The 2016 Sondra D. Bender NURSING REPORT

EXCELLING. EXCEEDING. EXCEPTIONAL.
Every day, in every unit, our 640 nurses look beyond their own daily duties and strive toward something bigger and better: the delivery of exceptional patient- and family-centered care. What makes this pursuit possible is their collective investment in the Nursing Practice Model, created six years ago by and for Suburban nurses and embraced by hospital administration. Its emphasis on continuing education and professional development has cultivated a work ethic and environment focused on exceeding the norm and driving excellence. But it is the dedication, engagement and hard work of individuals that make the goal achievable. These are their stories.

Suburban Hospital’s nursing leadership.

On our cover: Roliette Gooding, RN, top photo, has come a long way since she first interned in the community health program at Suburban Hospital a decade ago. For more about her journey, see page 5.

For the nurses at Suburban Hospital, good is not good enough.
AS THE NEWLY APPOINTED president of Suburban Hospital, it is my honor to introduce the 2016 Nursing Report. I last had this pleasure in 2012 when the report was first introduced and I was serving as the hospital’s executive vice president and chief operating officer.

I was grounded and prepared for that journey because previously I had served as chief nursing officer. I am a nurse at heart and that informs everything I am today.

Nurses are a hospital’s engine and soul. Their care and compassion can influence patient outcome, patient experience, even hospital choice. It’s the names of the nurses that family members most remember; it’s their actions that most affect hospital reputation.

As president I will never forget the essential role that nursing has always played at Suburban Hospital. And that role will only grow in the future, as we work to become the area’s trusted resource for complex patient care. Achieving that goal calls for nurses of the highest quality, using the most up-to-date, proven practices. Based upon past experiences, I know our team will strive, rise to the occasion and deliver.

After all these years, I’m still proud to be a nurse. And Suburban’s nurses make me prouder still.

I’VE SPENT THE BETTER PART of my 23-year career at Suburban Hospital, beginning as a patient care tech during my college summer breaks, later as an oncology nurse, then as a nurse leader. Along the way and over the years, I’m fortunate to have been encouraged by others to grow, develop and to pursue higher education and certifications, all with the purpose of helping me support and address the needs of our patients and families.

One of the things that I’m most proud of is Suburban Hospital’s shared governance infrastructure. Over the past few years our direct-care nurses have become increasingly involved and valued in institution-wide decision-making and problem-solving. Their commitment to evidence-based practices and research has improved many processes and systems, further raising our standard of professionalism. Supporting this work gives our nurses the voice to impact outcomes.

I’m equally proud of the collaborative team approach to patient- and family-centered care that has been embraced by our organization. From our partners beyond nursing to our patient and family advisors, Suburban Hospital nurses are fortunate to collaborate with caring colleagues working together with a single goal: to improve the health of our patients with skill and compassion.

Through contributions at the bedside, in the community and to the profession, Suburban Hospital nurses are making a difference. As you review the pages that follow, I’m confident that you will agree.
In 2016, a group of concerned nurses teamed up with Dr. Mihail Zilbermint, Suburban’s new Director of Endocrinology, Diabetes and Metabolism Care, to see how they could make a difference together—both at the bedside and after discharge.

Their answer: a multidisciplinary, two-pronged approach that uses the in-hospital experience to teach patients diabetes management skills, followed by a post-discharge outpatient class to reinforce what patients learned and connect them to the additional resources they might need.

The first step was the creation of the hospital-wide Diabetes Champions Committee.

“Each medical or surgical unit has one or more volunteer champions who attend presentations on diabetes-related issues and complications,” explains Jun Y. Bie, MS, CRNP, a driving force behind the initiative. “Monthly topics range from the symptoms of a drop in blood sugar levels to nursing interventions to insulin pump use. Using a ‘train-the-trainer’ model, champions then relay the practical information they have learned to the rest of their unit’s nursing staff.”

