinary rounding has not only reduced patient length of stay but also increased satisfaction and bettered the communication and relationship between team members.

The observation unit, under the leadership of Pauline Esoga, RN, hosted a nurse-driven, multi-unit and multidisciplinary exchange of ideas on best practices to prevent readmission for patients. This has helped increase focus on this important issue.
Huddle Boards

Huddle boards, where staff work together twice daily to problem solve and improve low performing tracked and trended metrics, have increased from one unit to four units. By encouraging more purposeful interactions and better communication among clinical staff, it is hoped that all of these programs will produce another leap forward in our quest for excellent patient care.

2 South Unit Huddle Success

Every day at 1 p.m. and 11 p.m., all 2 South staff gather for a mid-shift meeting. The nurse manager, clinical program manager or charge nurse lead the huddle and provide real-time information, such as the current number of patients, staff assignments and critical announcements. Staff members are encouraged to ask for assistance if they need it during the shift. Everyone is encouraged to play an active part in the discussion. The group also discusses information tracked on a huddle board, which displays key metrics, such as the daily percentage of nurse leader rounding, nursing communication with patients and staff responsiveness. Each metric is monitored and the outcomes are charted on the board, with the goal of analyzing and improving the metric.

For example, staff responsiveness is measured by daily call bell response time. Prior to the huddle board, the 2 South Unit’s average response time was about five minutes. The team set a goal to reduce that to four minutes. Daily response times are tracked on a graph to visually display trends. If call times are not being met, staff discuss barriers and solutions. By focusing on this metric, the huddle board tracking has helped improve average response time by more than two minutes.

The huddle board has empowered the 2 South staff to collaborate with each other to recognize and solve problems. Through this process, front-line staff—those who care for our patients every day—are able to effect real change and make a difference.
Stephanie Kresky, RN
Post-Anesthesia Care Unit
Became a Nurse: 1979
Started at HCGH: 1986
Communicating is COMFORTING

Over the past 30 years, Stephanie Kresky, RN, has witnessed the transformation of HCGH from a small community hospital into what it is today. In her work in the PACU, she has seen the physical space change and be redesigned with separate pre-operative and post-operative areas with an increasing caseload.

With the implementation of the frequent Lean huddle boards, Stephanie has seen process improvement throughout the unit. From hand hygiene to increasing communication with patients and families, the Lean process boasts results. “Our waiting room is down the hallway, and the desk is not manned 24 hours,” said Stephanie. “My project was to institute a PCT to round every hour and provide updates to patient families from 6:30 a.m. – 8:00 p.m.”

The results of Stephanie’s project were evident in surveys. The communication from the rounds to the families proved to be a significant patient and family satisfier. According to Stephanie, “the families have expressed a sense of comfort knowing that we will be in touch throughout their loved one’s stay.

“The Lean system has been a great asset. Nurses know the deficiencies and as nurses, we are very astute at problem solving. It is a part of our daily life.”

“ I truly believe every day when I go to work I can make a positive difference in someone’s life. Not everyone gets to do that.”
Paige Schwartz, MSN, RN
Manager, 3 Pavilion/Telemetry Unit

Became a Nurse: 2002
Started at HCGH: 1994 as a volunteer in high school
2002 as a nurse
In an effort to decrease readmissions, reduce staff-related injuries and support patients returning to their living situation prior to hospitalization and maintaining their independence, Paige Schwartz, RN, piloted an Early Mobilization Project. “Getting patients moving early in their stay has increased benefits for the patients as well as the hospital,” noted Paige. “Lower levels of physical activity are directly associated with increased complications. Maintaining or strengthening muscle can help prevent falls and keeps bones safe. Movement helps breathing, digestion and circulation to avoid clots. Moving with or without assistance is important in improving the patient’s overall functioning.”

