

---

---

# 20 Together

---

---

*Celebrating twenty years as a member of Johns Hopkins Medicine.*



NURSING ANNUAL REPORT 2017-2018



HOWARD COUNTY  
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE



# Dear Friends

In the following pages of the 2017-18 Nursing Annual Report, you will find highlights of the many successes over the last two years at Howard County General Hospital and the great strides made by our nurses. We are proud of the progress we have made toward the American Nurses Credentialing Center (ANCC) Magnet Recognition Program and have rededicated ourselves to our standards of excellence for patient care. We put our faith in our staff by promoting and encouraging their leadership development. Our commitment to the Magnet journey requires us to ensure high levels of education, training and certification for nurses.

**We look forward to continuing to create standards of excellence for many years to come.**

We also spent some time reflecting on the last 20 years as we celebrate being “TwentyTogether” with Johns Hopkins Medicine this year as the hospital also turns 45. In this report, our nurses look back on how things

have changed over the past 20 years and just how much that collaboration can mean to a community hospital and its patients.

Over the past two years, we implemented a new care delivery system, which includes appointing clinical leadership roles and designating clinical coordinators that allow for 24/7 leadership on units. This new model allows us to facilitate increased accountability and consistency in clinical practice and professionalism.

Our department was also critical in identifying and standardizing best practices across the hospital. We played an integral part in designing and implementing throughput initiatives to help alleviate crowding in the Emergency Department and workflow throughout the hospital. Additionally, we made progress in reducing readmissions, a benefit for patients and for the hospital’s finances.

We look forward to continuing our Magnet journey in 2018 and ensuring the highest level of care for our patients. Thank you for your continued support.

Sincerely,  
Nancy Smith, R.N.  
Interim Chief Nursing Officer/  
Vice President of Nursing



Nancy Smith, R.N.

---

---

# 20 Together

---

---

*Celebrating twenty years as a member of Johns Hopkins Medicine.*

## IN COLLABORATION

**Collaboration** \kə-la-bə'rā-shən \ *noun*  
**the action of working with someone to produce or create something.**

HCGH nurses have benefitted greatly from participating in Johns Hopkins clinical communities. These groups, with members from Johns Hopkins and the community hospitals, meet regularly to discuss common issues.

HCGH Psychiatry Nurse Manager Angela Mackay, DNP, MSN, PHN, BSN, R.N., participates in the Johns Hopkins Psychiatry Clinical Community that meets monthly.

“We need to share best practices because we’re all a part of the same institution. Although there are a lot of differences between our facilities and sometimes the patients we serve—we might train a little differently—but in general many of our approaches are the same. We’re also continuously working to align our policies and procedures and harmonize

in terms of assessing and response. The best practice concept drives patient care these days and has been especially important for those providers who go between the entities.”

The Cleaning Disinfection and Sterilization Clinical Community has representatives from every Hopkins community. This clinical community came together to address issues, explore evidence and then ensure all staff receive the same level of competency and training so that things are done the right way, every time, for all of the patients at every hospital in the Hopkins system.

“Having the opportunity to network and know experts across the system is invaluable to me,” says Sharon Rossi, R.N. “Especially in this day and age, where it may not be as easy to call a competitor and find out what they’re doing, we are all in this together. We’re all the Hopkins family and there is just really a lot of talent across the system to tap into.”





Jennie Robinson, MS, R.N., CCRN

## Making Research a Reality

One of the things that a community hospital can struggle with is the concept of nursing research. How do you make research real and practical so that nurses in a community hospital can relate to it? How can you marry the academic resources from the school of nursing with the unique qualities from a community hospital? Furthermore, why should we be doing it? That is part of the Magnet journey and HCGH has two studies currently initiated and Institutional Research Board approved.

Working with Patricia Davidson, Ph.D., MEd, R.N., FAAN, dean of the Johns Hopkins School of Nursing, has allowed HCGH to establish a new structure for getting a nursing research committee established. The first nursing research scholar, Jennie Robinson, started this spring and an active nursing research committee was formed to offer a different way of looking at things. The dean is collaborating with HCGH so that as projects are identified by the nursing research council, which includes a representative from the school of nursing, she will be able to harness the skills of her faculty to identify the most appropriate person to work on that project.

Nurse research scholar Jennie Robinson, MS, R.N., CCRN, a nurse in the HCGH ICU since 2013, began her work with the delirium workgroup at HCGH in April. The multidisciplinary workgroup has gathered to examine ways to prevent, assess and treat delirium in patients at HCGH.

