

# JOHNS HOPKINS BAYVIEW MEDICAL CENTER 2024 NURSING ANNUAL REPORT





2023 ANCC Magnet conference attendees including Deborah Baker, system CNE

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Dear Colleagues,

**T**HIS YEAR MARKED a very special milestone for Johns Hopkins Bayview Medical Center (JHBMC): our 250th anniversary! During the past year, we have celebrated 2.5 centuries of commitment to providing and advancing medicine that respects and nurtures the lives of those we touch.

Much of the year’s celebrations focused on the theme “Your Health. Our Commitment.” This tagline was created by our own Griely Persia, M.S.N., RN assistant patient care manager in the Carol Ball Medicine Unit. You will see that theme echoed throughout this annual nursing report as we not only show our progress toward becoming a Magnet® recognized hospital, but we also reflect on our accomplishments throughout the fiscal year 2024.

Highlights of those accomplishments include:

1. Successfully completing six accreditation surveys, including the Joint Commission triennial and follow-up surveys
2. Increasing our employee engagement scores and participation rates, and instilling change in our department based on staff feedback
3. Transitioning short-term agency nurses to permanent employees and adding valuable members to our workforce
4. Engaging with our community in new ways, such as through the neonatal intensive care unit reunion and the Sept. 11 AmeriCorps National Day of Service

As I look back on all that we’ve achieved over the past year, I am also excited about what’s to come. Your compassion and your commitment to our patients and to one another, no matter what the challenges, never cease to inspire me. I am truly grateful for all that you do and for the role you play in our history, and in our future.

Sincerely,

Sharon Smyth, D.N.P., R.N., C.E.N.P.

*Chief Nursing Officer, Vice President of Nursing  
Johns Hopkins Bayview Medical Center*



CNO, Sharon Smyth

## Johns Hopkins Bayview Medical Center Department of Nursing’s Fiscal Year 2024 (FY24) Strategic Initiatives and Goals

The following goals align with the Johns Hopkins Medicine strategic plan: Innovation 2023. They are also guided by the values that define our JHBMC nursing professional practice model.



JHHS Strategic Component	PPM Connection	FY24 Nursing Goals
	<ul style="list-style-type: none"> <li>• TRUST</li> <li>• INTEGRITY</li> <li>• RESPECT</li> </ul>	<b>Engagement</b> Implement strategies to amplify the voice of front-line staff.
	<ul style="list-style-type: none"> <li>• RESILIENCY</li> <li>• TRUST</li> <li>• RESPECT</li> </ul>	<b>Well-being</b> Enhance the well-being of our workforce.
	<ul style="list-style-type: none"> <li>• RESILIENCY</li> <li>• TRUST</li> <li>• RESPECT</li> </ul>	<b>Patient Service</b> Improve nurse communication with patients and their families.
	<ul style="list-style-type: none"> <li>• INFLUENCE</li> <li>• ACHIEVE</li> </ul>	<b>Quality</b> Refine innovative educational strategies to achieve patient quality metrics.
	<ul style="list-style-type: none"> <li>• RESILIENCY</li> <li>• TRUST</li> <li>• INTEGRITY</li> </ul>	<b>Finance</b> Maintain and achieve a cost-neutral nursing operating budget.
	<ul style="list-style-type: none"> <li>• TRUST</li> </ul>	<b>Hospital Throughput</b> Optimize resources to facilitate patient movement and deliver high quality care.

## Nursing Professional Practice Model

Johns Hopkins Bayview Medical Center



Johns Hopkins Bayview nurses deliver the promise of nursing through nursing excellence with a caring touch.

Together we value *trust, resilience, integrity* and *respect*. We push the boundaries of discovery, transform health care, and advance professional nursing practice to *optimize the patient experience*.

**Trust** is believing in the reliability and ability of one another. JHBMC nurses display trust through our commitment to patient advocacy and high quality safe patient care through:

- Leading by example with integrity
- Effective interprofessional teamwork
- Promotion of strong patient advocacy

**Resilience** is the capacity to withstand and overcome adversity. JHBMC nurses display resilience by being highly adaptable, innovative, mindful, and resourceful through:

- Embracing innovation
- Promoting wellbeing
- Compassionate care

**Integrity** is the adherence to strong moral principles. JHBMC nurses display integrity by taking accountability for our practice ensuring credibility, dependability, and honesty through:

- Shared governance
- Evidence-based practice
- Transparency through event reporting

**Respect** is acknowledging and valuing the contributions of others. JHBMC nurses display respect by empowering and advocating for our patients and colleagues through:

- Informed decision making
- Recognition
- Just Culture

## Harmonizing Nursing Care — JHBMC’s Governing Councils

Johns Hopkins Bayview Medical Center successfully launched all five of its governing councils, with the final one launching in November 2023. The governing councils are the Professional Development Council (PDC), the Professional Practice Council (PPC), the Nurse Inquiry Council (NIC), Nurse Quality Council and the Nurse Informatics Council. There are also two special interest groups: the Engagement and Retention Council and the Magnet Council. These councils report to the Coordinating Council, which is responsible for advising, coordinating, monitoring and communicating strategic shared decision-making activities aimed at integrating and harmonizing nursing care and practice across JHBMC.

For the second half of FY24, each council created goals to guide its work based on its areas of focus. The specific, measurable, achievable, relevant

and time-bound (SMART) goals developed used an A3 modeled structure that enabled division of actionable tasks to be completed on a quarterly basis to successfully meet the stated goal by the end of the fiscal year. One of the Coordinating Council’s goals was to effectively communicate to nursing leaders what the councils were working on and to identify the clinical nurse representing their division on the council. A flyer was created to communicate each council’s purpose and focus areas. Each council included a QR code that, when scanned, displayed names and photos of the clinical nurses serving on the council. The flyer was shared with staff during the Recognition and Professional Development Fair held in March 2024, with plans to display it on a pilot basis on units and care areas to help determine its effectiveness.

Given the successful launch and



Nursing Referral Process

integration of these new councils, the next focus is to develop and implement sustainable methods for all clinical nursing staff members and leaders to know what the councils are working on. This work includes using standardized takeaways for each council to share in several platforms and optimizing our updated intranet platform. The platforms include rotating scheduled report outs for nursing leaders during patient care manager monthly meetings, director of nursing meetings, the *Sharon’s Spotlight* newsletter and town hall meetings. A workgroup was created to optimize JHBMC’s updated intranet platform with the goal of creating a central location to provide information about shared decision-making structures that will include council minutes and takeaways.

The governing councils are very interested in hearing from the front-line staff regarding opportunities, project ideas and innovations. In the middle of FY23, we launched the Johns Hopkins Health System (JHHS) nursing referral process, an online platform to submit items such as a new strategy to reduce falls, the rollout of a new piece of equipment, an idea to support staff retention or a new process to improve patient experience. These can apply to a single unit or department, or to the entire hospital or health system. The submissions are reviewed monthly by the Coordinating Council and then routed to the corresponding governing councils for coordination steps. The governing councils have come a long way — from concept to implementation — in a relatively short time and have made great strides in driving performance improvement. ■

Strategy A3: Coordinating Council FY 24					
Owner: Rossana Oakley Revision: 6/28/2024					
Define	FY24 Action Plan				
<b>Entity Objective:</b> Push the Boundaries of Science and Education - Enrich the environment for discovery and learning through continuous innovation. Invest in fundamental science and create new models of teaching, training and clinical care delivery.	Goals/ Initiatives	Quarter 1 July 1 <sup>st</sup> – Sept 30 <sup>th</sup>	Quarter 2 Oct. 1 <sup>st</sup> – Dec. 31 <sup>st</sup>	Quarter 3 Jan. 1 <sup>st</sup> – Mar. 31 <sup>st</sup>	Quarter 4 Apr. 1 <sup>st</sup> – Jun. 30 <sup>th</sup>
<b>Goal Statement:</b> The Johns Hopkins Bayview Medical Center (JHBMC) Nursing Coordinating Council is responsible for advising, coordinating, monitoring, and communicating strategic shared decision-making activities that are aimed at integrating and harmonizing nursing care and practice across JHBMC.	<b>Communication:</b> To develop a standardized reporting structure for nursing leaders of council work and progress by the end of FY24.	N/A	<ul style="list-style-type: none"> <li>Needs and expectation reviewed for communicating with nursing leadership</li> <li>Create a template to disseminate takeaways from each governing council on a monthly basis within Sharon’s Spotlight publication</li> </ul>	<ul style="list-style-type: none"> <li>Develop template for governing councils as well as for the special interest group of Magnet, to standardly report out to JHBMC DON group on a bimonthly basis.</li> <li>Schedule cadence rotation of 6 councils and have item added to DON agenda.</li> <li>Begin routine reporting during DON meetings.</li> <li>Begin information sharing via Sharon’s Spotlight.</li> </ul>	<ul style="list-style-type: none"> <li>Successfully continue routine reporting to DONs and department of nursing via Sharon’s spotlight.</li> <li>Pulse check to be completed during final nursing town hall of the FY with poll to determine effectiveness.</li> </ul>
<b>Core Team Members:</b> Sharon Smyth – Executive Sponsor Natalie Tredway-Quality chair, co-chair Kelly Krout – Quality DON Angela Helder- Safety Director Kerri Godwin-informatics chair Deena Conti-NPPDS DON Kim Rivera-Magnet co-chair  Rossana Oakley–MPD, chair Cathy Lindauer – NIC chair Taylor Yankos- NIC co-chair Caitlin Morga – PPC chair Christine Steen- PPC co-chair Tamara George-PDC chair	<b>Standardizing Information repository:</b> To develop a standardized takeaway tool/template for each council to utilize. Determine a platform for housing council takeaways and general information by end of FY24.	N/A	<ul style="list-style-type: none"> <li>Needs and expectations reviewed for the platform to be the JHBMC intranet.</li> <li>Councils to review JHHS takeaway template and discuss ideas for the JHBMC template to be created</li> </ul>	<ul style="list-style-type: none"> <li>Create standardized takeaway tool.</li> <li>Each governing council to adopt tool and begin utilizing it.</li> <li>Partner with marketing and communications to create a standard location within new intranet platform to house takeaways and information pertaining to shared governance structure.</li> </ul>	<ul style="list-style-type: none"> <li>Assess accessibility and usability of takeaways by nursing leaders</li> <li>Finalize intranet platform information and resources.</li> </ul>
<b>Metrics and Opportunities</b> 	<b>Project Referral Platform:</b> Increasing submissions by 20% by the end of FY24.	N/A	<ul style="list-style-type: none"> <li>Review current submissions and track trends.</li> <li>Assess avenues to pursue to increase participation and utilization.</li> </ul>	<ul style="list-style-type: none"> <li>Partner with marketing and communication to launch full advertising campaign to increase participation.</li> <li>Track participation during the coordinating council by including it as a standing agenda item.</li> </ul>	<ul style="list-style-type: none"> <li>Re-launch full advertising campaign to increase participation.</li> <li>Track participation rates</li> </ul>

FY24 Coordination Council Goals

Governing Council & Special Interest Groups



PDC takeaways

### Professional Development Council Streamlines Communication

By **Tamara George, M.S.N., RN, NP-D-BC**, Nursing Practice and Professional Development Specialist

On Nov. 15, 2023, JHBMC held its first Professional Development Council meeting. The PDC, one of the five governing councils, was formed to guide and oversee implementation and maintenance of initial and ongoing education that promotes professional growth and ongoing clinical competency while preserving the culture at JHBMC. The council members are bedside clinical nurses, nursing practice and professional development specialists, a patient safety nurse, an ad hoc clinical informatics analyst, a patient care manager (PCM), an assistant patient care manager (APCM) and a director of nursing (DON). The council

combines efforts with The Johns Hopkins Hospital (JHH) PDC to integrate educational efforts that would cross campuses. This ensures that clinical staff members receive the same communication, and it minimizes confusion.

The PDC's FY24 goals were to establish the council structure, recruit members and create a standardized takeaways reporting structure. It took a few months for the new council to become well established at JHBMC. Early on, the PDC members voiced the importance of developing a mechanism to report on the council's work and advertise upcoming activities promoted by the council. A takeaways flyer was created using a standardized layout that included colors associated with the PDC and its corresponding logo. QR codes allowed staff to easily view documents, websites, surveys and other resources, capitalizing on the limited space available on a single-page flyer. To share the takeaways, the PDC members decided to use JHBMC's established communication platforms: the weekly *Sharon's Spotlight* newsletter, unit huddle boards, JHM Link, the JHBMC nursing network Facebook page and monthly nursing leadership meetings. The PDC's clinical nurse division representatives were tasked with helping to disseminate the takeaways flyers



PDC Council Representatives

throughout the organization as well, and they accomplished this via e-mail communication, by printing them and hanging them on the units and presenting the content during unit staff meetings.