Getting to know our patients is the first part of this process. Understanding their prior function level and communicating this to the treatment team allows all providers to easily see what the patient was capable of prior to their acute illness. The goal was to mobilize the patients from bed three times a day, unless it was not medically advisable, and to document mobility to accurately reflect each movement so the team can see the patient’s progress. Educating the patient and family about the rationale for movement is part of this effort as is including them in the discussion of daily mobility goal. The second goal was to have the patient do a little more than they did the last time with the understanding that some everyday tasks fit into this goal. Getting the patient to the bathroom to brush their teeth or wash their face works their muscles while doing that same task in bed causes the muscles to decondition. Discussing the patients’ mobility during daily multidisciplinary rounds allows the entire team including the physician, nurse, and ancillary staff to collaboratively improve the patients’ care and outcomes.

The results are noteworthy. The rate of readmissions has been on a downward trend and is at a low for the year. Staff-related injuries have also been reduced. A drop in the length of stay has allowed patients to be discharged earlier and new patients to be admitted more quickly. Before the pilot, the unit had the third lowest mobility score in the hospital—including the ICU. Recent data now shows they have the highest.

“I love what I do because I am a leader. I get to motivate patients, their family and staff.”
Claudette Jacobs, DNP, RN-BC
Clinical Education Program Manager

Became a Nurse: 1979
Started at HCGH: 1993

Let us help you feel more comfortable.
In addition to pain medications, we are offering Integrated Therapies (IT), such as ice, heat, music and relaxation techniques, which may enhance comfort. Ask your nurse about IT. We will do everything we can to make you more comfortable!

Feel better!
There is acute and chronic pain that affects up to 25 percent of Americans and, unfortunately, it is often experienced by hospital patients. “We do well pharmacologically addressing pain through medications, but through this project, I wanted to remind nurses that there are non-pharmacological measures that can be used,” said Claudette Jacobs, RN. “There is a holistic approach that we define as ‘integrative.’ These therapies could include: relaxation breathing, massage, meditation, distraction techniques, guided imagery, art, reading and music. The goal: integrate these interventions into the patient’s pain management plan.”

Claudette’s project began with a survey to assess nurses’ knowledge of integrative therapies (IT) for pain management. Next, the teacher in Claudette coordinated education through the hospital’s online education system. Claudette created a scripted card for patients to “Ask your nurse about IT” as a conversation starter.

“Pain is complex,” noted Claudette. “There are many shades of discomfort—it is not black and white. The emotional, as well as the spiritual and physical aspects, must be addressed. There is so much we can do when we communicate with our patients. When I was a new orthopaedic nurse, I was caring for a patient with back pain. By me talking to him and repositioning him—providing something as simple as a massage—I brought him comfort. When he recovered, he shared how much he appreciated my conversations and explanations and time I had spent with him. Treating pain is multimodal and there are many means of trying to control pain. When medication is needed, it is provided, but integrative therapies are important, too. It is nice when nurses have options to provide relief.”

The result of the IT pilot was that HCAHPS patient scores went up relative to pain control. Additional pain resource nurses, who have gone through the curriculum Claudette created and received IT education, are now throughout the hospital.

Claudette’s project was also shared at the 2015 American Society for Pain Management Nursing National Conference.

“Not only am I a nurse, but I am a teacher. As nurses we have a responsibility to teach as well.”
Growing Our Nurses in Place

Nurses are continuous learners, and providing and encouraging education for our clinical staff helps them to be at the top of their profession. There are many efforts at HCGH and Johns Hopkins Medicine that provide educational opportunities.

Clinical Partners in Education
As the proliferation of online schools has increased exponentially, HCGH has developed affiliation agreements with a number of schools in Maryland and throughout the country. Both HCGH employees and non-employees who are enrolled in online coursework at partnering schools to achieve their BSN degree as an RN or LPN can fulfill their required clinical obligations and rotations to complete that pathway at HCGH. The hospital also supports the career development of staff who are pursuing their master’s or doctor of nursing practice (DNP) degrees by providing a mentor or preceptor for the student’s capstone or data project.

The Stream of Continuing Education
In HCGH’s efforts to further increase continuing nurse education, Healthstream, the hospital’s learning management system, is now being used to support nurses in getting their annual continuing education (CE) credits and for those nurses looking to obtain a specialty certification. Nurses actively pursuing certifications can take courses, participate in reviews and practice tests to prepare for exams. The system also provides unlimited access to CE credit and helps to support nurses in their goal to further their education.