*“In my new role, I have reviewed dozens of research articles on the topic of delirium and worked closely with a colleague at Johns Hopkins School of Nursing who is an expert on delirium,” notes Jennie. “I developed a survey of the delirium assessment tool currently in practice and visited multiple units throughout HCGH to make sure that nurses have input on what tool we use. I have compiled the research and prepared an education presentation for nursing staff that will outline how we will be changing some of our practices and interventions. This year I will be presenting at unit staff meetings to help reinforce the education. I have truly appreciated the time I have been given as the nurse scholar to research delirium and collaborate with other disciplines—I have learned so much and am excited to share.”*

— Jennie Robinson, MS, R.N., CCRN



## Revolutionizing Patient Education

The Johns Hopkins Medicine senior director of Patient Education has introduced patient education products in a way that integrates them into the electronic medical record, making it easier for HCGH nurses to educate patients. The hospital has benefitted from having access to some of the best education products and approaches as part of the Johns Hopkins package and being able to integrate them for use.

Through the JHM Patient Education Steering Committee, people from across the health system share what other members of the system are doing and learn from each other how educational materials can be optimized. HCGH patients benefit because staff are learning ways to teach patients that might not have otherwise been considered.

## Interactive Tools

HCGH and JHM launched new interactive patient education tools in 2017 and are now exploring enhancing all the patient education options and capabilities these products have to offer.

One product offers in-hand teaching sheets nurses can print for patients and the other is a video learning system that provides videos on nearly every health condition or procedure that can be assigned to the patient to view.

## Measuring Impact: The Activity and Mobilization Promotion Project

An effort is underway to increase patient mobilization. The Activity and Mobilization Promotion project, piloted on 3 Pavilion several years ago, has continued to see positive results. The goal of the project is to mobilize the patients from their bed three times a day, unless it is not medically advisable, and to document mobility to accurately reflect each movement so the team can see the patient's progress.

In the past year, JHM has provided a survey and the corresponding analytics to help ascertain the project's impact. "We have more resources from Johns Hopkins to analyze the data on the survey and the documentation," notes Paige Schwartz, MSN, R.N., manager of HCGH's 3 Pavilion/Telemetry Unit. "They are able to pull data and provide ongoing feedback and a before-and-after look at the change as a result of the project.

"We have also conducted a barrier survey that goes out to the nursing team as a whole to determine what they perceive to be the barriers to mobilizing patients, and we are reviewing the education roll out hospital-wide. Through the pre- and post-mobilization surveys, we have found that nurses who have received the additional training and education have a better understanding of the importance of mobilization and their perception of barriers is significantly reduced."



**Paige Schwartz, MSN, R.N.**  
Manager of 3 Pavilion/  
Telemetry Unit

## Bridging Language Barriers

HCGH is fortunate to have a very diverse staff, hailing from countries around the globe. The hospital's patients are just as diverse, often speaking a primary language other than English. For those individuals, the hospital is beginning the deployment of new interpretation technology used by JHM.

This virtual remote interpretation system uses video and phone services to provide communication to patients who have limited English proficiency. This new service will result in considerable savings for the hospital and provide responsive back-up support through Johns Hopkins Interpretive Services should the need arise. According to Julie Baylor, MS, R.N., nurse manager, HCGH Nursing Administration, "The benefits of this newest technology include a crisper sound with the dual headset — which is vital for interpretation — and the use of a computer tablet also provides clarity of interpretation, especially for sign language services."



**Julie Baylor, MS, R.N.**  
Nurse Manager,  
Nursing Administration

**ARRIVED AT HCGH: 1990**

In addition to interpretive technology, HCGH is offering qualification for those providers seeking to offer direct medical care in a language in which they are proficient through the Clinician Cultural and Linguistic Assessment (CCLA), which is available in 21 languages. The target test-taker population includes physicians, physician assistants and advanced practice nurses. This test requires candidates to elicit symptoms, give diagnoses, report findings and prescribe treatments in the target language.



**Debbie Fleischman, MPA, BSN, R.N.**  
Director, Education and  
Professional Development

**ARRIVED AT HCGH: 1989**

I became director of the Emergency Department in 2002 after we were integrated with Johns Hopkins. One of the best things I saw initially was an opportunity to collaborate in the emergency medicine operations group which brought all three ED leaderships together (Howard County, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center). We were able to exchange ideas and thoughts, align practices, talk about transfers, share information with each other, look at best practices and do problem solving. We were one of the first groups that started to meet monthly as part of the integration. I think that bringing the strength of more ideas as we have looked at specific issues has been beneficial.

