A Message from the CNO

Dear Nursing Colleagues,

As you read through this biennial report, we have so much to be proud of and thankful for in nursing. In addition to the data and outcomes, this year’s report is focused on the human side of caring. As nurses we expertly use our skills and knowledge coupled with the art of healing and compassion. We collaborate with our health care partners and colleagues to provide state-of-the-art, high quality care through all phases of life. We demonstrate exceptional leadership, exemplary professional practice, creativity, innovation, tenacity and passion at all levels and all settings across this organization. You will read about each of these characteristics in the service line stories and pages ahead.

We opened the new tower, changed our name, welcomed new leaders and team members, received many awards and certifications, all while renewing our focus and commitment to excellence. As our Magnet® re-designation approaches, we reflect on how much we have achieved in our continual pursuit of nursing excellence. We reflect on the human side of caring - what patients, families and our community expects and trusts us to deliver.

With all the hard work, attention to detail, commitment to professional growth and pursuit of advanced degrees, you remember to smile, lend a helping hand, go the extra mile, and reach out to those less fortunate. It is those qualities I am most proud of as your chief nursing officer. I could not ask for a better place to practice nursing and lead an extraordinary team of professionals.

Larry Strassner, PhD, RN, NEA-BC
Vice President, Patient Care Services and Chief Nursing Officer
Muscular dystrophy kept Tyler Jacobs in MedStar Franklin Square’s ICU for his 19th birthday. But thanks to some extra efforts on the part of his nurse and doctor, he had some unique visitors that brightened the stay and made for a very special birthday celebration.

A fan of the Baltimore Orioles, Tyler remembers the last time he was healthy enough to see a game in person at Oriole Park. He was ten years old. Now, as the muscular dystrophy progresses and complications increase, there are no visits to Camden Yards, but trips to the hospital are not uncommon. During one extended stay last year, the ICU team members got to know Tyler and his mom.

“We fell in love with him,” says ICU nurse Amanda Henderson, RN. “I feel like Tyler and his mom are a part of my family.”

While Tyler can no longer see the O’s in person, he continues to be a dedicated Orioles fan, following them on television. This admiration is clearly visible to anyone who knows him, including his healthcare team. “He even wanted us to cut his Orioles shirt down the back so that he could slip it on instead of wearing a hospital gown,” recalls Amanda.

In June of 2012, Tyler had been in the ICU for three weeks leading up to his 19th birthday. Amanda and Tyler’s aunt were talking about his love for the Orioles and they had an idea. If Tyler couldn’t go to Camden Yards to see the Orioles, they would try to get the Orioles to come to the hospital to see him. Amanda called the Orioles community relations representative and asked how she could request a visit. Tyler’s physician, Stephen Selinger, MD, got involved and also spoke with the representative on the telephone. When they hung up, Dr. Selinger drafted an official letter asking the Orioles to visit Tyler. After discussing it with Tyler’s mother to get her approval to release information about Tyler’s medical condition, they faxed the letter. The plans were underway.

While the logistics were being
Patient education is a primary goal of nurses today. An integral part of being a nurse is preparing patients and their families for various tests, procedures and surgeries. “The nurses in GI Endoscopy are no exception,” says Vickie Smith, RN. “We diligently seek to educate our patients in all things Endo.”

Vickie shares a recent encounter, however, where, as educators, she and her colleagues became the recipients of perhaps the most beautiful lesson of all:

“Mr. M. came to us early one morning for a scheduled endoscopic procedure. He arrived by stretcher with various family members in tow. Either by coincidence or grand design, Mr. M’s stretcher was gently parked in the patient space directly in front of the nurse’s station. The family members, all four of them, anxiously took seats around their beloved.”

As Mr. M. and his family were greeted, the other patients on the unit made their routine departures for their procedures. “And then, as if in reverent anticipation of the lesson to come, our department became empty,” recounts Vickie. Mr. M. and his family were all that remained.