To support our nurses seeking to further their education, HCGH also provides tuition assistance for undergraduate and graduate career-related coursework to both full-time and part-time employees.

Addisalem Ayele, RN and Daliah Halboni, RN
Julie Baylor, MS, RN
Nurse Manager, Nursing Administration

Became a Nurse: 1980
Started at HCGH: 1990
Building Bridges, **GROWING NURSES**

Every summer, HCGH offers a Patient Care Technician (PCT) Extern Program for 15 nursing students who have completed their fundamentals of nursing, have the required GPA and a CNA license to gain clinical experience. Julie Baylor, RN, who spearheads the effort, describes the program as a “great experience for them and for us.”

Students accepted into the 10-week program attend four weeks of classroom and clinical training. During the first four weeks, they demonstrate skill competencies and work with a PCT preceptor on the inpatient units. The advantage of placing the students in the float pool is to expose them to a wide variety of patients. Following the four-week training program, students work full time for six weeks and then PRN until they graduate. Nursing assistants are also grown in a PCT Training Program while providing close observation of patients who are at a high risk for falls or harm.

“You can see the participants’ confidence increase over time,” said Julie. “Some stay for a year, and we have some who are here longer. It is a walking interview for us and for them as they get to see the culture, and we can observe their work. This has resulted in a good retention rate. Many of these students interview for the new graduate fellowship into our medical-surgical or specialty fellowships, and they are successful. I love what I do because I love working with the new people and helping them to learn and grow. I love their enthusiasm and their thirst for learning—they keep that spark in me ignited.”

"Nursing is lifelong learning, and we have to help the ones coming behind us."
Pawel Wawarejko, RN
Emergency Department

Became a Nurse: 2010
Started at HCGH: 2008
as a Patient Care Technician
A 4,000-MILE JOURNEY to Nursing

Pawel Wawarejko’s path to becoming a nurse stretches across the globe. Originally from Poland, Pawel came to the United States 14 years ago. It was an experience with a family member getting sick that triggered his interest in nursing but he didn’t have the opportunity to pursue a nursing career in Poland.

Pawel arrived in the United States in 2001 as an au pair to care for children. It was a one-year program and then he was supposed to go home. After six months, he started going to Howard Community College (HCC) and taking nursing classes. “I was an international student, so it was hard to get into the program,” recalled Pawel. “I finished my nursing prerequisites and received my associate degree. This was followed by additional classes and prerequisites at Towson University for a year. By the end of the year, I discovered that I didn’t get into their nursing program. I was so frustrated.”

Pawel didn’t give up on his dream of caring for others. He knew he liked to work with the older population, so Pawel pursued his bachelor’s in gerontology. After graduation, he worked with Alzheimer’s and dementia patients in a nursing home but still dreamed of being a nurse.

Upon hearing about the Patient Care Technician program at HCC led by HCGH’s Senior Director of Patient Care Services Nancy Smith, RN, Pawel was eager to get a job and gain experience. He started as a PCT on the 3P/Telemetry Unit in 2008 where he worked for three years. In 2011, Pawel became a U.S. resident and by 2012, after taking extra classes, finally achieved his associate in nursing.

“When I graduated I applied for a nursing position in the HCGH Emergency Department,” said Pawel. “Working and studying all the years I have been here, I could never stop going to school. I worked for a little bit in the ED after getting to know nursing hands-on and then I applied to St. Joseph College of Maine online. I just received my bachelor’s degree in nursing in 2016. I am taking some time off from school now, but I am planning on continuing my education.

“I am a nurse because this is who I am. The Emergency Department is a great place to work and has a different pace that I enjoy. My fellow nurses are very resourceful and great team workers—everyone can depend on each other—you never feel alone in your job. I feel like I belong here.”

“You can’t ever give up on pursuing your nursing career and your dream. If you really want it, you can achieve it.”
Brenna Durkin
Fuld Fellow

Became a Nurse: 2016
Started at HCGH: 2016

GROWING OUR NURSES
The Face of a **FULD FELLOW**

Research gleans insight
This year brought a new addition to 1 North, a Fuld Fellow, Brenna Durkin. The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety is an innovative leadership training program designed to prepare baccalaureate nursing students as future quality and patient safety leaders. As a Fuld Fellow, Brenna received evidence-based, quality improvement and patient safety training, a practical quality-improvement and patient-safety experience and was mentored to bridge theory and practice.

