Welcome to 2020, the Year of the Nurse

While many people are turning off their lights and snuggling under blankets to go to bed, hundreds of nurses, techs and safety attendants are readying themselves to care for others throughout the night — promoting peaceful healing and recovery for our patients.

In this edition of All Aboard, you will read stories of nurses fostering autonomy and critical thinking during their busy nights, teaching new nurses, leading research projects and nurturing relationships on their own floors and with other units on our campus. I am also excited to introduce you to Professional Practice Council Co-chair Samantha Porter, who works nights exclusively, so you can learn about the role she plays in advocating for staff while advancing the mission of our shared governance organization.

I especially enjoyed seeing the photo of Sam with the organizing committee of the 2019 night shift social, an event that was established eight years ago by PCC Terry Hollifield as a way to celebrate the dedication of our night shift staff.

Finally, I’d like to remind you to take a few minutes to make your voice be heard on the employee engagement survey this March. For the first time, the Gallup survey will include questions specifically focused on nurses.

Your feedback on the 2018 NDNQI nurse satisfaction survey prompted many changes to the way we practice at Johns Hopkins Bayview, and I am grateful for your feedback and fresh ideas. Please see page three for a few examples of these changes.

Wishing all our staff a wonderful new year!

Maria V. Koszalka, Ed.D., RN
Chief Nursing Officer
Vice President of Patient Care Services
Primarily serving patients after joint replacement surgery, the ten-bed Wenz Orthopaedic Unit is one of the highest-performing units in our health system: patient satisfaction scores, safety metrics and RN engagement are consistently stellar. How is Wenz different at night?

There are two RNs and one PCT working overnight in Wenz, including Senior Clinical Nurse Amanda Pollard, BSN, RN, who works exclusively at night. She explains that there are a high volume of joint surgeries on their unit, so it is clinically imperative that patients regain mobility as quickly as possible during the day.

As a result, nights are dedicated to “recovering the unit” and encouraging patients to “recover through rest.” “An initiative we have on Wenz is that we cluster our care, so we don’t disturb our patients while they’re sleeping; if I know that our tech is going in, then I go too, so we don’t wake them multiple times,” says Pollard. Her advice is, “to work with your team, get to know your patients well and work together; ask for assistance so you can quickly recover your patients and provide their needs.”

Pollard, an ACE nurse who runs the unit’s CUSP team, says that the more peaceful rhythm of nights on her unit have allowed her to pursue research projects in patient care. Pollard has learned that she really enjoys the data collection related to patient care: safety statistics, HEROs (Identifying root cause analysis), and performance/quality improvement.

Magnet hospitals feature continual improvement fueled by nurses who are natural investigators. Exemplary professional practice is defined as the application of new knowledge and evidence to achieve results in quality care. This team’s round-the-clock dedication to growing professional nursing practice through research shines through their safety and satisfaction scores year in and year out.

### Research on Wentz

- Pollard has conducted research projects related to falls, resulting in new standards of care on her unit, and a 50% decrease in their falls rate in 2017.
- Pollard also tracks the impact of HLM (highest level of mobility) and AM-PAC (activity measure post-acute care) rates on patient outcomes to ensure the unit is getting patients out of bed and moving after surgery.
- She recently assumed responsibilities as a sub-principle investigator, along with Ofelia Mojica, RN, studying the impact of shared governance on quality and satisfaction metrics.
Make Your Voice Heard in 2020!

Look for the Gallup employee engagement survey link in your email this March!

In the 2018 RN satisfaction survey, we learned that leadership access & responsiveness and nurse autonomy are satisfiers for our staff. Here are some changes we’ve put into practice after hearing YOUR voice on that survey!

Fundamentals of Quality Nursing Care
1. We formalized a Professional Practice Model (PPM) to include Kristen Swanson’s Caring Theory. Our nursing mission and vision were revised by nurses to reflect our high standards of nursing practice.
2. A new peer feedback program was developed and is being implemented so you can provide important feedback related to clinical competence.
3. White boards in patient rooms, standardized huddle boards on each unit and patient safety & leadership rounds promote a culture of safety and quality improvement.

Leadership Access and Responsiveness
1. Our leadership team — directors, managers and executives — is a visible advocate for our nurses. Dr. Koszalka, as our CNO, sits on the executive team of the medical center and influences nursing initiatives throughout the health system.
2. Sharing ideas makes our whole team stronger! We introduced two-way avenues of communication to keep our leaders in touch with frontline nurses:
   • Ask Dr. K. online form
   • Town Hall Meetings
   • Nursing newsletters:
     All Aboard and In Case You Missed It
   • A revitalized intranet presence: insidehopkinsbayview.org/nursing
   • New CUSP leaders on several units
3. We value our people: a comprehensive assessment of salaries for more than 90 nursing positions was compared to an expanded market to be sure our nurses are fairly compensated. Staffing standards were revised for acute care units.