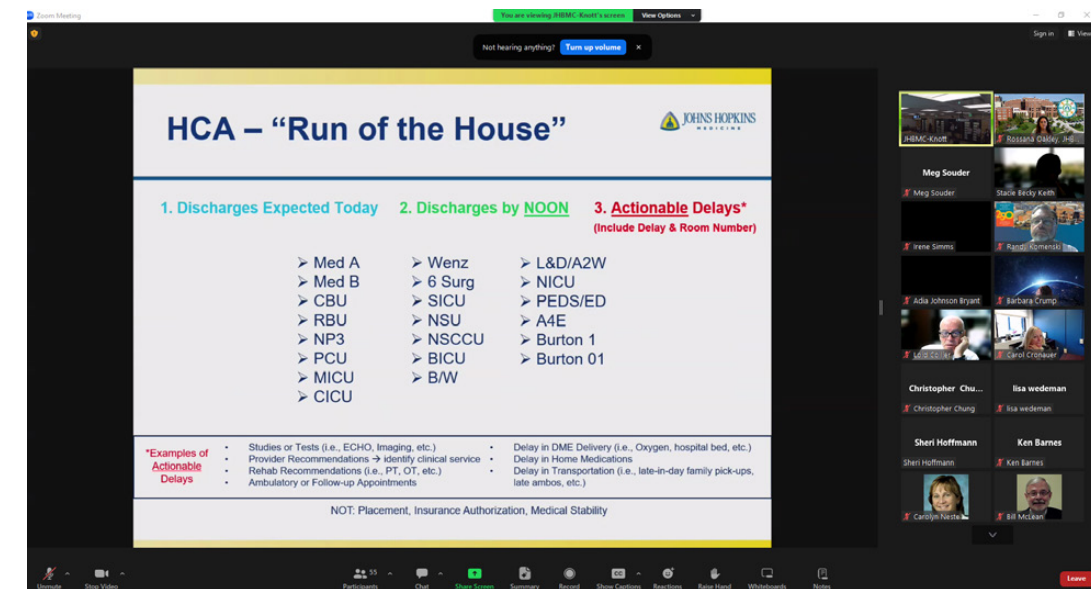
Another PDC goal was to bring education to the units in partnership with the nursing education department. To facilitate mobile education, roaming educational carts were created. The carts were organized to be rotated through the units to offer clinical staff convenience and time to have hands-on practice and to access clinical skills resources. These clinical skills included management of chest tubes and chest tube flushing. The clinical skill and educational content shared via the carts is expected to be updated with new educational topics throughout the year, with the goal of bridging practice gaps.

Before the closure of FY24, the PDC reviewed the status of goals while forging ahead to establish FY25 goals. With the success of the FY24 goals, the PDC hopes to focus on increasing JHBMC's number of certified nurses by offering a certification review course, increasing opportunities for continuing education units (CEUs) and increasing submissions of nursing project ideas and innovations through an online tool.

In less than a year, the PDC established its membership, including registered nurses from all nursing divisions. Guiding the work of its members were the shared goals of fostering professional development and expanding clinical skills while supporting recognition and retention in the workforce. The PDC strives to continue its growth and expand the opportunities available to clinical staff at JHBMC. ■



In-person J-BOSH Meeting



Virtual J-BOSH Meeting

### A Seat at the Table — JHBMC Operations and Safety Huddle

Communication in any industry can be challenging, and in our current landscape, health care communication is no different. To enhance efficiency and reduce redundancy, JHBMC leaders identified the need

to combine key meetings to improve communication and collaboration. Time-consuming meetings to address COVID-19 responses and operational challenges had become burdensome, and the agendas of the operations and

capacity call and real-time demand capacity (RTDC) meetings and the operations and safety briefing were prioritized and merged into one focused session: Johns Hopkins Bayview Operation and Safety Huddle (J-BOSH). This joint meeting has become more action oriented with leaders from both clinical and nonclinical

specialties. This approach supports high reliability and patient safety and aligns with lean principles. This consolidation has streamlined processes, reduced duplication and fostered greater collaboration among the teams. ■



2024 Nursing leadership retreat

### Johns Hopkins Bayview's Magnet® Journey

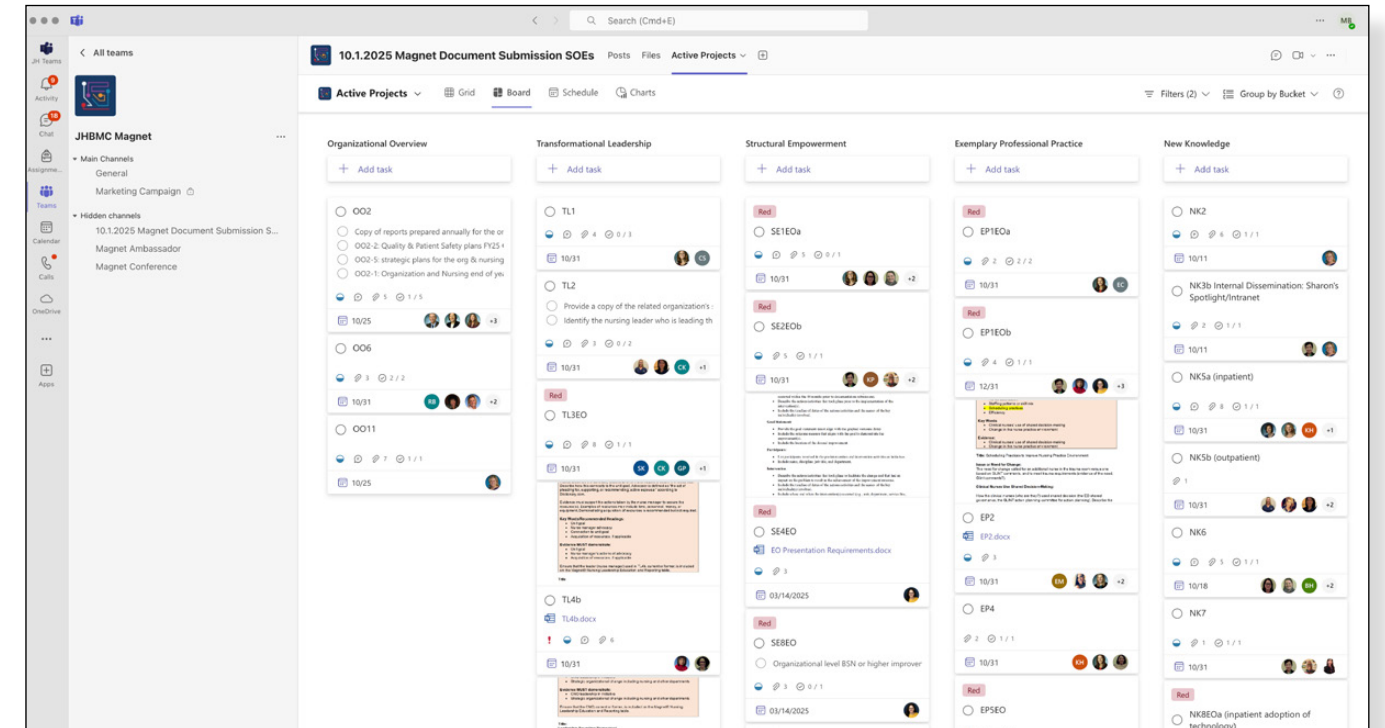
By **Rossana Oakley**, D.N.P., M.S.N., RN, AGCNS-BC, CMSRN, Magnet Program Manager

JHBMC's Magnet® journey in FY24 was the launching point of our writing season, positioning the organization on the path to successfully submitting our Magnet document by Oct. 1, 2025. In October 2023, nursing leaders and Advancement in Clinical Excellence (ACE) nurses gathered for a two-day sources of evidence alignment workshop, with the goal to identify organization examples that could serve as evidence to support our Magnet designation. The attendees reviewed the 102 narratives required for the Magnet document as facilitated by our consultant. With the use of a Microsoft Teams project management

tool, the Magnet program manager was able to successfully assign an example story to serve as evidence for 97% of the narratives required. Each story was assigned a writer, each of whom was provided a writing template and example to guide commencement of writing the first drafts. In November 2023, the first of several writing workshops was held. The four-hour program gave writers feedback on the start of their drafts and how to navigate their story examples to align with the requirements of the narrative. This workshop allowed us to review 12 story drafts, which launched our Magnet document. From there,

writing workshops were held every other month starting in February 2024. At the close of FY24, JHBMC had submitted 37 first drafts and had completed 12 of the total number required.

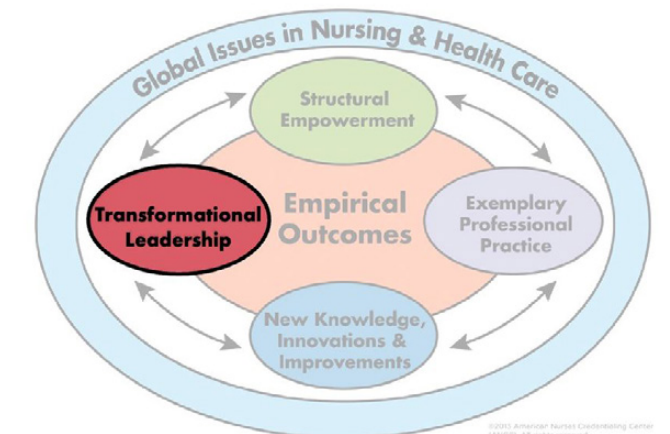
In March 2024, the yearly nursing leadership retreat was held with the focus on JHBMC's journey to Magnet® designation. This event is a gathering of nursing leaders from throughout the organization. Sharon Smyth, D.N.P., RN, CENP, chief nursing officer, shared her state of the union address, which is guided by the nursing strategic goals. The directors of nursing highlighted, for each of their respective divisions, projects and moments of pride. This yearly gathering helps ensure that everyone maintains focus on the shared goals. ■



Microsoft Teams Magnet project management tool



NICU's staff wellbeing space



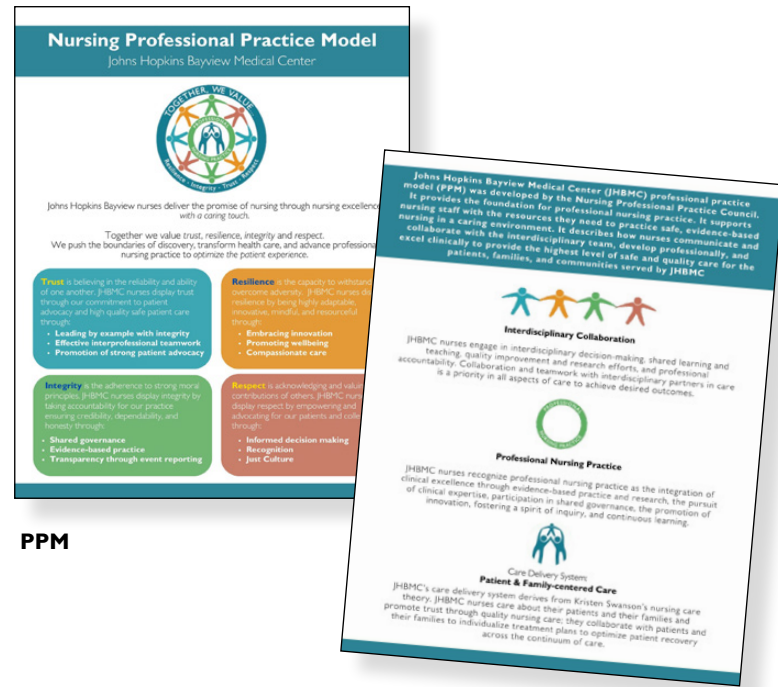
Sources of evidence alignment workshop

### NICU's Journey to Completing Its First Magnet Story

The JHBMC Magnet® journey allows our nurses to highlight the amazing work done each day. In January 2024, the organization began delineating the nursing division's accomplishments through written narratives and supporting evidence, which will be submitted October 1, 2025, for appraisal by the American Nurses Credentialing Center's Magnet® accreditation program. The neonatal intensive care unit

(NICU) was the first JHBMC unit to complete a transformational leadership component narrative, which will serve as one of the 102 sources of evidence required. The narrative, TL5b, requested an example, with supporting evidence, of a nurse's advocacy for and acquisition of resources specific to nurses' well-being at the unit or department/division level. Jeanelle Dean, M.S.N., RN, the NICU assistant patient care manager, shared her

experience in writing this Magnet® story and her pride in showcasing the positive impact that the nursing leaders' advocacy had on the NICU staff's well-being: "This was a very simple story to write because we had recently seen a problem in the NICU, came up with a plan and implemented it. I am proud to get to showcase for Magnet how we redecorated our staff breakroom and how this supported the hospital's initiative on well-being." ■



### Defining Our Work: Professional Practice Model

In the third quarter of 2023, the Magnet Council, a shared decision-making group comprised mainly of nurses from each clinical unit/department, began identifying gaps regarding our Magnet® journey. One of the identifying pillars of the journey pertained to the professional practice model (PPM).