Brenna joined HCGH in August 2015 to conduct a qualitative study on 1 North to determine the sources of resiliency and coping mechanisms the 1 North staff use given the extremely challenging work environment. The 1 North/Psychiatry staff has lower turnover and higher longevity rates than would be expected on a psychiatric unit. She conducted one-on-one interviews and prepared a final report to highlight her findings. Brenna worked closely with her mentor, Karen Davis, RN, HCGH vice president of nursing, who helped identify the topic and directed her through the research.

“Simultaneously, while doing my research, I was also taking a Johns Hopkins class on quality improvement,” says Brenna. “I wanted my research to determine what themes I could find with the staff that would be translated into use on other nursing units.”

Brenna was invited to sit on nursing rounds and found that every nurse had input and that contributed to their success. In addition, she discovered 1 North nurses had exceptional dedication and commitment to their patients. “They have a hard job and yet they all find their job so rewarding,” says Brenna. “There is no substitute for experience though. Because the majority of the nurses have such longevity and experience working alongside each other, they understand each other’s role and work as a team, and they have strong communication skills. As situations evolve, their team understands what each one of them is going to do and how they are going to react.

“Being a Fuld Fellow has been a wonderful learning experience about research and teamwork. The entire unit was so welcoming and helped me so much. This experience will stick with me for years to come.”

“I wanted to have a career that would be everlasting.”
Brandon Buckingham, MS, RN, CCRN
Nurse Manager, Joint Academy/Surgery

Became a Nurse: 2009
Started at HCGH: 2014
Brandon Buckingham, MS, RN, CCRN, an HCGH nurse manager, recently received his Master of Science in Nursing Leadership and Management from Stevenson University. “With three children under the age of five and working full time at HCGH, to say it was difficult would be an understatement,” says Brandon. “But, I was determined to do it and passion played a role. I love what I do, and I always strive to do better and be better.”

Having started at Johns Hopkins Bayview Medical Center in 2006 as a nursing unit secretary, Brandon worked his way through the ranks. He knew from the beginning where he wanted to steer his career and the best way to do that would be through an advanced degree. With the help of the Johns Hopkins tuition assistance, Brandon started working toward his master’s.

“Graduate school is much different than any undergraduate program, especially in nursing. The program opened my eyes to health care issues as a whole and magnified where nursing leaders can make an impact,” recalls Brandon.

Upon graduation, Brandon started giving back and undertook another title, that of mentor. “I was approached by a faculty member of Notre Dame of Maryland University who asked if I would be willing to mentor a graduate student for her final semester,” says Brandon. “Having just graduated, I knew what worked well and what could have worked better. My mentee spent the entire semester shadowing me. She had gone through their entire graduate program focusing on leadership, but her current position had challenges and she was unsure of whether she still wanted to pursue leadership. She was wavering. Over the course of the semester, we included her in our meetings and invited her opinions. I saw this spark in her, and she stayed the course. I am passionate about what I do—I want to help motivate and inspire others with the same passion—mentoring allowed me to do just that.”

What’s next for Brandon? The education continues. He sees his next degree on the horizon in the future: Doctor of Nursing Practice.

“I love what I do because I enjoy making a difference in the lives of others at a time when they may feel vulnerable and stressed. Just walking into a room with a smile can make a world of difference.”
Partnerships and Collaboration

At HCGH and Johns Hopkins Medicine, one of the strategic priorities is to be the national leader in the safety, science, teaching and provision of patient- and family-centered care. To support this priority, we strive to partner with patients, families and others to eliminate preventable harm.

Sepsis: Collaborating with Regional Partners

Sepsis is an example of preventable harm. A systemic inflammatory response to infection, it can become a life-threatening complication. With 750,000 cases and 250,000 deaths per year, sepsis is the tenth leading cause of death in the United States. Every hospitalized patient is at risk for contracting sepsis and, because it can progress so rapidly, early recognition is critical.