Collaboration has continued to increase over the past three years as we look at best practices for quality and the Armstrong Institute for Patient Safety and Quality plays a role in that. We are all learning from each other.

## Introducing Remote Observation

For patients who need close observation, HCGH recently added new technology to provide remote video close observation or tele-observation. The camera-based technology offers two-way audio communication and a central station where a monitor tech, who is a float pool nursing assistant/assistive caregiver, observes the patient. The tech will have the phone number of the patient's nurse as well as the patient care tech, the name of the patient, and be informed of what types of things they should be watching for in each patient's activity.

“With the two-way communication, they will be able to say things like ‘Mrs. Taylor, I’ll get your nurse, please don’t get out of bed,’” says Nancy Smith, R.N., HCGH interim chief nursing officer/vice president of Nursing. “The monitor tech can then relay the activity of the patient to their nurse, so they can address the patient’s needs and prevent falls too. There is also a panic alarm built into the camera as well that the tech can initiate to bring immediate attention to the patient.”



Linda Sayre, MS, R.N., NE-BC  
Assistant Director of  
Professional Practice  
Magnet Program Co-Director

ARRIVED AT HCGH: 1987

“We have benefited from opportunities within the Johns Hopkins system including nursing education activities with the School of Nursing. Early in the integration process, we had a nurse researcher who came here from the school one day every week to help us with evidence-based practice and nursing research. As time went on, we have seen additional resources and experts that we could tap into.”

I believe we started to feel the most integrated when we started more of the patient safety activities. Early on, Johns Hopkins involved some of the community hospitals in data collection and the work with the central line bundle project. We rounded with the team at Johns Hopkins and they came here to see our ICU and how we could work together and share

expertise. Currently, many clinical teams are involved with a wide range of patient safety and quality improvement projects through the Armstrong Institute.

It has been an evolving process rather than a dramatic process. Now that we are a satellite of the Armstrong Institute, who knows what the future is. We anticipate a greater sharing in research, clinical education and innovation.”





Chad Dammers, R.N., Clinical Coordinator

## Introducing Clinical Coordinators

Nursing leaders are working together to take nursing practice at HCGH to new levels of excellence through continuous process improvement. A major part of that improvement is the clinical coordinator role. The role was first established in the Emergency Department several years ago and a similar position has been implemented gradually across other units. This leadership role offers support to the manager as well as around-the-clock consistent clinical leadership for frontline staff. The clinical coordinators meet quarterly for leadership development and best practice sharing.

Most, but not all, charge nurse positions were converted to clinical coordinator roles resulting in more than 50 clinical coordinators. Clinical coordinators, most of whom have been promoted internally after having worked as charge nurses or in other leadership roles, received additional training to manage the role’s administrative and leadership duties.

“We’re empowering front line nursing leaders to make autonomous decisions as situations arise, giving nurses a voice in their work,” says Nancy Smith. “This is important for achieving Magnet designation, and it helps improve staff engagement, the patient experience and clinical outcomes.”

“The changes have really made a difference,” says Clinical Coordinator Chad Dammers, R.N. “Before becoming a clinical coordinator, we would pass information back and forth to each other about each shift and it could take a while to resolve something.

“With more authority we’re able to move quickly. And, we get positive feedback from patients during leadership rounds, which helps us address small situations before they can get bigger.”

“ We are a 24/7 operation so we wanted to expand leadership around the clock.



Danielle McQuigg, R.N.  
Director of Medical/Surgical Nursing

Clinical coordinators

bring a unique perspective because they are involved in management decisions and administrative planning, yet they are the boots on the ground in the unit because they also provide care. This helps ensure consistent leadership, especially on nights and weekends.

Clinical coordinators have the skills and autonomy they need to address concerns and problems in real time. These frontline leaders also support unit nurse managers by helping roll out new policies and procedures and ensuring protocols are followed, such as bedside shift report. This is a best practice designed to improve the patient’s understanding of their care plan.”

— Danielle McQuigg, R.N.

# Education and Safety at Work

## Furthering HCGH Nurse Education

The number of HCGH nurses receiving their Bachelor of Science in Nursing (BSN) has continued to increase and now stands at 58 percent. In addition, the number of HCGH nurses achieving their certification also has continued to climb.