Autonomy and Relationships
1. Participation in shared governance, multidisciplinary councils and clinical collaboratives has grown dramatically:
   • Professional Practice Council (PPC) membership has increased from 15 RNs to more than 40, representing all acute care units and ambulatory clinics as well as off-site programs.
   • Unit-based councils were reintroduced in March of 2019
   • Frontline RNs participate in shaping patient care policies for nursing practice; they make up the majority of our Patient Care Policy Committee (PCP) members.
2. “Pull-and-Flex”: Pilot programs use mobile technology and team texting to do some Lean, just-in-time support of colleagues when workflows peak.

Professional Development
1. Climbing the clinical ladder has become easier with an online application. The ACE program is now available to nurses earlier in their careers. We have 60 ACEs, campus-wide! Learn more at insidehopkinsbayview.org/ace.
2. Tuition support programs have been streamlined and modernized with an online application, simpler guidelines and personalized recommendations to support each nurse’s goals. Learn more at insidehopkinsbayview.org/inttheknow.
3. The nurse residency for recent graduates helped us to onboard 70 new RNs this year, scaffolding and supporting them as they acclimate to our culture. The nursing leadership academy is being revised right now to provide similar scaffolding for aspiring managers in 2020.
4. Continuing education, retreats and workshops on campus are growing. The NICHE program, one example of this, provided free, self-paced, online learning to 60 nurses and 35 techs to become geriatric resource specialists. ➤
Adequacy of Resources and Staffing

1. VOALTE phones, improved wireless connectivity, workplace safety initiatives and software linked with EPIC have increased the ability of our nurses to connect with patients and with each other.

2. New equipment and technology has been folded into practice: “Intelligent” beds have been distributed to some areas and others will receive theirs shortly; new pumps and monitors have been ordered; MyChartBedside use is expanding to improve the overall patient experience.

3. 24 new patient safety attendants have joined us, allowing our nurses and techs to focus on their patients.

Nurse participation in hospital affairs is a key requirement for Magnet recognition and reflects a culture of engagement. From frontline nurses caring for patients at the bedside to our leaders in the executive suite, we want our RNs to know they are valued contributors, no matter their role.

Adding Knowledge to the Nights: Precepting on Med A
By Vida Murillo, BSN, RN and Marcie Dawson, MS, RN-BC, NE

Structural Empowerment

Med A is a big operation! 36 beds, attended to by a staff of nearly 60 professionals, including 33 nurses.

This large staff features plenty of opportunities to shape care on the unit through nurse-led committees, research and performance improvement projects. How does this team “fold new staff into their family”, especially at night?

Vida Murillo, BSN, RN has been with the Medical Center for 21 years, always on a medicine floor. Her manager, Marcie Dawson, MS, RN-BC, NE, says Murillo is one of the most clinically respected nurses she knows, and she serves as a charge nurse and preceptor exclusively on the night shift.

While the nurse residency program does a great job reinforcing clinical education, unit preceptors work one-on-one to ensure that our new nurses have gained enough knowledge, skills and confidence to perform effectively and safely. On Med A, this includes getting used to the pace and tactical routines of the unit, while also growing clinical competencies.

Precepting at night can look very different from days, and new nurses definitely benefit from working both shifts. Says Murillo, “Days are busy: doctors rounding, ancillary services consulting, patients being pulled to tests and procedures. It’s more challenging to meticulously teach, making sure skills are learned correctly. At night, there is more time to discuss care and address questions about patient cases, or about hospital policies and procedures. I always tell new nurses to never be afraid to ask questions. Ask for assistance and try to constantly learn, for it will only boost confidence, which is imperative to effective patient care.”

A structurally empowered nurse is best equipped to care for the whole patient, and we appreciate our preceptors, like Vida Murillo, who work so hard to leave a lasting imprint on the work of our new nurses.
Reducing Burnout: a 24-hour a Day Job
By Nicci Domanski, MSN, RN, CCRN-K and Katie Wolski, BSN, RN, CCRN

New Knowledge, Innovations, Improvements

We’ve all heard about Code Blues, Code Reds and even Code Pinks. But Lavender?

A Magnet conference presentation by the staff of Houston Methodist, a hospital of similar size, scope and structure to ours, introduced us to “Code Lavender,” an intervention that can be deployed by any nurse who feels overwhelmed by workload. It rallies the rest of the staff to quickly pull together to lighten the load of their fellow nurse by sharing tasks.

Houston Methodist had an RN turnover rate of just over 30% in 2015. They were also underperforming the national average in patient satisfaction and nurse satisfaction, and had safety concerns around falls. Staff burnout had become a crisis for them.

Code Lavender was their solution to implement a simple communications tool to promote teamwork and better use their resources. It works both proactively and reactively to support nurses who may feel overwhelmed by a spike in patient care demands:

**Prevention:** Staff with “extra time” notifies the team that they are available to help.

**Activation:** Nurses that feel overwhelmed with patient care activate the code. Another nurse may activate on someone’s behalf.

Houston Methodist saw their RN turnover rate plummet from 30.5% to 5.9% in four years. Patient falls declined, now outperforming the national mean, while their HCAHPS scores related to nursing care continually track higher, with some double digit gains in performance.

Their culture completely changed, using simple communication.

Houston Methodist also realized tremendous gains in their nurse satisfaction scores, especially in the “Unit Culture” and “Unit Teamwork” domains. Both of these metrics are used by Magnet to elevate RN to RN collaboration, as we will measure on the upcoming Gallup survey.

Improving RN teamwork has a well-known positive impact on staff satisfaction and retention, and also on patient outcomes. We have our staffing in place, and it’s now time for us to optimize our teams with innovation that improves communications and benefits our nurses and patients alike!
A Few Fun Facts About
PPC Chair
Sam Porter

Favorite Books: Unbroken, Mountains Beyond Mountains, and the Goldfinch

Favorite TV Character: Olivia Benson from Law & Order: SVU

Dinner out with friends would always be at: Slainté for drinks, then any restaurant, preferably with outside seating, in Fells Point.

Vacation spot I would go back to: Costa Rica—traveling as a local! Not in a fancy resort.

When I am not at work, I like to: sleep :) I also enjoy spending time with my kids, going to their sports and activities, working out, and spending time outside by the water.

Super Power: The ability to fall asleep literally ANYWHERE, even sitting up or standing.

If I weren’t a nurse, I would be: a doctor, teacher or therapist.

Favorite musician: Ray Lamontagne

Coworker I most admire: too many to list just one!

Aleese Francis, Med B nurse. My first preceptor and role model. Hugely devoted to her patients.

Ling Espenancia, a nurse who started on Med B and is now part of the float pool. Her compassion and work ethic are unmatched.

Anna Rzany, a PCT on Med B who is consistent, dedicated and so wonderful with her patients.

Venesha Toolsee is a night shift secretary on Med B. The unsung hero of our unit! Dependable and respectful in every way and keeps night shift together.

Finally, Mr. Gary Garmisa of facilities for his general demeanor and the pride in his job: responsive, friendly, welcoming and never has a bad day.

Magnet Champion Spotlight
Samantha Porter, BSN, RN, CMSRN
Chair of the Professional Practice Council

Transformational Leadership

Lifelong Baltimorean Sam Porter worked her way through nursing school as a bartender at Rams Head. A night owl by nature, she learned to juggle competing customer demands while thinking independently and being on her feet until the wee hours of the morning — the perfect training for this permanent charge nurse who works nights on Med-B.

Now a mom of three children age ten and younger, Porter enjoys the consistency of working just nights, and appreciates that her manager, Michele Applegate, schedules unit socials and meetings at a time that works for all staff.

Porter spends much of her time orienting new RNs to our practice standards, and working to create cohesion among teams that feature new RNs, agency nurses and temporary staff. With fewer resources available at night, the staff becomes more autonomous by necessity. Porter joined Johns Hopkins Bayview as a new grad herself in 2010, and fostering resilience and critical thinking among today’s new grads is one her great gifts. This talent extends beyond nursing; Porter was honored by the Department of Medicine with the 2018 Nursing Excellence award for fostering learning in medical residents as well.

After many years of being a council member, Porter assumed leadership of the Professional Practice Council in 2019 alongside Nicci Domanski, BSN, RN, CMSRN of the Float Pool. A quiet, yet persistent advocate for nurses’ working conditions, she likes to tackle and fix issues, and has grown from being “fiery” into an articulate and tempered voice.

Porter wants people to know that behind the scenes, leadership is dedicated to improving working conditions for our nurses: lower patient: nurse ratios, salary adjustments, increased access to tuition programs, and a tremendous focus on hiring staff, which will reduce our reliance on agency nurses. She is committed to being a part of the solution that rebuilds a great team here on our campus. The role of Magnet leaders is to transform healthcare organizations to meet the future, something that remains top of mind for this busy council chair, nurse leader and working mom.

"The darker the night, the brighter the stars.”
— Dostoevsky

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