In October 2015, the Centers for Medicare & Medicaid Services launched a new core measure focused on the management of severe sepsis and septic shock, the two most serious phases of the condition. This is now a priority measure for Johns Hopkins Medicine and the Armstrong Institute for Patient Safety and Quality as part of the institution's national leader strategy.

“While we appreciate that our nurses and physicians are already skilled at identifying and caring for patients with sepsis, the new core measure now requires us to be very diligent in precisely documenting that care,” said Judy Brown, senior vice president, Outcomes Management at HCGH.

To help with that consistency, early detection and treatment, a best practice advisory (BPA) has been built in the Epic electronic medical record system to alert clinicians if a patient meets certain septic-related criteria, such as the symptoms of SIRS (systematic inflammatory response syndrome).

In a further show of commitment to the effective treatment of sepsis, HCGH is working with a cohort of 11 area hospitals through the Maryland Patient Safety Center to share best practices, ideas and experiences to reduce complications from sepsis in Maryland. “The goal is to standardize the diagnosis and treatment processes so they are implemented correctly 100 percent of the time,” explained Linda Sayre, nurse manager, SCU. Linda leads a team of HCGH caregivers, including physicians and nurses, in working with the cohort. HCGH is working on several levels to ensure this preventable harm is addressed appropriately.

Networking for Best Practices

Showing that continuing education never stops, HCGH Vice President of Nursing Karen Davis, Ph.D., RN, was in the first graduating class of The Health Management Academy. The Academy has representatives from the top 100 health systems and leading medical technology and advisory companies that serve them. The purpose of the class was to provide the opportunity for systems to integrate and coordinate through peer-based learning, complemented with targeted research and networking so that graduates could then bring back best practices to their institutions.
Johns Hopkins evidence-based best practices are continuously being incorporated and improving care at HCGH. An example includes our nationally recognized, multidisciplinary treatment team for stroke patient care, led by Susan Groman, RN, HCGH received two awards from the American Heart Association/American Stroke Association’s Get With The Guidelines® program.

The Gold Plus Achievement Award recognizes hospitals that have reached a goal of treating stroke patients with 85 percent or higher compliance to core standard levels of care as outlined by the American Heart Association/American Stroke Association for 12 consecutive months. In addition, the hospitals have demonstrated 75 percent compliance to seven out of ten stroke quality measures during the 12-month period.

The Target: Stroke Honor Roll-Elite Quality Achievement Award recognizes hospitals’ commitment and success ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. To receive the award, hospitals must meet quality measures developed to reduce the time between the patient’s arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA has been shown to significantly reduce the effects of stroke and lessen the chance of permanent disability. Over 12 months, at least 75 percent of the HCGH’s ischemic stroke patients have received tPA within 60 minutes of arriving at the hospital (known as door-to-needle time).
...a Top Performer

HCGH was recognized as a 2014 Top Performer on Key Quality Measures by The Joint Commission, which accredits health care organizations in the United States. The Top Performer program identifies accredited hospitals that attain excellence in measurable performance based on data reported about evidence-based care processes. The program acknowledged HCGH’s performance in multiple areas, including heart attack, heart failure, pneumonia, surgical care, children’s asthma and perinatal care.

HCGH is one of 1,043 hospitals out of more than 3,300 eligible hospitals in the United States to achieve the 2014 Top Performer distinction and will be identified in The Joint Commission’s 2015 annual report, “America’s Hospitals: Improving Quality and Safety.”

...Patient Safety and Quality

The HCGH ICU team received the Comprehensive Unit-based Safety Program (CUSP) Recognition Award from the Armstrong Institute for Patient Safety and Quality. The ICU team received this award for their outstanding contribution to the implementation of CUSP and Ventilator-Associated Pneumonia (VAP) prevention interventions. Their efforts have decreased harm associated with mechanical ventilation, improved clinical outcomes, and decreased the incidence of VAP over a three-year period.

...a Shining Star

Jane Scanlon, RN, was nominated for the Johns Hopkins School of Nursing Shining Star Award by her peers. The Shining Star Award calls for nominees who have demonstrated clinical excellence in their area of nursing to improve the quality of patient care and have made a significant difference in the nursing profession.