Upon his arrival, it became apparent to all of us that Mr. M. was gravely ill, she explains. “Barely able to speak or hear, Mr. M. was approaching the end of his life. His family knew it. And he knew it. The heartache of impending loss is impossible to describe unless you’ve seen or experienced it first-hand, but we saw it on the faces of Mr. M.’s family that day. Compounding their agony was the consent they needed to give for Mr. M.’s impending procedure and the indecision they collectively shared regarding its outcome.”

And then the lesson began. “As we routinely went about our duties in the nurses’ station, one family member after another began their outward expressions of love for Mr. M. His wife occupied the closest chair so she could gently tell him a lifetime of...
As an Endo nurse, Vicki Smith, RN, makes patient education, along with compassion and understanding, a primary goal. Loving endearments,” she says. “Each family member in turn cradled Mr. M. and tearfully showered him with every loving thought they wanted him to hear and know. And even though his eyes were now closed, Mr. M. acknowledged every word. And every word was sacred, unashamed and part of the lesson.”

Sensing the family’s growing emotional torment regarding their impending loss, as well as whether or not to proceed with Mr. M.’s procedure, a member of the Anesthesia staff and one of the nurses approached the group. They were visibly struggling with their decision. The family was given an honest medical appraisal of Mr. M.’s condition and encouraged to follow their hearts and family strength in making their decision. They were told that death was impending and it would be alright to move forward without Mr. M. having the procedure. “With this, the family found the peace they were looking for,” says Vickie. “Mr. M. left that day without the procedure but with the love of his family to accompany him. The nurses left that day knowing what true love is.”

“Merriam-Webster defines the word learn as ‘to gain knowledge or understanding of . . . by study or experience,’” she says. “I define it as being a nurse. An Endo nurse.”
Karen Polite-Lamma, RN, (left), talks with Brenda and Jeff Gray about their success in quitting smoking.

Between the two of them, Brenda and Jeff Gray have smoked a combined total of 61 years. The couple had tried several times to quit, but didn’t achieve success until the spring of 2011 when they took a smoking cessation course taught by Karen Polite-Lamma, RN, BS, BSN, CCE, CTTS, MCHES, an education specialist in the Community Health Education department.

Called “Stop Smoking Today,” the program is designed to give people the boost they need to quit. Karen, an experienced Certified Tobacco Treatment Specialist, has been teaching smoking cessation for 15 years.

“Tobacco dependency is a chronic condition and difficult to break without assistance” says Karen. “But there are a variety of evidenced-based methods and treatments approaches that can help.” Class sizes are kept small, so she can work one-on-one with participants to help them develop a personal plan. The intensive class—consisting of just five sessions lasting 2 hours each has been very successful, yielding a 62.5% quit rate for FY12.

“We really enjoyed the class,” says Brenda. “Karen was fantastic.” A heavy smoker who began at age 13, Brenda had taken smoking cessation classes three times before, but found that none were like Karen’s. “We sat at a table together, talking and laughing, instead of being in a classroom-like setting. I was actually sad when the class was over. Karen’s funny, and she made it fun. I truly believe that our rapport with her had everything to do with our being able to quit smoking.”

As an administrative assistant in the Harry and Jeanette Weinberg Cancer Institute at Franklin Square, Brenda managed to keep her smoking habit a secret by immediately going into the bathroom when she arrived to work to brush her teeth and wash her hands. A breast cancer survivor, she knew she didn’t want anyone to know that she smoked. She revealed her secret when she began taking Karen’s

Fifteen Months Smoke-free
Karen's guidance really made Jeff think about his smoking habits, and it led to an empowering discovery. “I already knew the reasons why we shouldn’t smoke, but Karen really made me dive into the reasons I wanted to smoke,” he explains. “What cigarettes were part of the nicotine addiction, and what was social? I discovered very few cigarettes I smoked were actually needed to fulfill a craving. Then the task of giving them up didn’t seem so insurmountable.”

The couple also tried something new for them—a medication called Chantix. The plan was to begin taking the medication and set a quit date after the first week. Jeff was surprised to find that he was ready even earlier than that.

After 3 weeks, Brenda’s physician advised her to stop the medication because of side effects. By then, she had no desire to smoke, and the cravings didn’t return. She acknowledges that this particular drug doesn’t always work for everyone, but having tried the patch and gum before, is glad that it worked for her.

“Every day we’re so thankful that we don’t smoke anymore,” says Brenda. “Cigarettes run your life. They control you.”

Since quitting, Jeff is finding that certain foods taste better. And he’s happy to report that he hasn’t gained any weight. Brenda says she is happy that they don’t get winded going up a flight of stairs, and they don’t get headaches anymore. “We feel better, we’re not as tired,” she says. “And we have so much more time. We didn’t smoke in the house, so we’d go outside. I don’t know how we ever got anything done!”

Such was the case in January 2012, when she and Hanh Tran, MD, delivered a baby that had died in-utero. At just 21 weeks, the baby was deformed. It was the worst they’d ever seen, and they were struggling with the sadness of it all, and whether or not the family should see the baby. They reached out to Reverend Cherie Smith, director of Pastoral Care Services. “We all agreed that we would let the family choose,” says Rev. Cherie. “I listened as Denise practiced carefully how in the world to describe the baby to the family. The three of us struggled to find the right words. It was beautiful to witness the care, professionalism and compassion that lived in Denise for this family.”

Rev. Cherie recalls watching Denise as she determinedly made footprints, as best she could. “She used every resourceful nursing trick she could. She managed to get her in a tiny diaper, wrapped in a chucks and wrapped in a tiny blanket that she taped together. Then she put the tiny cap on.”

It took a long time, but Denise finally had something the family could hold. They spoke with family and prepared them as best they could.

“I wanted them to take something positive home with them. I saw the reality, and I’ll always carry that with me, but I wanted to shield them from that,” she says. “What they saw was a beautiful baby. That’s the memory that they’ll have.”

Denise lifted her bundle out of a little tub and the father reached for the baby. “They saw her red face, and they were sad,” says Rev. Cherie. “But they saw their daughter—not...
something horrible. Everyone got to hold her, I got to hold her and pray for her, the grandmother kissed her and the mother eventually took some photos. We all cried together and hugged one another.”

It was a sad, but beautiful experience. “None of it would have been possible without Denise’s above and beyond commitment to make the baby presentable to the family,” says Rev. Cherie. “This family had already begun healing because of Denise’s remarkable and courageous efforts.”
Finding a Friend

The proverb “it takes a village to raise a child,” can be adapted in the Ambulatory Oncology Center (AOC) to “it takes a village to care for a patient.”

In March 2011, the AOC team became Donna Morgan’s “village.” They helped her through weekly chemotherapy that coincided with daily radiation for three months. From there she went on to major surgery, that revealed some inoperable metastases. She would need another chemotherapy regimen. Life has not been easy for Donna, but the health care team at AOC has made it better, for Donna and themselves. The cancer experience could be a challenge for anyone, explains her nurse, Wanda Schwab, RN, OCN, “Donna has additional hardships that made it especially distressing. She is deaf, didn’t complete high school, lived a socially isolated life, and had an elderly frail mother who was in and out of a nursing home. Donna’s ‘life skills’ didn’t include knowing how to drive or contact others via telephone or computer. Even though she has overwhelming health and social issues, she has some skill reading lips and limited speech skills. She is very much a ‘people’ person!”

In August 2011, Donna started chemotherapy again. When she finished one afternoon, she went to the Weinberg lobby to wait for her ride. This is when it clicked for Wanda that Donna would benefit from the type of care oncology nurses are well equipped and eager to provide.

“As I was leaving at closing time, I saw Donna still waiting with a look of anxiety on her face. We called and arranged transportation for her,” Wanda says. “A scripture flashed in my mind ‘love your neighbor as yourself.’ Donna, I discovered, lived a mile from my house.” Donna was not only a patient, she was a member of Wanda’s community, and Wanda felt compelled to reach out to meet Donna’s needs.

As part of Donna’s individualized treatment plan, Wanda consulted the team of caregivers at the AOC and Donna herself. Together, they devised a plan of holistic care that included linking Donna to resources.
within the community. Not only did Donna require the expert medical care that oncology nurses in AOC provide every day, she needed help with daily living and psychosocial care. Donna’s team of caregivers grew larger as a result of the individual advocacy of our certified oncology team.

The team arranged for Donna’s inclusion in a deaf ministry at a local church, assistance with daily living tasks like grocery shopping and other errands, and even a trip to see the beach and ocean, a first for Donna. Her ‘village’ continued to grow as a result of the interventions and resources the AOC staff provided.

Donna is not the only recipient of new skills and confidence. Wanda’s life has also changed. She enrolled in American Sign Language lessons, which have continued for more than a year.

In March 2012 Donna completed her second round of chemotherapy. Donna continues to accomplish goals previously unattainable—like taking local day trips and building relationships with others in the community—largely due to the efforts of her team of nurses in the AOC. Wanda, like her professional peers, understands that treating the whole person and improving overall quality of life is exactly what the oncology nurse does in his/her practice. It is the gift of being a professional nurse, defined by the American Nurses Association and other organizations. “Donna’s confidence is growing, and she has a measure of peace that we didn’t observe before”, says Wanda.

Donna’s ‘village’ is changed by the spark oncology nurses possess—they advocate for patients and use the resources available to them to improve lives, everyday.

A Small Gesture

What might seem like a small gesture can—and does—make all the difference in the life of a patient in MedStar Franklin Square’s Behavioral Health service line.

“Our patients are often unequipped to deal with physical, medical, and emotional issues and situations. And their families don’t always understand the challenges they face and the essential needs they require to function successfully,” explains Rebecca Landreth, RN, nurse manager. “Many patients have no support system in place or the means in which to care for themselves and follow through with appropriate treatment and medication.”

Nurses and staff were already helping patients out with basic needs on a daily basis when the group decided to establish a more formal way of helping their patients.

“Often our nurses will take $0.30 out of their own pocket to compensate for a full day bus pass as we can only give out two bus tokens per patient when they are being discharged,” explains Laura Kempton, RN, assistant nurse manager. “And they never think twice about going to the gift shop to buy denture cream for a patient.”

In early 2012, the group decided collectively to establish a fund. They call it the “We Care Patient and Family Support Program” and it allows a formal way for associates to contribute yearly or on a biweekly basis. While it started as primarily a service line initiative, anyone is welcome to contribute. The donations are used to provide direct support to patients who can’t afford even the most essential items they need, including meals, transportation, co-pay coverage, medications, counseling and clothing.

 Counselor Joe Smith has used monies from the fund to purchase underwear and other clothing items for a patient. In lieu of a donation to the fund, Carol Eubert, RN, helped a patient of hers who didn’t have any shoes and had no family to assist him. She went to Target and purchased two pairs of shoes for him so he
could pick which fit him better.

“The fund is nice because the assistance to patients is coming from the unit, and the hospital,” explains Carol. “It doesn’t put an individual nurse or associate on the spot if they can’t help their patient.”

Once the fund was established, Hamid TabaiTabai, MD, child psychiatrist, made the first donation.

In just a few months, more than $1,000 had accumulated. Nurses and staff can pull from the fund when necessary.

“Although we were doing our very best to set up patients with resources and consider their budget with medications, many still need more than what we could provide,” says Rebecca. “That is where this fund makes a huge difference.”
Patient Experience

MedStar Franklin Square Medical Center uses NRC Picker as its vendor and database for nationally benchmarked, patient experience surveys. Within those surveys are specific questions related to the patient’s perception of nursing care. Nursing care questions include pain management, education (explanation of care), careful listening, responsiveness, and courtesy and respect. The charts below show the percentage of positive scores (9/10 out of 10 or best score for the question) of inpatients’ perceptions of nursing care from April 2010 through March 2012. In all but two quarters for two indicators, inpatients rated nursing consistently above the national NRC Picker 50th percentile ranking for pain management, careful listening, education, and courtesy and respect.
Clinical and Workforce Indicators

Nurse sensitive indicators are defined by the ANA as those outcomes that improve “… if there is a greater quality or quantity of nursing care.” Nurse sensitive indicator data across MedStar Franklin Square are collected, monitored, and analyzed in order to improve the quality of care nurses provide. Examples of nurse sensitive clinical indicators include hospital-acquired pressure ulcers, patient falls, restraint use, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, and many more specialty-specific indicators.

Comparison to national benchmarks such as the National Database for Nursing Quality Indicators (NDNQI) and the National Healthcare Safety Network (NHSN) are shown in the sample of graphs below. (The closer to zero, the better the outcome)

Nurse sensitive workforce indicators that impact quality patient care are also shown below. These include the number of MedStar Franklin Square nurse with advanced degrees and number of nurses with professional certifications.

Patient Falls
Compared to the national database NDNQI, MedStar Franklin Square outperforms (is lower than) the database in all eight quarters, or 100% of the reporting period, April 2010 – March 2012.

CLABSI, ICU
(Central Line-Associated Blood Stream Infections)
Compared to the national database NHSN, MedStar Franklin Square outperforms (is lower than) the database in six of eight quarters, or 75% of the reporting period, April 2010 – March 2012.
Clinical Indicators

**CAUTI, ICU**
(Catheter-Associated Urinary Tract Infections)
Compared to the national database NHSN, MedStar Franklin Square's Adult ICU outperforms (is lower than) the database in four of eight quarters, or 50% of the reporting period, April 2010 – March 2012.

**Ventilator-Associated Pneumonia (VAP), ICU**
Compared to the national database NHSN, MedStar Franklin Square's Adult ICU outperforms (is lower than) the database in all eight quarters, or 100% of the reporting period, April 2010 – March 2012. The ICU's last VAP was almost three years ago, October 2009!

Workforce Indicators

**Advanced Degrees, All Registered Nurses (BSN, MSN, PhD, DNP)**

**Nurses with Professional Certifications**
Professional Nursing Certifications, All Registered Nurses

Fuller, R. (2010, June). Nursing retention collaborative practice final congress report. Podium presentation Maryland Hospital Association, Baltimore MD.

Graystone, R. (2010, November). Magnet and the Healthy Work Environment. Podium presentation at Frederick Memorial Hospital’s Annual Nursing Meeting, Frederick, MD.


Sabatier, K., Gardner, J. (2010, April). We’re all in this together: using shared governance to empower staff nurses to take ownership of quality outcomes. Podium presentation UMSON EBP Conference, Baltimore MD.


2011


Isennock, P. (2010, October). Techniques for collaborative hospital community health assessment. Podium session at INARC, University of Maryland School of Nursing, Baltimore MD.


Poster Presentations

2010


2011


Moore, D. & Esche, C. (2010, October). An innovative writing for publication and presentation series facilitates dissemination of research by staff nurses. Poster presented at Maryland Nurses Association Annual Convention, Baltimore, MD.


Moore, D. & Esche, C. (2010, November). An innovative technology and staff nurse driven orientation program. Poster presented at Maryland Nursing Association Convention, Baltimore, MD. Mae Muir Award

Moore, D. & Esche, C. (2010, November). An innovative technology and staff nurse driven orientation program. Poster presented at MONE, Baltimore MD. 2nd Place Award