A certification demonstrates that a nurse has expertise in their field of practice. “We know that the more expert nurses are through advanced degrees (bachelor’s degree, master’s degree, and/or certification) the better the outcomes for our patients,” says Linda Sayre, R.N., assistant director of Professional Practice and Magnet Program co-director. “There’s plenty of research that’s been shown to demonstrate that mortality is lower in hospitals with nurses with advanced training and expertise in their specialty. Our focus is achieving an excellent nursing team for the benefit of our patients. As each nurse is certified, we celebrate that, and that is inspiration hopefully for others to follow.”

To encourage nurses to pursue certification, HCGH offers to cover the cost of tuition of a certification program.

Lorraine Yaffe, BSN, R.N., CAPA, is the HCGH clinical coordinator for Perioperative Services Documentation Central and recently obtained her Ambulatory Post-Anesthesia Nurse certification. “I had thought about getting my certification for a long time,” says Lorraine. “I have been with



HCGH since 1996 and graduated from nursing school in 1977. As I progressed in my career, I started seeing others getting their certification, and I decided to get it to validate my 40 years of knowledge. I was surprised at how much I knew as I studied to prepare to take the exam. Gaining the certification validated the fact that I do know my field and I can speak with confidence.”



Karen Maggio, R.N., nurse manager, HCGH Neonatal Intensive Care Unit.

## Sharing in the Education Experience

HCGH often receives requests from regional nursing graduates to come to HCGH to complete their capstone project. Their projects are typically pertinent to timely topics. Supporting these projects exposes HCGH nursing staff to the research these groups are doing and identifies best practices.

HCGH has also had a nurse fellowship program for more than 10 years. The program has been successful with a retention rate generally above 95 percent.

“Using this program, we get comparative benchmarking, which shows how our residents are doing in comparison to other grads, how they’re managing and what their perceptions are of how they’re handling their transition into practice,” notes Debbie Fleischman, MPA, BSN, R.N. “It also identifies what kind of supports they have, and/or feel they have, looks at their stresses and their perceived ability to cope with the stress of the first year of practice. We have also implemented evidence-based projects for graduates, which look at a specific nursing practice, raise a question, and then they research that question to identify whether there’s an opportunity to make a change.”

Recent nursing school graduate, Amanda Reik, R.N., joined HCGH in October 2017 and currently works in the ICU.

*“I always wanted to become something important and give back and nursing is all I have ever wanted to do. The best part of being a nurse is holding a patient’s hands — every patient needs it at one point or another. The ICU staff are like a family that I am now a part of — as a new nurse, my co-workers have taken me under their wings and provided constant support. My next step in my nursing career is to get my certification so I can improve even more the care I give, and I have already started studying.”*

— Amanda Reik, R.N.

## Learning to De-escalate

Last year, HCGH launched an aggression management training program recognizing that a significant number of patients who are admitted to the hospital with medical problems also have psychiatric behavioral comorbidities or sometimes things become a behavioral emergency for them. These patients can be in the medical-surgical units as well as the Psychiatric Unit and have presented challenges for both staff and patient and family safety.

“Managing aggressive patient behavior is not covered in the routine curriculum in nursing school,” says HCGH Psychiatry Nurse Manager Angela Mackay, DNP, MSN, PHN, BSN, R.N. “We know that it’s important from a patient safety and a staff safety perspective for us to help our nurses become proactive instead of reactive and to be able to manage situations where patients and family members might be getting upset.

“Through the course we developed, we teach staff how to recognize the behaviors and early symptoms of irritability, agitation, anxiety and unease, so they can intervene early before a situation escalates into something that is uncomfortable and possibly dangerous. Often, if the situation can be verbally de-escalated, a physical response from the patient and the need for



**Angela MacKay DNP, MSN, PHN, BSN, R.N.**  
Psychiatry Nurse Manager



**Colleen Pallozzi, BSN, R.N.**  
Clinical Education Program Manager  
in Pediatrics

seclusion and restraints can be prevented. In addition, our nurses and techs are spending more time rounding and interacting with the patients allowing them to see changes in behavior that could lead to escalating behaviors. The implementation of the Dynamic Appraisal of Situational Aggression (DASA) risk assessment tool, which has been uploaded in the electronic medical record and will soon be available to all nursing staff, will allow nurses to complete a mental assessment with the physical assessment at the beginning of and during their shift. Using this assessment, staff will be able to discover what issues, people or things trigger the patient, as well as what has helped them keep irritation or agitation under control.”