The committee revised and improved patient educational materials to ensure accurate and consistent patient- and family-friendly information for patients living with diabetes. A newly developed tool kit—complete with a home glucose monitor, insulin pen and injection pillow—lets patients safely practice the skills they’ll need at home under the guidance of a bedside nurse. Nurses use iPads loaded with demonstration videos,
printable instructional sheets and other useful resources to reinforce key information and enhance retention. Patients’ understanding and self-management skills are evaluated before discharge, and if necessary, more education is provided.

To date, 23 nurses have signed up as champions hospital-wide, representing 11 units. Zwaantje “Anita” Huizing Jabbi, BSN, RN, is one of them.

“We see a lot of people with diabetes in the Clinical Decision Unit, so I know that managing the condition is an on-going process,” says Anita, who became a champion shortly after joining Suburban. “By helping patients understand what they’re dealing with, we can help them stay ahead of their diabetes.”

Barbara Kahl, a diabetes champion and member of Suburban’s Patient and Family Advisory Council, is all too familiar with those challenges. Barbara has 15 years experience as the mom of a child with Type 1 diabetes. As a patient/family advisor, Barbara brings the Type 1 patient and family perspective to the Diabetes Champions Committee.

Suburban’s commitment to patients living with diabetes doesn’t end in the hospital.

“Before discharge, patients are scheduled for the new outpatient Fine-Tuning Diabetes Class,” explains Champions Committee member Leni Barry, MA, BSN, RN-BC, a community health nurse and diabetes educator. An outgrowth of the in-patient diabetes initiative, the class includes a one-on-one session with Leni or her colleague, who partner with patients and families to set custom-tailored and achievable self-care goals.

“Between the Diabetes Champions and the Fine-Tuning class, we’re connecting patients with diabetes to a whole range of services and resources that can help them get and keep their disease under control…and stay healthy and out of the hospital,” Jun Bie concludes.
“CUSP empowers frontline staff to identify problems specific to their unit and create solutions,” explains Melissa Shively, BSN, RN, a nurse and CUSP leader on the Progressive Care Unit (PCU). The busy 20-bed step-down unit—housing a mix of patients recuperating from stroke, trauma, cardiac catheterization and complex surgical procedures—was the first to apply the approach in June 2015.

It turned out to be the ideal test site.

Two standard CUSP questions—How do you think the next patient will be harmed? What can we do to prevent that from happening?—ultimately led to a unit-wide change in staffing practices that has boosted patient satisfaction and reduced nurse burn-out.

Based on the responses, the PCU team developed a patient rating system that weighs the amount of time and attention required for optimum nursing care across five different categories. The total score indicates each patient’s acuity level, allowing for rational versus random nurse/patient assignments. Achieving a more balanced mix of high- and low-acuity patients assures that nurses have the time they need to provide the most effective care.

For improved nurse efficiency, assignments now also consider geography—how close each nurse’s patients are to one another—in addition to acuity. Although bed availability can complicate the plan, a newly implemented buddy system is helping nurses overcome such logistical hurdles.
“When two nurses are matched together, they help each other; answering call lights from their partner’s patients when their buddy is busy attending to someone else’s needs,” says Melissa. “Through CUSP, we’ve really come together as a team.”

Since the changes, PCU patient experience scores for staff responsiveness and nurse communication reflect a consistently upward trend. Conversely, overtime has steadily dropped, which suggests increased staff efficiency. Such results have attracted the attention and interest of others, with the team presenting their program to the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality and the Maryland Nursing Association.

Based on the PCU’s success, other units throughout the hospital have begun using CUSP to tackle their own issues. One example is the busy Ortho/Neuro unit.

“Many of our patients lead active lifestyles at home and often have difficulty giving up this sense of independence, even temporarily, after joint replacement surgery,” says Kathleen Brown, BSN, RN, Ortho/Neuro Unit and co-chair of its CUSP team. “As a result, they may be reluctant to ask for assistance or overestimate their abilities after surgery, putting themselves at risk for falls.”

Results from the unit’s CUSP survey revealed that raising awareness—among both patients and staff—was the best way to create change.

Enhanced patient and family education started with a tip sheet, reinforcing the importance of “Call, Don’t Fall” and other safety reminders. For staff, monthly programs focus on the effect of anesthetics and pain medications upon balance, proper techniques to mobilize patients, surgery-specific restrictions and other practical topics.

Steve Bokat—a Patient and Family Advisory Council (PFAC) volunteer on the ortho unit’s CUSP committee, co-chair of PFAC hospital-wide and a former Suburban Hospital hip surgery patient himself—applauds the safety efforts of the unit and the hospital as a whole.

“The CUSP program is just another example of how Suburban has totally embraced the patient/family-centered concept of care, top to bottom.”

In 2006, only two weeks into her internship in Suburban’s Community Health and Wellness Department, Roliette Gooding, BSN, RN, MHP, was hired as program coordinator. She loved her job and the clients she met during outreach events but was bothered that she couldn’t answer their clinical questions. In 2014, Roliette got a nursing degree and joined the ortho/neuro unit. Now she’s a Transition Guide Nurse, helping newly discharged patients to stay healthy and out of the hospital.
THE HEART OF HEALING

After a full day coordinating clinical trials for cardiovascular research, Marion “Mandy” Murphy, RN, CCRC, and Peggy Iraola, MPP, RN, spend an additional four hours, twice a month, volunteering for the MobileMed/NIH Heart Clinic at Suburban Hospital. It’s something they’ve done almost as long as the clinic’s been in existence.

“We’ve just built service to the clinic into our work schedule,” says Peggy. “It makes for a long day, but it’s worth it and so rewarding to see the direct impact we’re having on people’s lives.”

Launched in 2007 in space contributed by Suburban Hospital, the MobileMed/NIH Heart Clinic provides free or low-cost care to patients with cardiovascular disease, the leading cause of death in Montgomery County. Approximately 10 to 15 appointments are scheduled each week for patients who might need anything from high-blood pressure management and other monitoring to pacemakers, stents and even open heart surgery.

Several Suburban cardiologists and 10 nurses regularly volunteer between four and eight hours to staff the high-level, high-quality safety net service. In just the last fiscal year, their efforts helped 317 poverty-level individuals get the advanced care they needed.

“Through the clinic, patients have access to some of the area’s top doctors, nurses and other healthcare providers and the latest techniques and technology available,” says Mandy. “It’s a great contribution to the community.”

In addition to the heart clinic, Suburban is also integral to the MobileMed/NIH Endocrine clinic. Both programs, like so many other non-profit, community healthcare initiatives, depend largely on skilled volunteers to function.
And Suburban’s community-minded nurses are happy to help out, whenever and wherever they can.

They have taught elementary school students the importance of hand washing, physical activity and good nutrition through the annual “Bread Baking and Science Day” at the Johns Hopkins University Montgomery County Campus. Their participation in the local Salvadoran American Day Festival identified high blood pressure among younger Latino women as a population health issue—a discovery that prompted Montgomery County to launch an initiative to reduce obesity. For “Girls on the Run,” an after-school program for third- through eighth-graders, Suburban’s nurses conduct health and safety games and have helped staff the first aide tent for the program’s twice-yearly 5K runs.

This past January, Madeleine Felley, BSN, RN, CNOR, contributed her time and talents a world away. As part of Operation Walk Maryland, the OR nurse accompanied orthopaedic surgeon Dr. Daniel Valaik and OR technician Katherine Pelton on a 10-day trip to India to provide free surgical services to needy patients suffering from debilitating bone and joint conditions. It marked the first time Suburban Hospital volunteers have participated in the non-profit program.

“I never thought that something as routine to us as a joint replacement could alter someone’s life so significantly,” Madeleine says. “We were not only helping each patient walk, but also helping the larger society by getting these individuals back to work.”

From the hospital to the community, Suburban’s nurses take their role as health ambassadors seriously…and to heart.

FROM GOOD TO GREAT...THE IMPACT OF PHILANTHROPY ON NURSING

Suburban’s nurses aren’t the only ones devoted to nursing excellence. Helping every step of the way are benefactors large and small whose gifts from the heart assure the continued progress and success of our nursing program. We especially thank the following major donors:

• Anonymous
• The Sondra D. Bender Fund for Nursing Excellence
• The Casey Endowment for Nursing
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• Sam Rose
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• Estate of Brooks Saltsman
• Ruth and Samuel Salzberg Family Fund for Nursing Initiatives
• The Suburban Hospital Auxiliary

To find out how you can help, please call 301.896.GIVE or visit www.donate.suburbanhospital.org.
The Evidence Based Practice and the Night Shift Councils have devised complementary tactics to create an environment designed to put nighttime interruptions and noise to bed. The result is an around-the-clock initiative—part pilot program, part new hospital-wide practice—that places a premium on prolonged periods of rest.

“Patients who get a good night’s sleep are happier, heal more quickly and cope better with the stress of being in the hospital,” says Wink MacKay MSN, RN, CCRN, lead author of the new sleep protocol, a nurse educator and former chair of the EBP Council. “That’s particularly important for older patients who may be at higher risk for delirium, which can lead to increased morbidity, mortality and a longer length of stay.”

More than half of Suburban Hospital’s patients are over the age of 65 (nearly 20 percent are 85 or older), making the condition a very real concern throughout the institution.

Launched in July 2016, the protocol spells out a series of practical steps ranging from simple, common sense tactics like turning off the TV, lights and computer screens to complex work-flow coordination, including revisions to medication and blood withdrawal schedules. As such, the pilot’s success depends upon the participation and cooperation of a multidisciplinary team.

“So far, we’ve worked with physicians, the pharmacy and dietary to limit diuretics and caffeine after 4 p.m.,” says Julie Todaro-Lawser, MA, RN-BC, Assistant Nurse Manager on the adult medical unit, the program’s test site. “Instead of 5 a.m., lab techs now start
drawing blood at 6. Together, we’re trying to minimize nighttime disruptions for medically stable patients while still providing all necessary care.”

Interestingly, the sleep protocol also covers daytime routines, such as opening the shades, turning on the lights and getting patients up and out of bed by 11 a.m. The overall goal of the 24/7 approach is to simulate a more typical day/night schedule.

Data to measure the protocol’s effectiveness are collected daily through a confusion assessment tool and patients’ own evaluation of their previous night’s sleep. Responses will be compiled along with patient satisfaction scores from the nationally administered Hospital Consumer Assessment of Healthcare Providers and Systems survey. Results will determine whether the three-month pilot program is replicated on other appropriate units.

Meanwhile, the Night Shift’s campaign to maintain quiet time from 10 p.m. to 6 a.m. was embraced hospital-wide shortly after its introduction earlier this year. Dubbed “Whisper While you Work,” the program features T-shirts, signs, a broadcast lullaby at 10 p.m., and other prompts to remind staff to keep noise levels down.

“Since we started the campaign, I believe all the healthcare givers involved have realized the importance of what we are striving to do,” says Hanada Rados, MHA, BSN, RN, nursing supervisor and Night Shift Council chair. “It’s been wonderful seeing our staff turn down monitor and phone volumes, offer patients eye shields and ear plugs and whisper while they work—all in support of giving our patients the extra quiet time they need to heal and go home.”

Recognizing that the transition of a patient from the Emergency Department to the inpatient medical floors is often a “high anxiety” moment for patients and their loved ones, having the inpatient unit’s receiving nurse (or other member of the team) come to the ED to have a bedside conversation not only goes a long way toward reducing that stress but also promotes a more effective face-to-face dialogue between the patient’s care providers, ensuring a much safer patient handoff. Utilizing the bedside shift report methodology, the patient and their loved ones are fully engaged and involved in the conversation and discussions regarding their care and transition.
Recently, though, Suburban decided to add another level to its post-nursing school education by offering a Nurse Residency Program.

“To assure the highest quality care, now and in the future, new nurses must also be trained to be critical thinkers and leaders right from the start,” says Karen Boliek, MS, RN-BC, Suburban’s director of Nursing Education.

Toward that end, Suburban became one of the first 14 hospitals in Maryland to adopt the nurse residency concept when it launched its program in 2014. Designed to get new graduates on the right track, right away, the structured, 12-month program focuses on leadership, communication, patient safety outcomes and professional development, using a combination of presentations, discussions and practical exercises. Mentored by the Evidence Based Practice Council and nurse educators, residents also create, conduct and present research projects as part of their training.

“The curriculum, which is adapted and implemented by the nurse educators, helps new nurses hone skills, gain increased clinical competency and ease into their professional role,” Karen says. “As an added benefit, it also introduces nurses to their peers, educators, ancillary services and other internal resources, expanding their knowledge and familiarity beyond their individual units to the hospital at large.”

Tiffany Knight, RN, joined Suburban Hospital in 2015 fresh out of nursing school to work on the Progressive Care Unit. Within weeks, she was also attending the residency program’s monthly four-hour sessions, giving the experience high marks upon her June 2016 graduation.

In today’s fast-paced and rapidly changing healthcare environment, not even the best nursing schools can teach students everything they need to know. To bridge the gap between principle and practice, hospitals traditionally use a mix of orientation programs, classroom instruction and hands-on training, helping newly minted nurses master essential skills.
“I had practical, hands-on training on specialized equipment, learned more about caring for wounds and other complex conditions and improved my bedside skills,” she says. “I also now have a much better understanding of how the hospital runs overall.”

Suburban has high hopes that the residency program will achieve its ultimate goal: increasing job satisfaction and, in turn, reducing burnout, a national problem. Approximately 33 percent of novice nurses in the United States leave their starting job within their first two years of employment.

So far, the approach seems to be working. Participants increasingly rate the program’s effectiveness and value as “excellent,” with an average 4.7 out of a 5-point score. Internal transfers to other units now outnumber separations, suggesting that the broader exposure to the hospital as a whole is helping Suburban retain a pool of talented nurses.

As Tiffany says, “The program really helped ease my transition from a nursing student to a nursing professional.”

EXCELLING THROUGH EDUCATION

Suburban Hospital supports and rewards nurses at all levels who want to experience, learn and do more in their careers.

Achieving specialty certification is a high priority, with the hospital recently introducing a new reimbursement program that covers the exam cost for each participant’s first and, if needed, second try. Over the last two years alone, 66 nurses received national certification, bringing the total to 197, or one-third of the hospital’s 640 RNs.

Likewise, 59 staff nurses participated in the Professional Development Council’s clinical ladder program during the same period, earning promotions and/or maintaining positions of higher responsibility.

Seventy-four percent of Suburban’s OR nurses are certified.

From scholarships to tuition reimbursement to internships on specialty units and more, Suburban promotes nursing excellence every step of the way.
PEER REVIEW

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

“It’s rewarding to see our nurses converting new knowledge into practice changes that enhance the quality of care and the patient experience,” says Karin Nevius, BSN, RN, CCRN, CPAN, CAPA, director, Professional Practice and Quality.

IN THE SPOTLIGHT (2014-2016)

PRESENTATIONS

- Caring for Patients with Dementia: Alternatives to Pharmacological Methods, Kristen Loetz, BSN, RN and Christine Peng, BSN, RN; Maryland Nurses Association, November 2016.
- Reducing Pain From IV Insertion: Pain Ease® Clinical Research Study, Wink Mackay, MSN, RN, CCRN; Aurea Deguzman, BSN, RN; Maryland Organization for Nurse Leaders, June 2016.
- Improved Patient Safety Through an Acuity Driven Tool for Equitable Geographic Assignments on the Progressive Care Unit (PCU), Cora Abundo, BSN, RN; Melissa Shively, BSN, RN; 112th Annual Maryland Nurses Association Convention, October 22-23, 2015. Also presented at the 6th Annual Armstrong Patient Safety Summit at Johns Hopkins Hospital, 2015.

PUBLICATIONS

- Public Health Science and Nursing Practice Caring for Populations, Julie Anne Cook, MSN/MPH, RN, APHN-BC, contributing chapter author; Mental Health Graduate Level Public Health Nursing Text, 2016.
- You CAN Teach Advanced Med-Surg Nursing! The Authoritative Guide and Toolkit for the Advanced Medical-Surgical Nursing Clinical Instructor, Deborah Wirwicz, MSN, RN; Mary Miller, MSN, RN, CCR; co-authors; Springer Publishing Company, 2014.
- Disaster Preparedness and Response, Donna Sasenick, MS, BSN, RN, CHEP; Cindy Notobartolo MS, BSN, CHEP; chapter authors. Core Curriculum for Radiologic & Imaging Nursing, 3rd edition; Association for Radiologic and Imaging Nursing; 2014.
AWARDS AND OTHER DISTINCTIONS

- **2016 DAISY Nurse Leader Award** - Greta Cuccia, BSN, RN, CEN, Director, Emergency Department
- **2015 Shining Star Award, Johns Hopkins Healthcare System** - Patricia Gabriel, RN, CEN, CPEN
- **2015 Innovations in Clinical Care Award, Johns Hopkins Medicine** - Kimberley Kelly, MBA, BSN, RN, Director, Critical Care and Progressive Care Units
- **2015 Donation Champion, Washington Regional Transplant Consortium** - Marge Donovan, MS, BSN, RN, ICU Assistant Nurse Manager
- **2015 Employee of the Year Award, Healthcare Council of the National Capital Area** - Fadwa Natour, BSN, RN, Nursing Supervisor
- **Member, item writer; CPAN Practice Examination Committee, ABPANC** - Pamela Guarin, BSN, RN, CPAN (2015 to present)
- **Lambert Fund for Nursing Annual Awards 2015 (Nurses and Technicians of the Year)**
  - **Nurses**: Melissa Shively, BSN, RN, Cardiology; Sheila Merene, BSN, RN, Behavioral Health; Miranda Cogswell, BSN, RN, PACU; Patricia Szymkowiak, BSN, RN, Care Coordination
  - **Patient Care Technicians**: Jackie Summerour, Cardiology; Sally Mercaral, Adult Surgical; Hanifa Akinmola, PreOp Holding
- **James A. Brown Award for Excellence in Oncology Care 2015** - Barbara Doherty, BSN, RN
- **Mended Heart Award for Excellence in Cardiac Care 2015** - Kevin Houck, BSN, RN

- **Lambert Fund for Nursing Annual Awards 2016 (Nurses and Technicians of the Year)**
  - **Nurses**: Nate Steinberg, BSN, RN, Critical Care; Jenna Curran, BSN, RN, Medical/Surgical; Linda Meier, BSN, RN, Perioperative Services; Binta Bah, BSN, RN, Specialty Services
  - **Patient Care Technicians**: Frances Alzona and Sauyer Lindsey, Medical/Surgical; Matthew White, Perioperative Services; Charles Ngabire, Critical Care

- **James A. Brown Award for Excellence in Oncology Care 2016** - Karen Hayden, RN
- **Mended Heart Award for Excellence in Cardiac Care 2016** - Peter Grysavage, BSN, RN, CCRN

- **Rounding for Patients, Physician and Staff**, Karen Carlson, MSN, RN, CRN; The Chesapeake Society of Gastroenterology Nurses and Associates; October 31, 2015.


SUBURBAN HOSPITAL, a member of Johns Hopkins Medicine, is a not-for-profit hospital in Bethesda, Maryland, serving Montgomery County and the surrounding area for close to 75 years.

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

Suburban Hospital features a certified stroke center, Level II Trauma Center, as well as centers of excellence in cardiac care, orthopedics & joint replacement surgery, neurosciences, behavioral health and oncology.

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