A PPM is a schematic description of a system, theory or phenomenon that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organization (e.g., patients, families, communities). PPMs illustrate the alignment and integration of nursing practice with the mission, vision and values that nursing has adopted. The JHBMC PPM was developed during the spring of 2018 Magnet® gap analysis sessions, during which JHBMC nurses brainstormed various features of our care delivery system that would be reflected at a glance by the schematic identifier. After much discussion during PPC meetings and a nursing leadership retreat, our nurses determined that a few key elements

recurred throughout the designs:

- An interdisciplinary team of people who “hold hands” to deliver care
- Patients and families are at the center of everything we do
- A visual boundary, holding us together as a team
- Brief language from our mission statement that inspires us and demonstrates the values that drive our work

Combining all these ideas, an artist developed the identifier using colors introduced by the Innovation 2023 strategic imperatives. Using this colorful image with language focused on the Magnet® recognition program defined our PPM while aligning JHBMC nurses with Johns Hopkins Medicine. After the Magnet Council reviewed our PPM’s historical origins, they evaluated whether the model reflected nursing practice in the present post-pandemic health care environment. The group questioned its ability to relate to the language reflected in the PPM, due to its vague subjective statements that lacked the

ability to guide performance improvement, professional development and engagement objectively. The council members worked with our Advance-ment in Clinical Excellence (ACE) nurses advising how to restructure the language to represent our present nursing practice. During the 2023 annual ACE retreat in October 2023, an interactive session engaged more than 80 ACE nurses to define the components in each of the four PPM sections and include language that aligns with our nursing mission and vision through subjective and objective measurable action statements. In January 2024, Magnet Council members used information gathered from the ACE retreat session to begin restructuring the JHBMC PPM, which was shared with nursing leaders during the nursing leadership retreat. In late spring 2024, new PPM flyer wall clings were rolled out throughout the organization. The goal is for all nursing care areas to align everything they do back to the PPM by identifying which of the four components their work and actions relate to and use that component as the identifier to represent their work. ■

## Operating Room Team

### Guardians of Safety and Quality During Surgical Transitions

#### RESILIENCE

- Coloring and mindfulness activities
- #DanceYourHeartOut
- Building the Periop Community with private FB webpage “Periop Guardians”
- Inclusive Holiday Party
- Healthy at Hopkins staff involvement with Jawan helping staff to meet goals

Achievements & Ongoing improvements

- Audits: Censitrac, Surgicount, Colorectal CUSP, First Case On Time Starts (FCOTS), Hand Hygiene
- CSP Joint Partnership
- Morning Huddle
- Lead Safety Initiative
- Improve efficiency with new algorithm for calling patient to ASU/OR
- Decrease the number of instruments initiative-streamline trays
- Enhanced Time Out to mitigate Risk
- Transfer Care of Endoscopes to Endoscopy/Scope Cabinet
- Committees: Turnover Time, Specimen Handling, Colorectal CUSP ORA Cleaning PI
- RN Daisy Award, Community Hero Award
- SAFETY: safety rounds, HERO reports.
- EDUCATION: annual learning needs assessment, NPPDS/Educator hired, clinical educator, structured OR onboarding and orientation, PERIOP 101 integration in classroom orientation, MISTIC lab -standardize robotic safety education training, structured Thursday education, specialty skills day, trauma lectures, OR Charge RN training and checklist
- Created Education Portal

#### INTEGRITY

- Core Team of clinical experts in their specialties: Neurosurgery, Ortho Joints/Trauma, General Surgery, Robotics, GU/GYN, Vascular, bariatrics, Thoracic, peds
- Dependable junior specialty experts
- Highly engage RNs and Scrub techs committed to OR Nursing excellence
- Increased numbers of certified nurses AORN
- BSN prepared
- Promoted 2 ACE RNs total of 4 ACE RNs

#### TRUST

- Stable OR nursing leadership Director, PCM, APCM, NPPDS, Clinical Educator, Coordinators, Charge RNs
- Shared Governance with education, practice and policy councils
- Policy Staff Review
- Safety Good Catch Recognition
- Safety and Quality Review
- Staff introduction
- Birthday Boards/Furry friends
- Expert and supportive Specialty coordinators
- Crucial Conversations

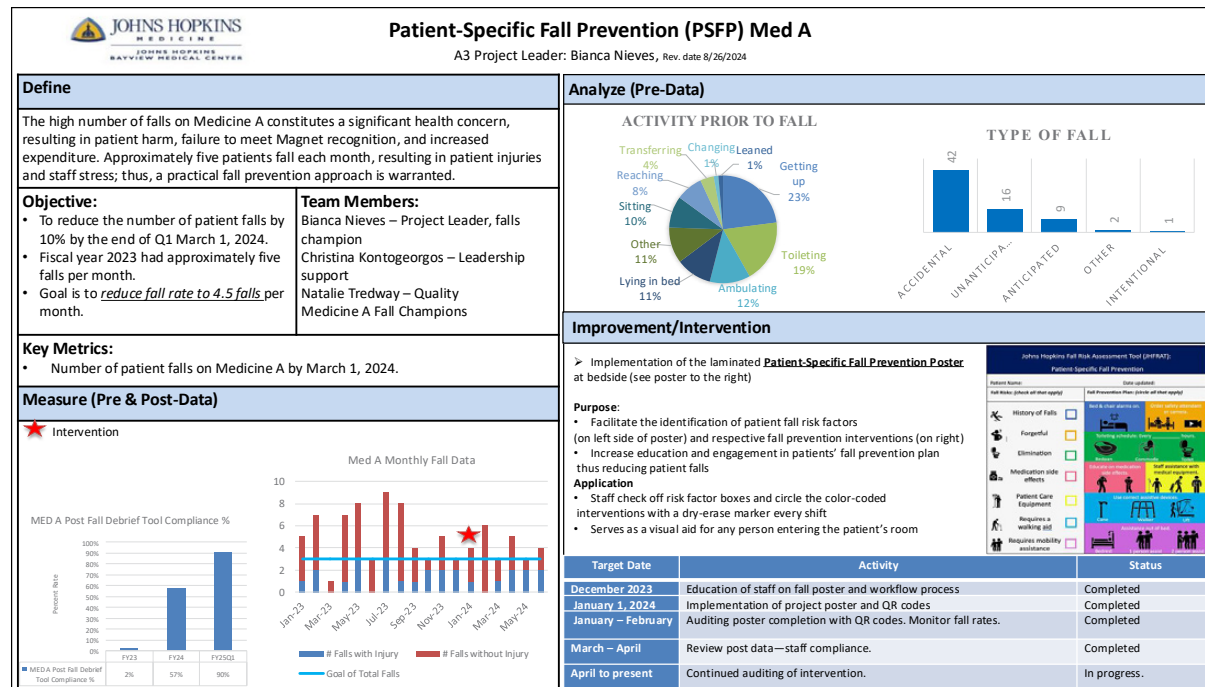
#### RESPECT

- Daily Meditation and Prayer with Pastoral care in PACU with multidisciplinary participation
- Sharing of Cultural food during potluck parties
- Holiday stations for Hannukah, Kwanzaa, Christmas etc.
- Food choices for different taste

#### OR aligning with our PPM



2023 ACE Retreat PPM activity



MED A Falls Reduction A3

### A Team Approach: Medicine Division Falls Reduction Initiative

In July 2023, the medicine division, including Medicine A, Medicine B, the Progressive Care Unit, the Carol Ball Medicine Unit, Burton 4, NP3, Burton 1, Burton 01, the Medical Intensive Care Unit and the Cardiac Intensive Care Unit, reviewed the number of falls in FY23 and found that 306 were recorded. The high number of falls made this nursing sensitive indicator (NSI) a top priority for nursing leaders. In response, Sharon Smyth, D.N.P., RN, CENP, chief nursing officer, identified improving fall rates as a nursing strategic priority for FY24. Christina Kontogeorgos, D.N.P., RN, PCCN, director of nursing for the medicine division, with support from Elaine Clayton, D.N.P., RN, NEA-BC, executive director of clinical nursing, recognized the need for action and formed a focused falls reduction workgroup including front-line clinical nurses from each medicine unit to serve as falls champions (FCs). Kontogeorgos knew that tackling this NSI would require determination, strategic partnerships and a collaborative approach.

Kontogeorgos partnered with Ashley Ninan, D.N.P., APRN, FNP-BC, and Natalie Tredway, M.S.N., RN, AGCNS-BC, from the quality department to craft a comprehensive plan to reduce patient falls by 10% during FY24. A key component of their strategy was to provide training to the FCs on how to use an A3 problem-solving tool and how to individualize it to address their units' unique challenges. Erica Reinhardt, M.S., RD, CLSBB, assistant director of Lean Sigma deployment at the Armstrong Institute for Patient Safety and Quality, played a crucial role in training the FCs how to construct the A3 problem-solving tool.

A timeline for the workgroup was developed and metrics to measure success were defined. The initiative was launched in August 2023, and sustainable processes were finalized in 2024.

The workgroup identified early on that success would require more than good intentions — it

demanded a strategic, data-driven approach. The metrics of focus were the total number of falls, the number of falls with injuries, and the percentage of the number of post-fall debriefs submitted in comparison to the total number of falls on the unit. Data became the backbone of the initiative. By leveraging Tableau dashboards and post-fall debrief reports, the workgroup identified key drivers of falls, which facilitated targeted interventions

Unit leaders supported their FCs to spearhead these efforts, ensuring that each intervention was meticulously planned and executed.

Front-line FCs were appointed to drive the initiative and ensure that every staff member on their units was engaged and committed to preventing falls. Monthly meetings and rounds were instituted, allowing the workgroup FCs to regularly share progress, insights and opportunities that helped maintain momentum.



Bianca Nieves, BSN, RN

As the initiative progressed, the results were telling. Compliance of the post-fall debrief tool, once a major hurdle, surged from 27% utilization in quarter four (Q4) FY23 to 88% by Q4 FY24. The standardized huddle boards introduced across all units brought a new level of transparency, making falls data trends visible to everyone. The falls steering committee, including the FCs in the workgroup and FCs from other nursing divisions, became a crucial platform for sharing progress, opportunities and successes.

By the end of FY24, the medicine division exceeded the goal of 10% falls reduction, bringing the total number of falls down from 306 to 272 — an 11% reduction. Under the leadership of Med A's clinical nurse falls champion, Bianca Nieves, BSN, RN, the Med A unit brought its total number of falls down from 60 to 54 — a 10% reduction when compared to FY23. These results are a testament to the entire workgroup's hard work and dedication. This initiative reduced the total number of falls and transformed the division's culture. A renewed focus on accountability and continuous improvement emerged, with every workgroup member playing a part in enhancing patient safety. As FY24 ended, the medicine division stood as a model of what leadership, collaboration and use of data-driven strategies can achieve. Looking ahead, the workgroup remains committed to sustaining these gains and continuing to raise the bar in patient care and role modeling for the other nursing divisions. ■

### Path to Zero Harm — Process Check Report Cards

By **Rossana Oakley**, D.N.P., M.S.N., RN, AGCNS-BC, CMSRN, Magnet Program Manager

JHBMC's nursing sensitive indicators (NSIs) of focus in inpatient care areas include falls with injury, hospital acquired pressure injuries stage 2 and above (HAPIs 2+), central line

associated blood stream infections (CLABSIs) and catheter associated urinary tract infections (CAUTIs). The benchmark for each of these NSIs is measured by the National Database of Nursing Quality Indicators (ND-NQI), a Press Ganey platform that provides a national data repository through which facilities can confidentially compare NSIs at the unit level to those in similar units in facilities across the country.

JHBMC has struggled with managing several of its NSIs, with the biggest gaps found in HAPIs 2+ and falls with injury. During the 2022 American Nurses Credentialing Center (ANCC) Magnet® Conference, Taylor Yiankos, M.S.N., RN, CMSRN, attended a session on providing an NSI tool kit to decrease rates. The tool kit used a version of the Kamishibai cards (K cards) that originated in Japanese Buddhist temples as a form of visual narration. The cards allowed clear assessment of process steps for compliance versus noncompliance. All noncompliance was focused on system failure points instead of an individual. The modified K cards tool kit, referred to as process check report cards, was created to ensure that it was easy to implement and understand, and that it allowed data transparency and visualization for front-line staff members and unit leaders. The implementation leveraged shared decision-making principles to help front-line clinical staff members operationalize the process report cards. In partnership with Erica Reinhardt, M.S., RD, CLSBB, assistant director of Lean Sigma deployment at the Armstrong Institute for Patient

Safety and Quality, we developed the process check report cards for each of the four NSIs of focus for the inpatient care areas. The process report cards list three or four items to be observed for a single patient during a single shift. For example, the clinical nurse or patient care technician (PCT) assigned to complete the fall process report card for their shift would select a patient at random who was documented to have a moderate to high fall risk per the electronic health record and who was not part of their own patient assignment. They would observe if the patient had a bed or chair exit alarm on, if the bed was in its lowest position and locked, and if the call bell, phone and personal items were within the patient's reach. The tool kit included the process report cards for each NSI, with examples of how to complete them and how to analyze the results. In August 2023, the proposed tool kit was shared with all nursing leaders, including the CNO, DONs, PCMs and APCMs, to convey the project's importance — improvement of our NSIs was not only a JHHS strategic priority but also one for JHBMC. An expectation was set that all areas should determine which NSIs presented the biggest opportunities for their care area and choose two to four of them to roll out in the respective process check report cards.

The tool kit and its implementation were formally rolled out throughout all applicable inpatient care areas in September 2023. Nursing leaders for all applicable inpatient care areas were tasked with launching the report cards and assessing

(continued on page 14)

Falls Report Card - Day Shift																																	
Unit:	2W																																
Month/Year:	Aug 2023																																
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Letter Grade	B	A	B	A	F	A	B	A	A	B	A	B	A	B	A	C	B	B	A	B	A	B	B										
Bed/chair exit alarm on?	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bed in lowest position and locked?	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Call bell/phone and personal items (glasses, urinal, assistive devices, etc) within reach?	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Process check report card

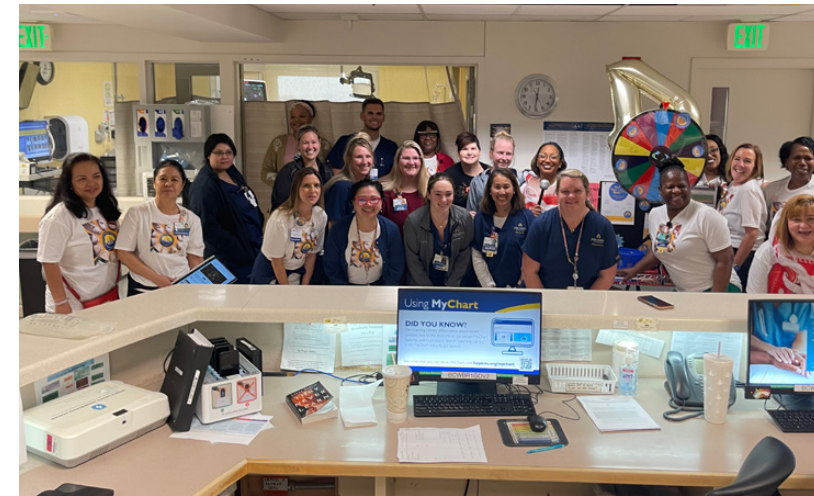




Mobility-a-thon Rounding Team



Ling Espenancia, BSN, RN, CMSRN



CICU, Mobility clinical staff video award winners



Quality Council Representatives

(continued from page 13)  
 compliance, trends and practices monthly. Also quarterly, leaders were encouraged to review trends and determine if the observations listed for each of their process reports should be amended to focus on other practice gaps identified, with the goal of improving individual clinical staff practices. The process check report cards project continues to be a focus for all units. Christina Kontogeorgos, D.N.P., RN, PCCN, director of nursing for the medicine division, and Rossana Oakley, D.N.P., M.S.N., RN, AGCNS-BC, CMSRN, Magnet Program Manager, continuously provide support and conduct accountability rounds.

### Mobility Matters — EveryBODYmoves Campaign

In November 2023, JHHS launched its 72-hour everyBODYmoves campaign, focused on combating immobility harms by making patient mobility a care priority. JHBMC participated in the campaign, led by Rona Corral, D.N.P., M.S.N., RN, CNS, and Morning Gutierrez, M.S.N., RN.

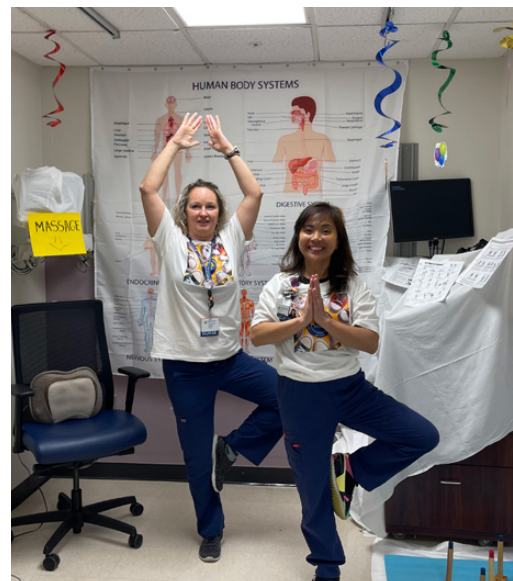
Mobility champions rounded the units in T-shirts crafted by Christina Kontogeorgos, D.N.P., RN, PCCN, director of nursing for the medicine division, to thank teams for their

outstanding work in mobilizing our patients and to hear their thoughts about why mobility matters. The exciting two-day celebration, called the Mobility-a-Thon, was launched with a poster contest. The posters were presented during the RTDC meeting for all disciplines. There were sound effects, mobility props (gait belts, canes and walkers) and engaging presentations for multiple disciplines to show collaborative mobility efforts. The compelling stories and best practices shared from all the units were a testament to the strong commitment that these teams/unit mobility advocates have to mobilize our patients. The level of enthusiasm and pride was electrifying. Although there was only one winner of the mobility poster contest, all units that participated received immense applause. JHHS recognized JHBMC with the following awards for its engagement in making this year's campaign a success:

- The Hospital-Wide Engagement Award recognized enthusiasm and creativity in executing campaigns from bedside through administration.
- The Thinking Out of the Box Award was given to the post-anesthesia care unit and perioperative areas for incorporating yoga into their practice.
- The Clinical Staff Video Award

was given to the cardiac intensive care unit.

- Among the three poster contest winners was NP3's "follow the yellow brick road to mobility" poster, presented by Ling Espenancia, B.S.N., RN, CMSRN, who was dressed as Dorothy from The Wizard of Oz.
- The Patient or Staff Engagement Activity Award was given to the Carol Ball Medicine Unit. ■



PACU & Peri-op Yoga

### A Guiding Light: The Nursing Quality Council

By **Natalie Tredway**, M.S.N., RN, AGCNS-BC, Clinical Quality Project Coordinator

In the spring of 2023, JHBMC governing structure was created to align with Johns Hopkins Health System governing councils. Applications for membership were sent to front-line staff members, who were selected to represent the nine divisions: surgical/neurology/burn surgical/neurology/burn intensive care units, medicine, medicine critical care units, perioperative services, ambulatory services, psychiatry, maternal child health and the emergency department (ED).

Kelly Krout, D.N.P., R.N., director of quality management, and Natalie Tredway, MSN, RN, AGCNS-BC, founded the JHBMC Nursing Quality Council, and the first meeting was held in September 2023. The council's areas of focus include guiding and overseeing nursing identification and response to opportunities to implement and evaluate evidence-based, standardized nursing care to achieve safe, high quality patient outcomes for nurse-sensitive indicators.

#### Functions of the Council

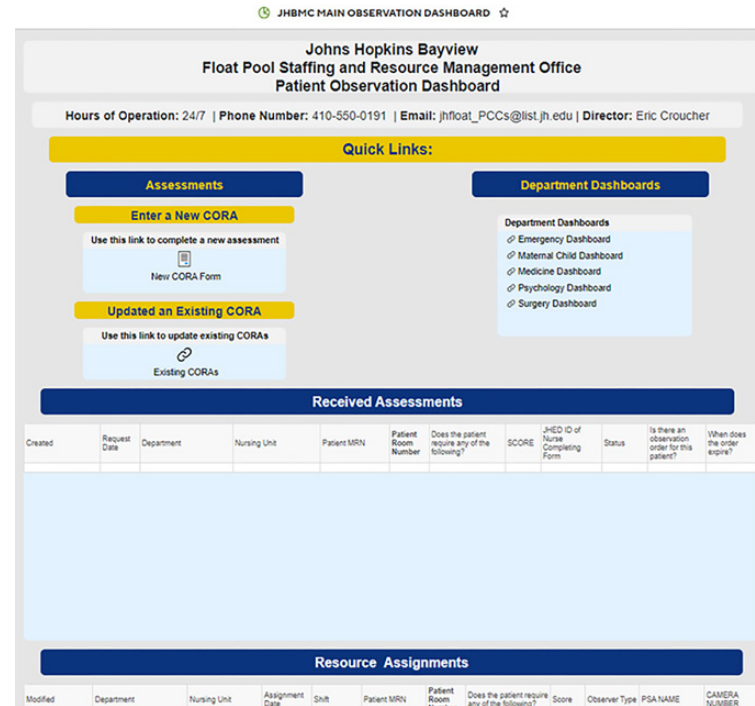
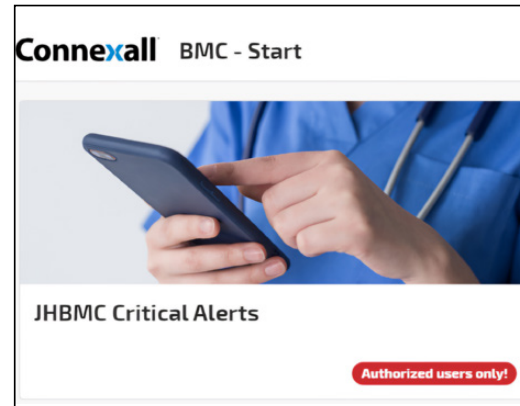
- The council serves as a content expert to prioritize quality improvement initiatives.
- It advises and/or establishes monitoring parameters for NSIs (patient falls, HAIs, CLABSI, CAUTI and targeted patient experience/satisfaction).
- It advises and assists in implementing strategies to streamline and harmonize collection and reporting of nurse-sensitive clinical quality data.
- It analyzes process and outcome data, identifies trends and responds to identified opportunities to improve patient care (e.g., efficiency/throughput).
- It collaborates with the Nursing Inquiry Council to promote data-based, evidence-supported processes to improve care.
- It partners with JHBMC hospital councils/staff as experts to implement evidence-based improvements.
- It monitors, evaluates and communicates the outcomes and effectiveness of all assigned work.
- It reports integration activities.
- It provides a venue for best practice and information sharing across JHBMC nursing.
- It promotes nursing leadership opportunities and system-thinking.

#### Scope of Authority

- The Nursing Quality Council advises the CNO and JHBMC Coordinating Council.
- It helps vet and recommend priorities for health system nursing integration quality improvement activities requested by JHHS or affiliate-based shared governance councils.
- It assigns projects approved by the Coordinating Council to teams of experts in the domain of interest.

Since this was a newly formed council, the FY24 goals focused on ensuring that all council members participated in 75% of meetings and developing a standardized process for bidirectional communication. Communication took the form of a single takeaway slide that all council members use regarding discussion points in their departments and individual units.

During FY24, the council developed a process for reporting data, identifying areas of need and making recommendations for process/practice improvements. While the committee is still in its infancy, much work has been completed, and process improvement recommendations have been made both at the hospital and health system level. ■



CORA Tool



OR Fire Drill



Time Out Day celebration

### Harnessing Technology in Emergency Response — Connexall Activation

The goal of JHBMC’s Connexall Emergency Team Activation project was to improve patient safety by reducing care delays and aligning with activation processes at four JHHS member organizations. To reduce reliance on the main switchboard, the Connexall web alert system was implemented in May 2024 for emergency team activations.

By leveraging Epic sign-in and mobile app alerts, Connexall adds redundancy to emergency teams pager activations. During phase 1 (obstetrics), the NICU and emergency departments transitioned to using Connexall to activate emergency

teams. This phase also incorporated adding Connexall as an option for activating other teams, such as the difficult airway response team (DART), the code blue team and rapid response teams (RRT).

Phase 2 begins in fall 2024, when pagers will be added to Connexall integration for additional redundancy, with a goal of our call centers also activating via Connexall and eventually moving away from reliance on overhead paging. An Epic brain attack team (BAT) activation enhancement will be introduced, with Connexall serving as a secondary activation method. ■

### CORA Implementation Aids Resource Management

The Constant Observation Resource Assessment (CORA) tool was rolled out at JHBMC in April 2024. CORA is used on the inpatient units and in emergency departments to generate a patient observation acuity score, which the nursing staffing office uses to assign patient safety attendants, televideo monitors or companions to patients — starting with those with mandatory conditions (such as patients with suicidal precautions or elopement risk), followed by those with the highest assessment score. Nurses review and update the CORA for a patient once each shift until the patient no longer requires observation. Using such a tool allows better resource management, reduction of communication burden, streamlined payroll processes and transparency of information on the dashboard for all users. ■

### Blazing a Trail to Lowering Risk

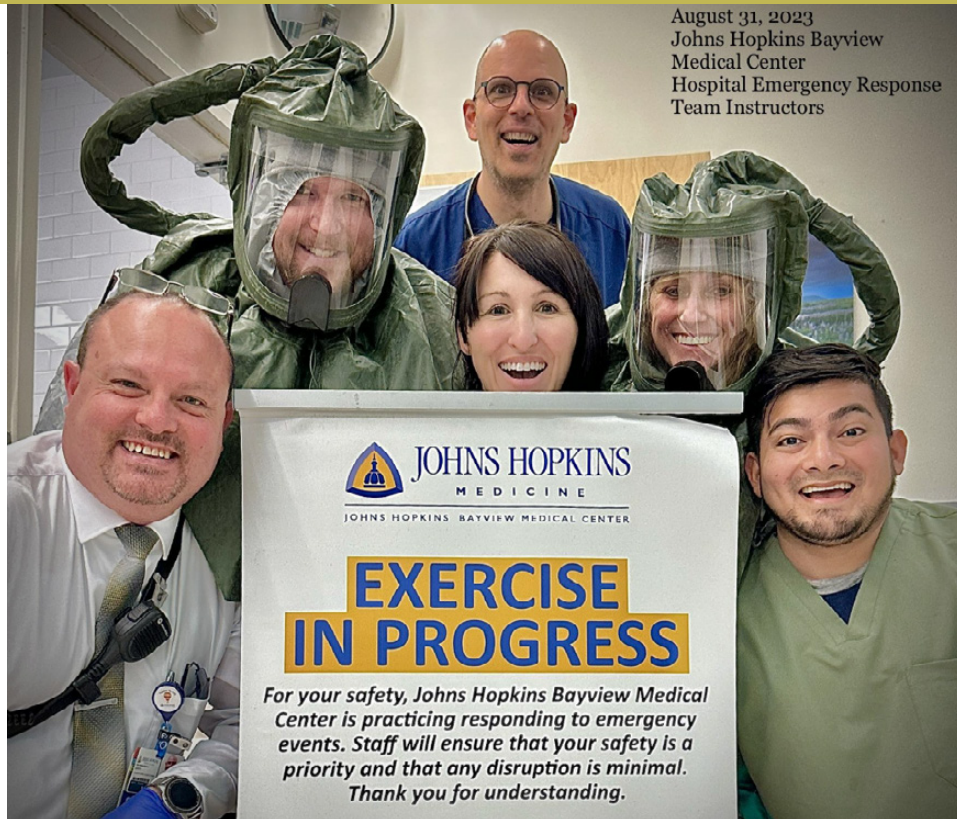
In October 2023, JHBMC conducted an annual multidisciplinary operating room (OR) fire drill simulation to educate staff about mitigating and reducing the risk of OR fires, building team communication techniques and providing hands-on interventions. Anesthesiologists, surgeons, nurses, surgical technicians, OR assistants, anesthesia technicians and the safety department participated.

Asha Chari, M.D.; Matthew Kashima, M.D.; Annie Duremdes, M.S.N., RN, nursing practice and professional development specialist nurse; Mahlet Ketema, M.S.N., RN, director of nursing, and Kathleen Pressimone, M.S.N., RN, patient safety specialist, began planning for Fire Prevention Month well in advance. They created various scenarios and educational points to improve logistics and presentation

style based on the areas for improvement identified in previous years. They also conducted a fire scenario review with key players and observers, using a volunteer as a patient. After identifying and extinguishing the fire, the group debriefed and discussed the lessons learned with all four teams. The goal was to involve most team members, including all anesthesia and nursing staff members. Four groups were created with four fire scenarios in four ORs (in situ). This allowed everyone to see how the scenarios played out in their environment, not in a conference room. There were also four surgeon volunteers, one for each specialty: gynecology, burn, orthopaedics and trauma. These drills help ensure preparedness in a real-world emergency. ■

### Operating Room Celebrates National Time Out Day

Operating room staff celebrated National Time Out Day on June 12, 2024. The national campaign empowers improvement and fosters a culture of safety by taking time to identify the right patient, the right site and the right procedure. ■



August 31, 2023  
Johns Hopkins Bayview  
Medical Center  
Hospital Emergency Response  
Team Instructors

**HERT Team**

### Trained and Ready — Hospital Emergency Response Team

The JHBMC Hospital Emergency Response Team (HERT) was formally implemented in 2018 after half a dozen emergency department staff members attended specialized training at the Center for Domestic Preparedness (which is led by the Federal Emergency Management Agency) to help ensure that JHBMC staff is prepared to provide the best care possible if there is a mass casualty incident (MCI) or other hospital-wide emergency. The center conducts regular training for front-line staff members as well as others interested in serving as instructors. HERT is comprised of people in multiple disciplines and specialties who activate and respond during emergencies. They are often the primary hospital defense and preliminary medical care providers for patients arriving from an MCI before entering the emergency department (ED). The workshop includes various skills training on SALT (sort, assess, lifesaving interventions, treatment/

transport) triage, hazmat response, Med Sled evacuation, level C personal protective equipment (PPE) use and reviewing hospital case studies. The program is integral in maintaining the integrity of hospital operations to mitigate the impact of significant internal and external events.

Since the launch, JHBMC has trained more than 180 staff members as voluntary participants to internally respond to community MCI and hazardous incidents, internal active assailants and evacuation events. In FY24, 33 ED and 16 non-ED staff members attended the initial eight-hour course, with an additional 16 ED and three non-ED staff members attending four-hour refresher courses. The number of staff members trained has increased nearly every year since, with FY24 attendance increasing 57% over FY23 attendance. This education has paid dividends — three real-world events in FY24 required team activation and implementation. ■



### Managing Crises and Moving Forward

Crisis prevention management training for staff is underway. The four-hour workshop, available throughout the year, focuses on learning and applying de-escalation techniques and working together as a care team to manage aggressive events. Effective crisis management is important in safeguarding JHBMC's reputation and moving toward Magnet® status. By having a well-planned crisis management strategy, JHBMC can proactively identify risks and take measures to minimize their impact on the patient care experience, leading to a more controlled and strategic response when a crisis occurs. Postcrisis evaluations analyze response strategies, identify strengths and pinpoint areas for improvement. This continuous feedback loop enables JHBMC to adapt, evolve and refine crisis management plans and procedures. ■

### A Proactive Approach to Psychiatric Care

The consult liaison psychiatry service at JHBMC features two advanced practice practitioners who provide administrative leadership and direct clinical care: Megan McBride, M.S.N., RN, CRNP-PMH, PMHNP-BC, and Karen Abernathy, M.S.N., RN, CRNP. McBride and Abernathy are dedicated to a proactive approach to psychiatric care that champions bedside education and care coordination with nursing and physician colleagues alike. When working with nursing, the focus is often on safety and best practices for caring for patients with psychiatric comorbidities, recognizing signs of patient distress and early signs of escalation, using de-escalation techniques and responding during a code green. McBride and Abernathy feel it is fundamental to provide nursing with education about patients' psychiatric conditions, how symptoms of these illnesses may be exacerbated in the acute medical environment and how staff members can tailor their care to that population's unique vulnerabilities. When McBride began working at JHBMC as a behavioral resource nurse in 2015, bedside psychiatric support for care of patients in nonpsychiatric areas of the hospital was just beginning. Once the role was established, nurses gave overwhelmingly positive feedback — they



**Abernathy and McBride**

felt it was essential to empowering and supporting the care for complex psychiatric cases. The behavioral resource nurse role was phased out after McBride stepped into the role of a psychiatric mental health nurse practitioner in 2021, but the spirit of the role remains in the proactive psychiatric consult service.

To build relationships with clinical nurses throughout the inpatient units, the consult team:

- Attends nursing staff meetings
- Piloted a psychiatry orientation program in which medicine nurses shadow members of the behavioral health team
- Provides just-in-time education

- Gives in-service education about use of restraint
- Partners with nursing and occupational therapists to create behavioral care plans for psychiatrically complex cases

The goal of this service is to support the nursing units and their teams to provide the best possible care even in the most challenging circumstances. ■

## Excellence in Burn Care

By **Emily Werthman**, P.H.D., RN, CBRN, Burn Program Coordinator

Before availability of the certified burn registered nurse (CBRN) credential, burn center nurses in the burn intensive care unit (BICU) were eligible to apply for certification as a critical care registered nurse (CCRN), wound ostomy certified nurse (WOCN) or trauma certified registered nurse (TCRN). Nurses in the burn wound unit (BWU) were eligible to take certification exams in medical-surgical nursing and wound ostomy nursing. However, in March 2022, no one in the burn center had



Scan to view CBRN information

a national certification. The burn center, including the BICU and BWU, set a goal to achieve a 10% certification rate of nurses in 2023 and to increase

that by 10% annually.

In March 2022, there was no professional nursing certification for the burn specialty. JHBMC nurses pioneered a partnership with the American Burn Association and Board of Certification for Emergency Nurses to create an exam that validates advanced knowledge and expertise across the burn care continuum — including prehospital and initial management, critical and acute care, patient and family support, rehabilitation and reintegration, and injury prevention education. This partnership allowed the JHBMC burn

center to be an integral part of the journey to offering the CBRN exam. Limited beta testing of the CBRN exam launched in September 2023, and it was only available to 250 nurses nationally. The CBRN exam was then made widely available in October 2023. Due to the infancy of the exam, the target goal for certification for the initial exam was set at 10%, with a 10% increase annually. This goal was established with the knowledge that no review courses were yet available for people wanting to take the exam, nor were study materials available prior to beta testing.

At each step along the journey to certification, clinical nurses from JHBMC's burn center provided subject matter expertise, leadership and guidance to make it possible to offer a CBRN exam:

- In September 2020, clinical nurses Carrie Cox, MN, RN, CBRN, Yvette Jenifer, D.N.P., APRN-CNS, CCRN, CBRN, and Emily Werthman P.H.D., RN, CBRN, served as subject matter experts, writers and editors for *Burn Nursing: Scope and Standards of Practice*.
- In October 2021, Werthman was chosen to serve on a role delineation study to define the burn nurse's role.
- In September 2022, Werthman and Lisa Smith,



Emily Werthman

MSN, RN, CBRN, were selected to be item writers for the inaugural CBRN exam.

- In March 2023, the JHBMC burn center partnered with the Board of Certification for Emergency Nursing to publish an article in the *Journal of Burn Care & Research* announcing the creation of the CBRN exam and beta testing.
- When exam creation was complete, clinical nurses participating in the clinical ladder from the burn center, including Kathryn Reopel, M.S.N., RN, CCRN, CBRN, worked within the structure of the education committee to offer resources for those wishing to take the exam. During beta testing, study prep materials were not yet available. Tools from preexisting certification exams, including for CCRN, were provided in May 2023.

Kimberly Goldsborough, D.N.P., RN, CNML, executive director of clinical nursing, provided director-level support for participation in creating the CBRN exam through approval of indirect time and encouragement of staff to participate. Nurses who participated in the beta testing and exam writing were supported by being provided indirect time, including two full days of off-site training in the science of item writing. Indirect time was also provided to travel and participate in a two-day role



CBRN item writers workshop

delineation study and to participate in item-writing review.

Nurses were supported with study materials including books, flash cards and study guides in May 2023. They were also supported financially to pursue certification through reimbursement of test fee expenses and allotted four hours weekly for education time, some or all of which were used for test preparation. Perhaps most important, the burn center's culture encouraged burn nurses to take pride in being vital components of the CBRN exam creation and being some of the country's first CBRNs. There is an expectation of excellence in validating burn nursing expertise through CBRN certification.

JHBMC also supports certification through its clinical ladder: the ACE program for registered nurses (RNs), which cultivates leaders and role models for professional nursing practice as clinical experts, educators, specialized resource nurses, nurse managers or research nurses. Advancement on the clinical ladder requires certification in the nurse's specialty area, including burn. Three clinical nurses who obtained CBRN certification were promoted from RN III to RN IV in the clinical ladder after obtaining their certification. ■





SICU Team

### Beacon Award — Critical Care JouRNeY to Excellence

The American Association of Critical-Care Nurses (AACN) recognized the Johns Hopkins Bayview Medical Centers surgical intensive care unit (SICU) with the silver-level Beacon Award for Excellence. The prestigious award recognizes the measures in a critical care unit’s journey to deliver excellence. The Beacon Award, a national three-year recognition with gold, silver and bronze designations, marks a significant milestone on the path to exceptional patient care and achieving AACN’s six healthy work environment standards: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership.

The SICU has evaluation and improvement strategies in place, as well as good performance measures when compared to relevant benchmarks. The SICU earned its silver award by meeting the leadership structures and systems, appropriate staffing and

staff engagement, effective communication, knowledge management and learning and development, evidence-based practice and processes and outcome measurements required by the evidence-based Beacon Award for Excellence criteria.

Theresa Davis, PH.D., RN, NE-BC, CHTP, FAAN, currently the AACN immediate past president, applauded the SICU caregivers’ exemplary efforts, saying, “These dedicated health care professionals join other members of the exceptional community of nurses who set the standard for optimal patient care. The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care

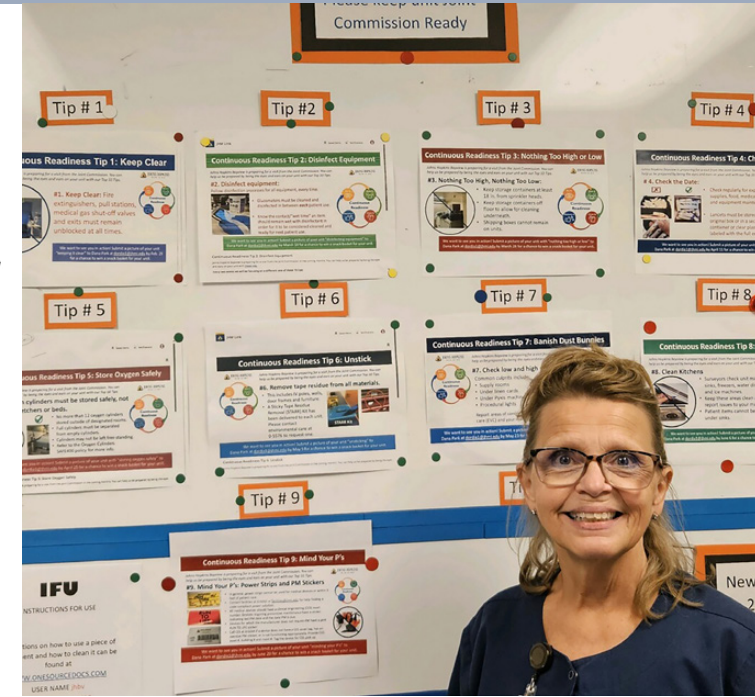
optimizes patient outcomes. Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care.”

“The SICU team exhibited great collaboration as they navigated the challenges of the COVID-19 pandemic and beyond,” says Kimberly Goldsborough, D.N.P., RN, CNML, executive director of clinical nursing. “With resilience and flexibility, the ICU team extended their services to provide ICU-level care to patients beyond trauma and surgery specialties. Through these efforts, the team maintained and excelled



Kimberly Goldsborough, D.N.P., RN, CNML

at benchmarked measures demonstrating top-level ICU care. We are truly proud and excited for the SICU to receive this award.” ■



Pamela Spranger, BSN, RN



### FY24 JHBMC Accreditations and Certifications

It was a busy year for accreditations and certifications at JHBMC. The year began with The Joint Commission (TJC) certification surveys for spine surgery and advanced hip and knee certifications in April 2024. An advanced hip and knee certification program helps health care organizations develop consistent communication and collaboration among all health care practitioners involved in the care of the patient — including presurgical orthopaedic consultation with their surgeon, intraoperative, hospitalization or ambulatory surgery center (ASC) admission, rehabilitation activities and the follow-up visit with an orthopaedic surgeon.

Joint Commission certification in spine surgery helps elevate an organization’s service with the evidence-based proof of clinical quality sought by patients and payers alike. This certification program helps health care organizations develop consistent communication and collaboration among all health care practitioners involved in the care of the patient — from the presurgical consultation with their spine surgeon to the intraoperative, hospitalization or ASC admission, rehabilitation activities and follow-up

visit with the surgeon.

Both certification surveys were very successful.

Later in the year, JHBMC had its Maryland Institute for Emergency Medical Services Systems Cardiac Intervention Center (CIC) survey for a designation originally obtained in 2019. As one of Maryland’s ST-segment elevation myocardial infarction (STEMI) hospitals that comply with state standards for receiving patients experiencing the most common type of heart attack (STEMI), JHBMC is designated as a CIC.

JHBMC had its unannounced Joint Commission addiction treatment services (ATS) survey in May 2024. Three survey findings were successfully mitigated before the surveyors left. All action plan responses were accepted, and ATS successfully met accreditation standards.

During all of these surveys, JHBMC remained “in-the-window” for its triennial Joint Commission survey. To better prepare for the survey, JHBMC began a continuous readiness campaign in February 2024. The campaign consisted of a top 10 list of continuous readiness tips that leader-

ship identified to ready the organization, based on its mock TJC survey conducted in December 2023. On a biweekly basis, flyers with the featured tip were shared at meetings and via social media platforms, newsletters and e-mail. Staff members were asked to submit pictures demonstrating their part in acting on the readiness tip. Winners from each campaign submission were chosen, and their units/departments were presented with a snack basket in appreciation. Pictured is a staff member who maintained a TJC readiness bulletin board with each campaign theme, along with other regulatory resources.

In June 2024, JHBMC had an unannounced four-day TJC survey conducted by six surveyors, including three physicians, one nurse, one behavioral health counselor and one life safety surveyor. In addition, the triennial survey was selected to have a concurrent validation survey process by a team of Centers for Medicare & Medicaid Services surveyors who concurrently assessed TJC surveyors’ assessment. In July 2024, JHBMC had an unannounced follow-up survey. JHBMC was found to be compliant and had no additional findings. Final actions plans are due September 2024. ■

## Achieving Harmony with Combined Skills Days

By Joan Cramer

It was a momentous two weeks at The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, when some 2,400 nurses, patient care technicians, clinical technicians and patient aides — more than half of the entire nursing staff — gathered in October 2023 for the first ever combined annual skills days.

Nurses not only participated in mandatory annual reviews and assessments of their skills, but they tried out new equipment, learned new policies and procedures, and perhaps best of all, met and bonded with colleagues they would never have otherwise met.

“One of our charges under the leadership of Senior Vice President for Nursing Deb Baker is to harmonize education,” says Julie Seiler, M.S.N., RN, program manager of professional practice programs for the Johns Hopkins Health System. “It was an ambitious rollout and there were bumps in the road, but we actually exceeded our harmonization goals, bringing nurses from both hospitals together to learn from one another, reducing duplication, promoting standardization and educating everyone together in one fell swoop.”

Traditionally, skills days, also called annual competencies, have been the province of individual units, resulting in some duplication. Also, “nurses can get siloed in their specialties,” Seiler says.

“Most of our feedback was very

positive,” she says. “Nurses enjoyed meeting new colleagues, exploring new parts of the hospital, learning new things. And many were grateful to review routine skills. We were able to correct cultural inconsistencies they may have gotten comfortable with on their individual units.”

Nursing education is a full-time endeavor at The Johns Hopkins Hospital and Johns Hopkins Bayview. “You could give us an entire building and we would be using every inch of it every day because we’re constantly training our nurses,” says Marida Twilley, M.S.N., RN.

Twilley is one of the two hospitals’ 50 or more employees with the relatively new title nursing practice and professional development specialist (NPPDS), which reflects the seriousness and scope of their mission: to both broaden the idea of nursing education and to harmonize it — eventually throughout the entire hospital system. She and fellow NPPDS Tamara George, M.S.N., RN, both members of the combined hospitals’ core nursing education team, were the dynamos who spearheaded the new skills days.

“A lot of our team wanted to start small,” Twilley says. “I think we began with just the specialty areas of medicine and surgery at downtown Hopkins. But then it kept snowballing and we said, ‘OK, bring it on!’”

The biggest logistical challenge was finding suitable spaces for all of the instruction stations. Another

big challenge was moving all of the nurses (the Bayview nurses arrived by shuttle) from floor to floor through several Johns Hopkins Hospital buildings.

“We had about 56 opportunities for people to learn something, whether it was an educational poster or one of our vendors training people on new equipment or a chance to practice a hands-on skill,” says George. “We had dozens of instructors, not only nurse educators but bedside nurses, and the emphasis was on hands-on training.”

The most popular station by far was created by veteran nurse educator Dauryne Shaffer, M.S.N., RN, to help nurses think critically about caring for a patient who is potentially suicidal. In Shaffer’s scenario, 10 nurses walk around a patient’s room, assessing risks that might contribute to the patient harming themselves or others.

“The really gratifying thing is seeing newer and more experienced nurses working together as a team, learning from one another and posing questions you hadn’t even thought of,” Shaffer says.

The skills days team plans to survey nurses next year to identify what they most want to learn. Again, harmonization will be key.

“If we want to offer our patients the best possible care, we want and need to collaborate,” says Twilley. “So, the best part of it for us was seeing nurses who’d started the day as strangers not only comparing notes about nursing, but exchanging phone numbers and ending the day as friends.” ■





Clinical Nurse Externs



Developing Skills

### Welcoming the Next Generation of Nurses

In the summer of 2024, JHBMC and JHH welcomed 113 summer clinical nurse externs (CNEs). During the 10-week program, the CNEs shadowed registered nurses on multiple units, providing care at various levels. CNEs with an interest in emergency medicine could work on both campuses. After completing the externship, CNEs reported that they felt:

- More independent in performing basic patient care skills
- Confidence to be stronger patient advocates on the multidisciplinary team
- Better equipped to lead the next generation of the nursing workforce. ■



# JOHNS HOPKINS MEDICINE

## CONFERENCE PARTICIPATION SPONSORSHIP APPLICATION

ON A YEARLY BASIS THE DEPARTMENT OF NURSING WILL BE SPONSORING 7-8 REGISTERED NURSES TO ATTEND LOCAL/NATIONAL CONFERENCES

SUBMISSIONS DUE 1ST WEEK OF:

### JUNE & NOVEMBER

DECISIONS ANNOUNCED:

### JULY & DECEMBER



THE INCLUSION CRITERIA FOR SPONSORSHIP ARE AS FOLLOWS:

1. BE A REGISTERED NURSE
2. BE A BENEFITED EMPLOYEE OF JHBMC
3. BE EMPLOYED AT A MINIMUM OF 0.6 FTE
4. NOT IN ACTIVE DISCIPLINE
5. BE PRESENTING A POSTER OR PODIUM PRESENTATION IS PREFERRED BUT NOT REQUIRED TO APPLY (PODIUM PRESENTATION WOULD TAKE PRECEDENCE OVER A POSTER PRESENTATION, AS WOULD FOR SOMEONE JUST ATTENDING THE FOR PROFESSIONAL DEVELOPMENT PURPOSES ONLY).

**FUNDS COVER 100%:**

REGISTRATION

TRAVEL EXPENSES

LODGING & ACCOMODATIONS

**QUESTIONS:**

Contact: Rossana Oakley,  
roakley4@jhmi.edu

[https://nursing.jhu.qualtrics.com/jfe/form/SV\\_eKBh1wNEXOVGPA](https://nursing.jhu.qualtrics.com/jfe/form/SV_eKBh1wNEXOVGPA)

Conference Sponsorship Information

### Supporting Professional Development

Professional growth in the Department of Nursing comes from many sources to engage nurses who are interested in advancing or expanding their nursing careers. To promote professional development, several resources are available as part of the employee benefits package, including nursing-specific benefits. The tuition assistance benefit helps people pursuing a degree that is needed to maintain or enhance skills in their current job or another position in the Johns Hopkins Health System. To support professional certification and maintenance of certification, the Department of Nursing provides financial reimbursement for initial certification

or recertification. Through the following, JHBMC provides registered nurses with professional development opportunities to better prepare them to push the boundaries of science and education:

- Investment in science fundamentals
- Creating new models of teaching, training and clinical care delivery
- Fostering creative innovations that result in quality, safety and efficiency performance improvements
- Providing opportunities to attend local and national conferences

To facilitate participation in conferences, JHBMC offers two options for

nurses. The first option is financial support for conference registration fees of up to \$350 per nurse to attend a local or national conference. The second option, for registered nurses interested in attending a conference for professional development, is presentation of a poster or podium presentation. They can apply to be sponsored and receive 100% of the expenses to attend. Eight sponsorships are available for registered nurses each year, with four awarded in both July and December. ■



**Recognition & Professional Development Fair Organizers**



**Clinical Nurse Specialist Week: Sept. 1–7, 2023**

During National Clinical Nurse Specialist (CNS) Recognition Week, JHBMC celebrates the extraordinary contributions of clinical nurse specialists, who work tirelessly to provide exceptional patient care. CNSs play a crucial role through their clinical expertise, leadership and research.

- Kelly A. Baca**, M.S.N., APRN-CNS, RNC- NIC
- Kathryn M. Bell**, E.D.D., APRN- CNS, ACNP-BC, CCNS, CCRN
- Stephanie Deighton**, D.N.P., RN, ACCNS-AG, CCRN
- Yvette Jenifer**, D.N.P., APRN-CNS, CCRN, CBRN
- Rossana Oakley**, D.N.P., MSN, RN, ADCNS-BC, CMSRN
- Natalie Tredway**, M.S.N., RN, AGCNS-BC
- Cindy Walker**, M.S.N., APRN-CNS, CWON

**Recognition and Professional Development Fair**

In honor of National Employee Appreciation Day, the second annual Recognition and Professional Development Fair was held on March 1, 2024. The fair showcased the outstanding work accomplished at JHBMC and highlighted professional development and well-being resources. It also included games, trivia and prizes. More than 300 staff members attended.

**Certified Nurses Day: March 19, 2024**

Certified nurses demonstrate resilience and expertise by supporting evidence-based practice, patient safety and continuous learning. JHBMC offers reimbursement for test material and successful certification for employees interested in becoming a certified nurse (see Policy NADM019).



**Ice Cream Rounding**



**Nursing Week/Hospital Week May 6-18, 2024**

This year's Nursing Week and Hospital Week celebrations at JHBMC included the nursing accomplishment event, which recognized the amazing work and accomplishments by individuals and teams during the fiscal year. The coveted Nurse of the Year and Support Staff of the Year awards were also announced, and the Ancillary Support Staff of the Year award made its debut. The weeks also included a barbecue, food trucks, ice cream rounding by nursing leaders and a Wellness Day with vendor tables, music, popcorn, massage chairs, a farmers market and adorable adoptable puppies.

**CRNA Week: Jan. 21–27, 2024**

JHBMC's anesthesia and critical care medicine division celebrates certified registered nurse anesthetists (CRNAs) during National CRNA Week. These advanced practice nurses save lives and provide great care to patients — both pediatric and geriatric — before, during and after every type of surgery or other procedure.

**Gratitude Campaign**

In November 2023, nursing units expressed their immense gratitude and appreciation to ancillary departments throughout the hospital with various treats and with thank-you notes.



**Med A & Materials Management**



**Trunk or Treat**



**CNO & DON rounding**

**A Spooktacular Trunk or Treat**

A fun and unforgettable 2023 Halloween event included decorated car trunks and costumes with attention to detail that was impressive.

Best of all, the event fostered a sense of community. Friends and neighbors came together and created lasting memories. It was truly a night of lighthearted fun and a reminder of the joy that comes with celebrating together.

Several hundred people with 28 cars participated. Congratulations to the winner of the best-decorated trunk award: Janel Nation from Medicine B.

The event also served as a food drive and hat and glove collection to replenish the JHBMC food pantry and clothes closet. These patient resources support those with clothing needs during the cold months and food insecurities.

Directors of nursing also became involved in the Halloween spirit by dressing in costumes, handing out treats and sharing smiles during unit rounding.





Recharge Space

### A Place to Call Their Own: Employee Recharge Space

In May 2024, the Employee Recharge Space, an area where employees can relax, officially opened to all JHBMC medical staff members and other employees. This space offers several features designed to help people relax and destress, including:

- Arts and crafts supplies and projects, including cards to design and decorate for a teammate or patient who needs a lift
- Massage chair
- Yoga mat for meditation or stretching
- Books to read while using the space or to take home
- Lounge chairs with device-charging capabilities
- Dim lighting and a sound machine to encourage relaxation

The Employee Recharge Space is accessible 24/7, with seating for up to six people. Within just two and a half months of its opening, the space has had more than 2,000 users.

### NICU Spa Day

Susan Husey, B.S.N., RN, member of the NICU's Recruitment and Retention Committee, created a spa day as a wellness initiative for the NICU staff. She included aroma therapy, dim lighting, flavored fruit waters and fancy cups.

### Campus Walk/Healthy at Hopkins

A favorite JHBMC tradition, campus walks are led by hospital executives and attended by 50 to 100 employees. They meet outside to enjoy music and warm up together before heading on a 1-mile walk along the Joseph E. Lee walking trail and through the Bayview neighborhood. This walk encourages community interaction, employee well-being and active lifestyles.

### Earth Day

Renee Johnson, CNA, and Celia Aquino, CNA, organized a fun and thoughtful surprise for the emergency department staff who worked on Earth Day this year. They planted herb seeds in tiny pots and distributed them to day shift and night shift staff members. These efforts went above and beyond to make the unit a brighter place.

### Wellness Rounds on Burton 1

Healthy at Hopkins representative Celeste Rose and Lucille Badrina, B.S.N., RN, conducted wellness rounds on Burton 1 that focused on ways to be active and to take care of mental health.

### Zumba

An engaging Zumba event was organized by operating room nurse Cheri Toung, B.S.N., RN, to promote wellness and to recognize National Surgical Technologists Week.



Campus Walk



Zumba in the OR



Wellness Rounding



Earth Day Rounding



NICU Spa Day

### A Family Affair: NICU Reunion

It was all smiles at the Wise Avenue fire hall when nearly 100 previous patients and their families attended the JHBMC neonatal intensive care unit reunion. “Graduates” enjoyed face painting, a photo booth and a tour of the firehouse and equipment and reunited with their doctors and nurses. Many thanks go to Carol Vujanic, B.S.N., RN, discharge coordinator, who helped organize the event.

### School Supply Drive

JHBMC’s nursing department partnered this year with Dundalk Elementary School, a historic school serving the community since 1930, to ensure all children had access to school supplies. Local company Perry Moving & Storage donated collection boxes for the drive, and JHBMC donated a large number of supplies. Nurse Bridget Cheysed, M.S.N., MA, RN, CDNC, rallied her colleagues to collect the most items.

### National Day of Service

As a tribute to Sept. 11 first responders, JHBMC participated in the 9/11 National Day of Service, collaborating with BARCS (Baltimore Animal Rescue and Care Shelter), the Maryland Food Bank and Moveable Feast. Taking part in community service projects and honoring the lives and service of those lost on Sept. 11 sets a remarkable example for our community.

### Foundation for International Medical Relief for Children

Volunteers from JHBMC and JHH went on two-week medical missions to serve the indigenous people of southern Costa Rica as part of the Foundation for International Medical Relief for Children’s Project Alajuelita. They set up clinics in the community to provide on-site medical evaluations, pharmaceuticals and health education focusing on dental

health, hand hygiene and prevention of unwanted pregnancy and sexually transmitted diseases.

The volunteers approached the task with enthusiasm, hard work and a commitment to excellence. They were resilient and adaptable, and their passion and dedication inspired others to become involved and make a difference.

### Greater Maryland Heart Walk

JHBMC’s cardiac intensive care unit supports the Greater Maryland Heart Walk through fundraising. CICU nurse Amanda Perkins, B.S.N., RN, coordinated the fundraising, beginning by contacting community vendors to obtain donations to create gift baskets to be raffled. In the past, the CICU gathered enough donations to create three or four baskets, each valued at least \$500. During the 2023 campaign, under the team name CodeRunners, the CICU raised \$2,707 from the raffle.

### Power of Age Expo

In October 2023, at the annual Baltimore County Department of Aging’s Power of Age Expo, the JHBMC burn center distributed burn prevention supplies and information to senior citizens age 65 and above. This population is the most vulnerable to fatal burns.

Carolina Flores, B.S.N., RN, Burn Center assistant patient care manager (APCM); Sanovia Lee-Oden, C.N.A., Burn Center patient care technician; and Carrie Cox, M.S.N., RN, CBRN, burn outreach and education coordinator volunteered at this year’s event. Their connection with the community was amazing.

### Imaging and Perioperative Services Collaborate for the Festival of Trees

The Festival of Trees is a three-day celebration that marks the start of the holiday season and benefits patients, students and programs at the Kennedy Krieger Institute. During the weekend of Nov. 24–26, 2023, the venue was transformed into a winter wonderland with hundreds of designer-decorated trees, wreaths and gingerbread houses on sale and display.

The JHBMC imaging department has sponsored a tree for the past three years. In 2023, Sherry Thorpe, M.S.N., RN, invited the perioperative services team to participate as well, providing an opportunity to give back to the community and to raise money for the Kennedy Krieger Institute.

### Basic Necessities Drive

During the 2023 holiday season, labor, delivery and postpartum teams worked together to give back to the community by collecting clothes and hygiene products for families that needed them and by donating toys to Toys for Tots. They also adopted a family to ensure it had gifts and food for Christmas. The teams had a great time collecting donations, and their kindness impacted many families.

### Fourth of July Parade

The Dundalk Independence Day parade is a time-honored tradition for the community and JHBMC staff. This year, more than 70 employees — all wearing JHBMC 250th anniversary T-shirts — walked in the parade to demonstrate their support for the community and to show off their Johns Hopkins Bayview pride. Despite the heat, everyone had a great time! Many thanks to the participants and people who cheered us on from the sidelines.



International Medical Relief Volunteers



4th of July Parade



MCH Basic Needs Drive



National Day of Service



NICU Reunion



Back to School Supply Drive



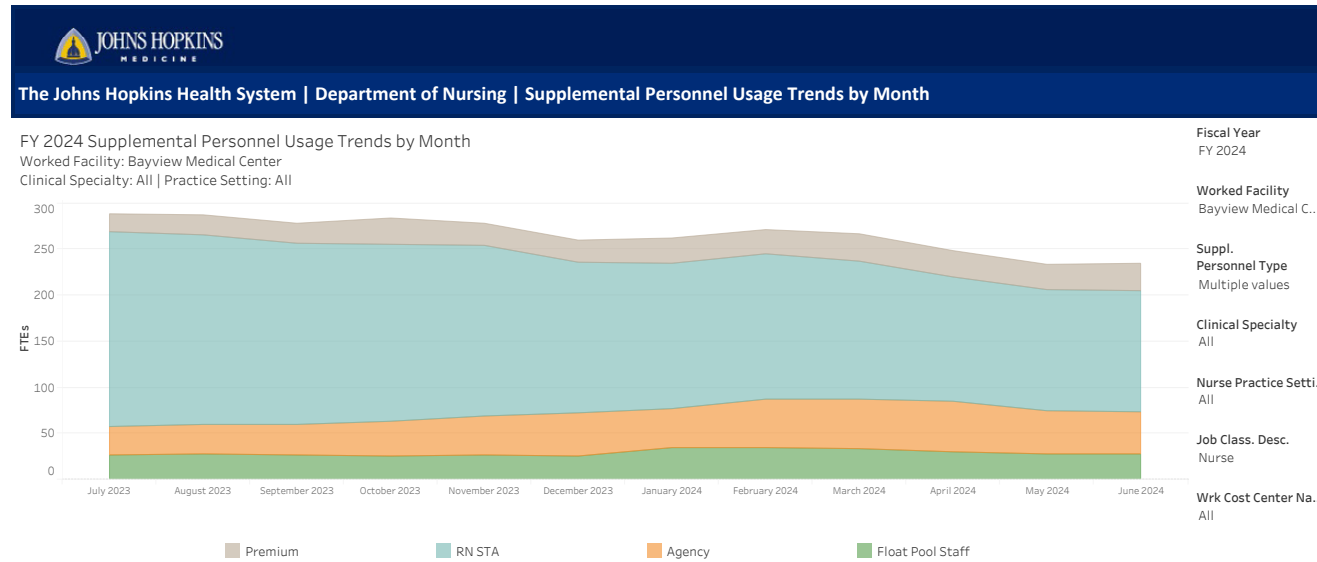
Power of Age Expo



Festival of Trees



Greater Maryland Heart Walk



Bayview Medical Center

	FY 2024												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FYTD Total
RN STA	211	206	196	192	185	164	157	157	149	135	132	131	168
Agency	31	32	34	38	42	46	43	53	54	56	47	46	43
Premium	20	21	21	29	25	24	27	27	31	28	28	30	26
Float Pool St..	26	27	26	25	27	26	34	34	33	30	27	27	28
Grand Total	289	287	277	283	278	259	261	272	267	248	234	235	265

Last Update: 10/9/2024 6:04:01 AM | Source: vw\_TimeAndAttendance\_ByPPWkCCDSMPayCode (LaborLytics.vw\_TimeAndAttendance\_ByPPWkCCDSMPayCode) (WFM\_Data)

**JHBMC FY2024 Supplemental Personnel Usage Trends by Month**

**Reimagining Health Care Staffing, Phase Two: The Success of Internal Short-term Agency (STA) Conversions to Permanent Staff**

In April 2022, the Johns Hopkins Health System (JHHS) launched the internal Short-Term Agency (STA) program to address the COVID-19 staffing crisis. The program’s goal was to convert external agency nurses into full-time STA employees, ultimately reducing the financial strain on the health system’s budget. At the end of

FY23, the success of phase one was evident, with a nearly 86% decrease in external agency nurses at JHBMC.

The second phase of integrating the STA program began in the beginning of FY24 and focused on transitioning STA nurses into permanent JHBMC staff members. Through recruitment strategies, such as use

of sign-on bonuses, 50 STA nurses were successfully recruited to become permanent employees — a nearly 59% conversion rate. This would not have been possible without the partnership of nursing leaders and human resources and nurse recruitment employees. ■

**A Multidisciplinary Approach to Enhancing Patient Movement: A Hospital Capacity and Throughput Initiative**

By **Christina Kontogeorgos, D.N.P., RN, PCCN**, and **Kenneth Barnes, M.B.A.**

The newly formed Hospital Capacity Steering Committee at JHBMC is well positioned to drive significant improvements in hospital operations and patient care. With its diverse composition — featuring representatives from administration, the Armstrong Institute for Patient Safety and Quality, emergency nursing, inpatient nursing, patient care coordination, physician leadership and care management — the committee brings a comprehensive

perspective to its mission. Its focus is to develop and implement data-driven strategies to manage patient flow, improve triage processes, optimize resource use and ensure timely access to care.

The team supports projects that improve metrics identified as capacity and throughput priorities, including decreased length of stay (LOS), fewer surge and critical surge hours and earlier inpatient discharge time. The team

provides leadership for all strategic initiatives related to capacity. By fostering interdepartmental collaboration and by leveraging both historical and real-time data, the committee aims to build a more adaptable and resilient hospital system. This will improve routine operations and ensure better preparedness for emergency situations, enhancing the overall quality of patient care. ■



JHBMC Hospital Capacity Steering Committee

## Nursing SHINEs at Annual Conference

The 2024 SHINE Conference was held April 15. JHBMC had 14 accepted posters that were presented during the conference.

Special congratulations to **Laila Shrestha**, B.S.N., RN, from the Carol Ball Medicine Unit, who received the Best in Student Project Award for her presentation Reducing the Fall Rate on Medical-Surgical Unit Using Arousal, Attention, Abbreviated Mental Test, Acute Change Delirium Screening Test.

### Podium Presentations:

“Staying Grounded: A Comprehensive Approach to Fall Prevention” **Kelly Krout**, D.N.P., RN

“Decreasing Medical Device-Related Pressure Injuries on the Burn Unit” **Erika Gonzalez**, B.S.N., RN; **Mary Ellen Connolly**, D.N.P., CRNP; **Yvette D. Jenifer**, D.N.P., APRN-CNS, CCRN, CBRN

“Finding the Rhythm in Dysrhythmia Education” **Shelby Cahill**, M.S.N., RN; **Paula Murray**, M.S.N., CVRN, NPD-BC

“Foundation of Inquiry Work” **Emily Werthman**, M.S.N., RN, CBRN

### Poster Presentations:

“Tracking Changes in Pain Ratings Between Admission to Discharge at a Regional Burn Center” **Lisa Smith**, M.S.N., RN, CBRN

“Improving Management of Titratable Infusions in the ICU” **Theresa Statkiewicz**, B.S.N., RN, CCRN

“Improving Pain Assessment and Reassessment Documentation Compliance on a Medicine Oncology Unit” **Jessica Estrada**, B.S.N., RN, CMSRN

“Nurse-Led, Interprofessional Focused Gratitude Intervention Effects on Behavioral Health Patient Hospitalization Experience”

**Cassandra Herbert**, M.S.N., RN, AHN-BC

“Standardizing Practice to Decrease Hospital-Acquired Pressure Injuries (HAPIs) in an Acute Care Facility”

**Rossana Oakley**, M.S.N., RN, AGCNS-BC, CMSRN

“Improving Mobility in Heart Failure Patients” **Lavina Patel**, B.S.N., RN

“Utilizing Visual Cues to Improve Patient Satisfaction on Medication Side Effects” **Kate Wolski**, B.S.N., RN, CCRN

“The Future is Here: The Effect of Risk Stratification and Optimization in Bundled Rate Programs for Joint Replacement Surgeries” **Tiffany Wilson**, M.S.N., RN, ONC

“Implementing a Sleep Promotion Protocol to Reduce Intensive Care Unit Delirium” **Karishma Rawal**, B.S.N., RN

“Reducing The Fall Rate on a Medical Surgical Unit Using Arousal, Attention, Abbreviated Mental Test-4, Acute Change Delirium Screening Tool” **Laila Shrestha**, B.S.N., RN

“Improving Emergency Department Patient Experience Through the Engagement of a Patient and Family Advisory Council to Create and Implement a Patient Rounding Tool” **Rosemary Ostendarp**, D.N.P., RN

## Publications and Presentations, Internal and External Dissemination

### Podium/Panelists:

**Rachel Moseley**, M.S., BSN, RN, CWON, APHN, led the presentation “Get Your Sheet Together” during the National Pressure Injury Advisory Panel conference in Texas on Feb. 15. Moseley also presented at the Hospital Acquired Pressure Injuries Summit and attended the biannual meeting in Chicago. She is the author of two papers that will be submitted and published soon.

**Rona Corral**, DNP, RN, CNS, BC-AGPCNP, was a panelist speaker during the JHM Office of Diversity, Inclusion and Health Equity Black Men & Women in White Coats Youth Summit.

**Gina Vickery**, B.S.N., RN, and **Jessica Peters**, BSN, RN, presented “Nursing Best Practices: Mobility Advocates Improve Mobility Outcomes with Education and Engagement” during the Johns Hopkins AMP Conference.

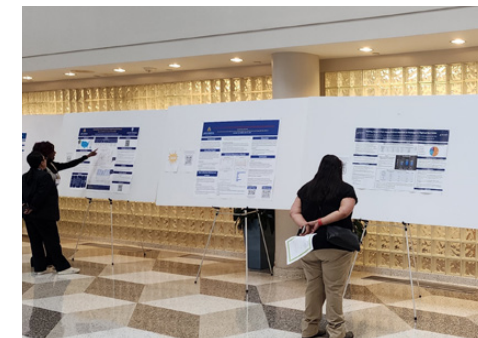
Dianne Bettick, M.S.N., RN, ACNS-BC, and **Gina Vickery**, B.S.N., RN, presented “High Risk Surgical Patient: The Impact of a Nurse Driven Perioperative Multidisciplinary Conference” during the NICHE conference in New Orleans.

**Jessica Peters**, B.S.N., RN, CWON, participated in “Best Practices to Promote Patient Activity and Mobility” during the Johns Hopkins AMP Conference.

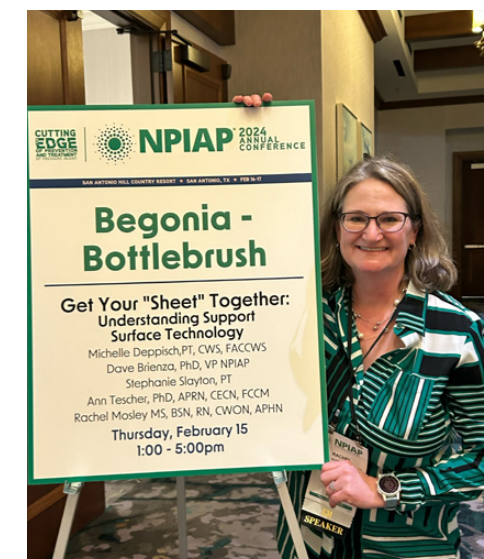
**Carrie Stein**, M.S.N., M.B.A., RN-BC, and **Gina Vickery**, B.S.N., RN, presented “Fishing for Better Bedside Adoption: Meal Ordering as the Hook” during the Epic System Corporation’s Users Group Meeting in Verona, Wisconsin.

### Poster Presentations:

Dianne Bettick, M.S.N., RN ACNS-BC, **Gina Vickery**, B.S.N., RN, **Jessica Peters**, B.S.N., RN, CWON, **Morning Gutierrez**, M.S.N., RN, and Susan Gearhart, M.D., presented two posters during the NICHE conference in New Orleans: “Improving Care of the Older Surgical Patient: The Role of the Geriatric Resource Nurse in a Senior Surgery Pathway” and “SPICES: How to Educate Post-Surgical Patients and Families on Common Geriatric Syndromes.”



2024 SHINE Conference



Rachel Moseley



Vickery and Bettick

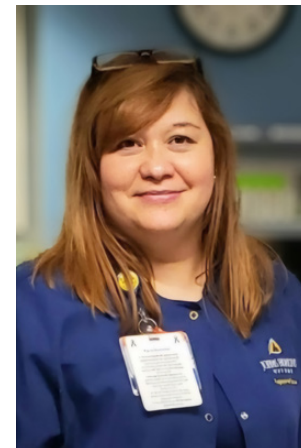
**DAISY Award Winners**



**NCCU Team Daisy Winner** (April 2024)



**Steven "Mitchell" Hopkins,**  
B.S.N., RN, MICU, January 2024  
Daisy Winner



**Morning Gutierrez,** M.S.N.,  
RN, Patient Care Manager III  
(PCM) 2024 JHM Leadership  
Excellence award recipient,  
May 2024 Daisy Winner

**2024 Nurse of the Year:**



**Nechama Miller,** B.S.N., RN, ACE RN III,  
Emergency Department



**Kathy Rodriguez,** M.S.N.,  
RN, Fertility Control Clinic,  
February 2024 Daisy Winner

**2024 Support Person  
of the Year:**



**Amanda Floyd,** C.N.A., 6Surg  
Patient Care Technician II

**2024 Ancillary Support  
Person of the Year:**



**Narendra Yusuf,**  
Central Supply



**FY24 Partners in Care- 6 Surg and Materials Management**



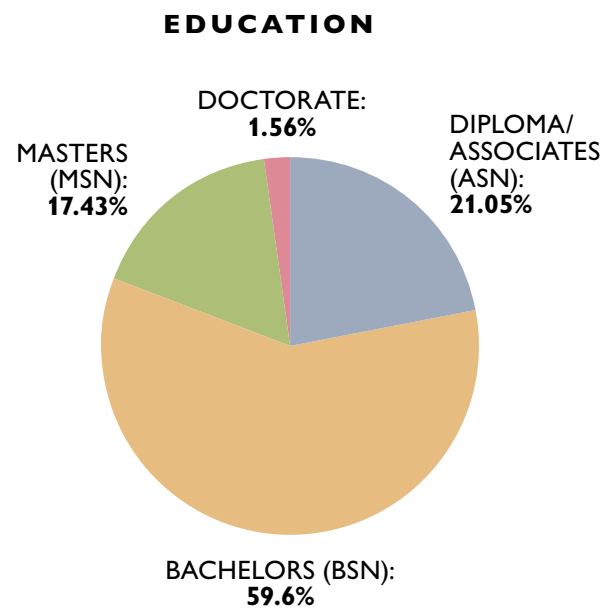
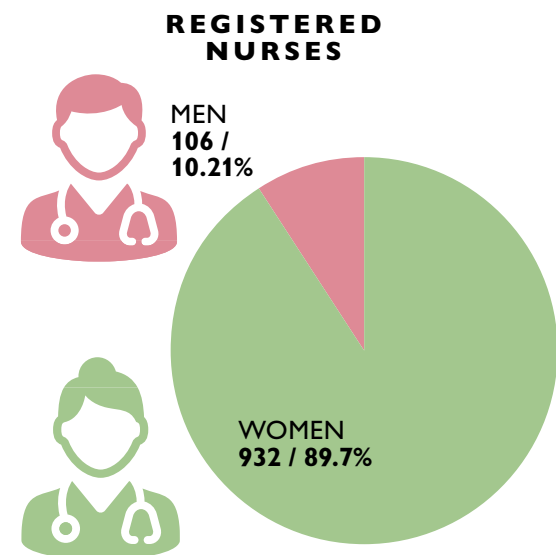
**2024 Baltimore Magazine  
Excellence in Nursing Winners:**



**Amanda Pollard,**  
BSN, RN, ONC, Wenz  
Orthopaedic Clinic



**Benjamin Roberts,**  
CRNP, AGACNP-BC,  
ACHPN, Palliative Care



Registered Nurses: **1,008**

Average Length of Service: **17.26 years**

**CERTIFICATION**

RNs certified by a nationally recognized organization:

**30.53%**

**CLINICAL ADVANCEMENT**

RN I to RN II:

**72**

**ACE CLINICAL LADDER (2023-2024)**



RN II to RN III:

**21**

RN II / RN III to RN IV:

**28**

Total # of ACE RNs:

**149**

(70 RN IIIs, 79 RN IVs)



**PCT II CLINICAL LADDER (2023-2024)**

PCT I to PCT II:

**7**

PCT IIs in the organization

**44**



2023 ACE Retreat



2024 PCT II Retreat

BAN2407034