Colleen Pallozzi, BSN, R.N., clinical education program manager in Pediatrics and a de-escalation program trainer notes, “Staff are also provided with training to help patients build resilience. By offering a patient techniques and coping mechanisms, often they can self-soothe.”



**Judy Siegelman, RN**  
Nurse Manager, 4 South

**ARRIVED AT HCGH: 1979**  
Retired: 2018

In the beginning of the integration, we didn't see many changes in nursing. As time went on however, we started utilizing Johns Hopkins nursing resources. Then, with the addition of a new electronic medical record, all Hopkins entities had to harmonize. Just recently, we have benefited from even the smallest changes when we started working with an oncology clinical practice group to provide and coordinate oncology services across Johns Hopkins Medicine. Community hospitals now meet quarterly with Hopkins clinical experts to discuss patient care and teaching options.

# Celebrating Success

## Congratulations to...

**Megan Cullen, R.N.**, for being recognized by Baltimore Magazine as one of the region's top 50 nurses. In her position as a community health nurse for our Population Health's Community Care Team, Megan advocates for patients, teaches them to take charge of their health care, helps coordinate services and resources, and supports the patients and their families. Megan was specifically recognized for taking the initiative to involve the police department when she discovered that one of her clients was being financially exploited.

**Jane Scanlon, R.N., ICU nurse manager**, on receiving the Living Legacy 2017 Hospital Partners Award—Nurse Champion. The award is given to nurses who combine clinical skills with empathy as they care for an organ or tissue donor and their family. Jane is committed to the donation process and helps teach and promote a culture of donation to colleagues.



Jane Scanlon, R.N. (right) with Dean Dr. Patricia Davidson



Megan Cullen, R.N.



Kate Talbert, R.N., MPA

**Kate Talbert, R.N., MPA**, in the Population Health department for winning the Johns Hopkins University School of Nursing Shining Star Award for the Community Outreach Nurse category. Claudette Jacobs, R.N., from Continuing Education also received a nomination.

**Karen Hall, R.N., MCU clinical coordinator**, received the Howard County Government's Celebrating Successes for Children award in the infants and toddlers category for her work to educate new parents about safe sleep for infants. Karen works with a team of health professionals to update procedures to protect newborns and provide families with critical information on safe sleep practices. Her team uses social media to spread awareness about the importance of following safe sleep practices. Information is also shared on a bulletin board in the MCU.

## Congratulations to...

**HCGH's Lab Team** for winning the Johns Hopkins Medicine Clinical Award. The ICU and 4P teams were also nominated. Now in its third year, the awards program, established by the Office of Johns Hopkins

Physicians, honors the physicians and care teams who embody the best in clinical excellence. The winners were recognized by their peers for their commitment to the mission of Johns Hopkins Medicine and their consistent dedication to providing excellent patient care.



Nancy Smith, R.N.  
Interim Chief Nursing Officer/  
Vice President of Nursing

**ARRIVED AT HCGH: 1985**

“For policies and procedures now, we’re all online. We can see every other entity’s policies, they can see ours, and now we are sharing and standardizing. For example, we have a committee on the enterprise’s overall suicide care policy outside of psychiatry. So, if someone comes into the ER and they are suicidal, what will the standards be for their care? Here we have an opportunity where we have nurses from the academic side, regulatory people and system-level regulatory people on the call, and we’re developing this overarching policy. We have the ability to have interactions with real national experts. We work with them and can get the benefits of all their experience and all their knowledge and they learn from the system as well. I think in terms

of nursing practice, that is good for us and good for patients.

I think one of the best things for nursing administration when we were acquired by Hopkins and one of the things we started to use right away was 24-hour legal advice. Hopkins legal is incredible. Our shift supervisor will run into all sorts of things 24 hours a day that they may be unsure of how to handle, and now they can pick up the phone and consult with a lawyer so that we end up doing the right thing legally and from a risk standpoint as well.”



---

---

# 20 Together

---

---

*Celebrating twenty years as a member of Johns Hopkins Medicine.*

Howard County General Hospital  
5755 Cedar Lane  
Columbia, MD 21044  
[www.hcgh.org](http://www.hcgh.org)



HOWARD COUNTY  
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE