The foundation of the nursing practice is based on the five caring processes of nursing theorist Kristen Swanson:

- **Maintaining Belief**: Sustaining faith in the other’s capacity to get through an event or transition and face a future with meaning
- **Doing For**: Doing for the other what he or she would do for the self if it were at all possible
- **Being With**: Being emotionally present to the other
- **Knowing**: Striving to understand an event as it has meaning in the life of the other
- **Enabling**: Facilitating the other’s passage through life transitions and unfamiliar events

We have turned to these principles to highlight our accomplishments in the 2014 Nursing Annual Report.
Maintaining Belief
The MedStar Montgomery Nursing Vision, Mission and Philosophy

Vision
To be the trusted leader for nurse practice, patient experience, performance improvement, and patient flow through the use of theory-driven, evidence-based practice

Mission
To promote quality patient outcomes through caring relationships with patients, families and the community

Philosophy
The philosophy of nursing reflects the vision and values of our organization. Nurses support an environment that promotes professional nursing practice and Collaborative Governance, which emphasizes several key principles:

• Compassionate caring by nurses leads to improvements in the patient's physical healing, sense of self determination, confidence, and mental attitude.

• Nursing care for each patient and family is individualized, compassionate and culturally appropriate.

• Nurses collaborate with patients, families and other health team members to plan and provide nursing care that will achieve an optimal level of health and wellness, or, when it is not possible, support the experience of loss and death.

• Nurses believe in creating a work climate that nurtures and supports clinical expertise, education, Collaborative Governance, and research, and fosters recruitment and retention of nursing associates who demonstrate the highest integrity, competence and qualifications.
Doing For
Enhancing Patient Care

As in years past, we continued to introduce new initiatives and improve upon existing processes to provide our patients with the highest quality of care.

Building Caring Relationships

In April, 4 East Med/Surg was the first unit to launch Relationship-based Care. It is an approach to the delivery of care that puts the patient and family as the central focus.

The model is designed to ensure that associates understand what is most important to each individual patient—to know the patient as a person, not a disease. Key to the success are standard interventions that actively engage the patient in their care. For example, “five golden minutes,” allows nurses on the unit to sit down and spend five minutes having a conversation with their patients during each shift so they can really get to know them.

Since the roll-out, patient experience scores have improved dramatically. Between April and July alone:

• The scores for overall rating of care increased 14.5 percent.
• The communications with nursing scores rose 13.2 percent.
• The scores for willingness to recommend were up by 8.7 percent.

Relationship-based Care has also been launched in the IMC, Maternal Newborn Center, and the Joint and Spine Center. By mid-2015, all units will be participating.

Kudos for a job well done go out to the following 4 East team members:

• Enma Ascosi, RN
• Kaitlyn Blair, RN
• Melissa Heslop, RN
• Fatima Kamara, Nurse Tech
• Paula Rodney, RN, Director, Maternal Newborn and Perioperative Nursing
• Brigitte Stogbuchner, RN
• Jennie Wallace, Unit Clerk
• Mahlet Yitna, RN

Med/Surg associates (left to right): Jessica Gyemibi, RN; Litzy Gongora, RN; Teresa Schwartz, RN; Sandra Jones, RN, Med/Surg Unit Manager; Jennie Wallace, Unit Clerk
Enhancing Patient Care

Preventing Functional Decline in Older Patients

Two years ago, the We Improve the Senior Experience (WISE) program was launched to help improve the care of older adults across all areas of the hospital.

In 2014, the focus was on the development of ways to prevent functional decline among older adults through the following initiatives:

- **Increasing mobility:** Encouraging patients who are on bed rest to be mobile results in better physical, as well as cognitive, function and helps to prevent delirium. To improve the mobility of the patients who are able, a goal was established to get them out of bed and ambulating up to three times a day. In 2014, we saw an increase from 20 to 70 percent in patient activity.

- **Reducing delirium:** Delirium goes undetected in more than 70 percent of patients and may lead to complications if not immediately recognized. It is also one of the first signs of sepsis. Our efforts were targeted at improving our responsiveness to this condition and decreasing treatment options that increase the risk of it occurring.

- **Preventing sepsis:** While anyone can get sepsis, the elderly are particularly vulnerable. To reduce infections before they become septic, an assessment tool has been adopted that enables nurses to identify the signs of sepsis as early as possible in order to prevent its advancement. Since the tool and new order sets were implemented in August, the 30-day mortality rate was below the expected rate for our population through November and equates to approximately 40 lives saved per year. Addiction and Mental Health Center nurses Marsha Booth and Judy Johnson were also recognized in MedStar Health’s Good Catch Monday story for their successful patient outcome using the tool.

Since the WISE program was launched, we’ve seen a significant increase among our nursing associates in their knowledge about caring for older patients as evidenced by our Geriatric Institutional Assessment Profile (GIAP).

Addressing a Common Problem

Constipation is common among patients in acute care settings, especially among those who are not mobile, and those on pain medications. Yet it is a side effect of treatment that often goes unnoticed. Undiagnosed it can lead to serious problems.

To address this, a systematic protocol was developed for all providers that establishes guidelines for preventing, assessing, treating, and following up with patients at risk for constipation. Since the protocol was developed, prune juice usage to treat constipation increased by 55.86 percent, which resulted in better outcomes and less complications for patients.
Observation, previously on 4 East, featured private rooms but were being underutilized, while 5 West Med/Surg was typically full with patients in semi-private rooms. By switching the two units and reconfiguring the semi-private rooms, we were able to provide all patients in those units with private rooms and bathrooms.

Associates from both units were highly involved in the move, which took place during the course of one day. Many participated in planning and packing and some even came in on their day off to help. They also used the move as an opportunity to implement changes to enhance efficiency. For example, the two clean utility rooms on each side of Observation were reorganized and now mirror each other, saving time for associates.

The move has also made it easier to accommodate visitors in the patient rooms and gives nurses more space to provide care. This has resulted in improved satisfaction among patients and nurses.

Thanks to all the nursing associates who played a role in helping with the move and assisting with setting up the units. Recognition also goes to Housekeeping, Information Technology and Facilities for all their help.

Preparing for Pediatric Patients

In October, a Pediatric Educational Series training program was launched in the Emergency department to improve the comfort level of associates during pediatric emergencies, increase their knowledge base and help them stay up-to-date on current trends. This series includes both classroom and simulation training.

Automating Medication Administration

In September, the ICU was the first unit to go live with the Pyxis medication administration system, which has been implemented housewide. Pyxis supports decentralized medication management and is designed to increase patient safety, responsiveness and medication security.
Enhancing Patient Care

Expanding Patient Inclusion Handoffs to the AMHC

In late 2013, an initiative was launched to implement a modified version of patient inclusion handoffs in the Addiction and Mental Health Center (AMHC). MedStar Montgomery Medical Center was the first hospital in MedStar Health to incorporate the practice on a psychiatric unit.

AMHC associates developed a customized version of the bedside handoffs, which occur at change of shift and involve each patient’s healthcare team from both shifts, including two nurses and two counselors. They cover topics such as patient goals, what they need to work on with the patient, discharge planning goals, medication education, and the patient’s state of mind. In 2014, the AMHC patient satisfaction results increased as a result of the initiative.

Improving Operations Through Innovations

Several initiatives were launched to identify ways to streamline and/or improve certain processes and procedures—creating an even better experience for patients, while enhancing the effectiveness of associates.

**Clinical Supply Optimization:** Nursing, Materials Management and Operations Innovation worked together in optimizing par levels and supply cart design so that associates find the supplies they need, when they need them. This was completed for IMC/ICU, 3 West, 4 East, Joint and Spine Center, Observation, 6 East, Emergency department, Maternal Newborn Center, and the Infusion Center.

**Pre-operative Process Improvement:** A new process was developed that better facilitates the flow and review of information that is required to prepare patients for surgery. Examples of specific changes include the co-location of Pre-op associates and the use of an Anesthesia-based algorithm to determine appropriate presurgical labs and tests.

**4E Kaizen Pilot:** Through the implementation of Kaizen, 4 East associates have taken greater ownership of their unit by self-initiating small incremental improvements. Kaizen follows a few simple principles:

- The patient is always first.
- Increase time at the bedside by reducing barriers and waste.
- Quick solutions, try new things.
- Better practice leads to best practice.
In fiscal year 2014, the following clinical nursing practice guidelines were adopted from the Agency for Healthcare Research and Quality National Guideline Clearinghouse, as well as other professional organizations:

- Pressure ulcer treatment in hospitalized adults
- Palliative care of the hospitalized adult
- Assessment and management of acute pain in the hospitalized adult
- Care of the adult patient at the end of life
- Care of the hospitalized adult suffering from morbid obesity

In addition, two clinical nursing practice guidelines were developed as a result of integrated reviews of the literature:

- Nurse-to-nurse bedside shift report
- Care of the hospitalized adult suffering from morbid obesity

A total of 13 guidelines were published in Policy and Procedure Manager and were also part of the Nursing Competencies. Many of our initiatives aligned with the clinical nursing practice guidelines to improve patient care.

### Preventing and Managing Violence

In 2014, a “no abuse” environment was initiated. To support this, the Violence Prevention and Management program was launched to provide a range of appropriate therapeutic responses for the prevention and safe management of violent behaviors. Thirty-five leaders and associates completed a train the trainer program from departments including Security, Med/Surg, Maternal Newborn Center, Addiction and Mental Health Center, Emergency department, NPER, and House Administrator. Marian Bailey, RN, manager, Nursing Resources, conducted her first training to nurse leaders in November. The program objectives include, recognizing cues, signs and factors associated with aggressive behaviors; describing the relationship between associate interaction and aggressive behavior; demonstrating approved methods of self-defense interventions in managing aggressive behavior; and recognizing and discussing assessment and treatment of a patient in physical distress during physical interventions. The program also provides training on trauma-informed care.

### Preparing for Ebola

Beginning in the fall, associates worked diligently to prepare for the Ebola Virus disease. When the first known case was diagnosed in the United States in Dallas, Texas, on Sept. 30, preparation was accelerated. Thanks to the hard work of associates, a comprehensive plan was set in place in preparation of receiving an Ebola patient, including focusing on early detection, educating and training associates, and assessing staffing, patient flow, security, equipment and supplies, infection control and waste management needs. Associate training will continue through 2015.
Enhancing Patient Care

Upgrading Medical Records

The Emergency department went live with its new Emergency Department Information System (EDIS) in May. The benefits include:

• Enhances efficiency by streamlining questions that frequently caused the system to freeze or crash. Associates can now print lab work, patients’ information and view patients’ charts.
• Allows for medications to be ordered as needed instead of one dose at a time, which results in the quicker treatment of pain and enables associates to schedule routine psychiatric and cardiac medications in the Emergency department.
• Makes it easier for associates to locate documents by reducing the number of categories.
• Segregates protocols by age, making triage faster by providing only the protocols needed.
• Improves overall security of the system.

The Maternal Newborn Center went live with its new Centricity Perinatal Electronic Medical Record in February. The benefits of this system include:

• Adds categories for better assessment of electronic fetal monitoring in accordance with the National Institute of Child Health and Human Development guidelines.
• Expands the number of characters allowed in medical records so associates can include as much information as needed.
• Increases the number of data sources, including new checklists.
• Improves functionality, making navigation easier.
• Updates Crystal reporting and auditing capabilities to ensure that charting is accurate.
• Incorporates The Joint Commission standards with new checklists and screenings.

Improving Communication

In July, a Nursing Best Place to Work survey generated more than 600 valuable comments from nursing. Many of these comments highlighted how well we are doing, while others noted areas of opportunity for improvement, such as communication. This resulted in the following initiatives to enhance communication:

• The launch of Nursing News, to provide nurses with the latest updates about nursing.
• The expansion of the number of Coffee with Connie sessions from bi-monthly to monthly. Connie Stone, RN, chief nursing officer and vice president of Patient Care Services, visited 18 different areas in the hospital for a total of 40 hours.
### Doing For

#### Focusing on Quality and Safety

**Quality Indicators**

<table>
<thead>
<tr>
<th></th>
<th>CY13</th>
<th>CY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ICU Central Line-Associated Blood Stream Infection (CLABSI)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ICU <em>Clostridium difficile</em> (C. diff)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Acute CAUTI</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Acute CLABSI</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Acute (C. diff)</td>
<td>15</td>
<td>9</td>
</tr>
</tbody>
</table>

**Blood Culture Contamination**

- The Emergency department continued to keep the blood culture contamination rate below the national average of 3.0.

**Proton Pump Inhibitors**

- Decreased the use of Proton Pump Inhibitors by 55 percent from 2012 to 2014 to keep patients safer.

**Serious Safety Events**

- Experienced five Serious Safety Events (SSEs)

**Hospital Acquired Pressure Ulcers (HAPU)**

- Reduced HAPU from 54 patients in fiscal year 2013 to 40 in fiscal year 2014. Ninety-five percent of patients were 65 and older.
- Began a new focus on the use of quality data to track HAPU across the system.
- Expanded an initiative to encourage mobility and get patients ambulating up to three times a day.
- Continued to use the “no diapers” approach in patient care

**Glycemic Control**

- Sustained a very low number of patients experiencing severe hypoglycemia.
- Decreased the number of patients with sustained hyperglycemia from 19 percent to 14.3 percent.
- Developed a tool to help nurses identify patients experiencing problems during rounding.

**Peer Review**

- MedStar Health initiated a Nursing Peer Review Committee in which representatives from each hospital, with various specialties, meet monthly to review nursing practice in cases that may go to litigation. Mo Klein, RN, nurse manager, 3 West, is the MedStar Montgomery Medical Center representative.
Focusing on Quality and Safety (continued)

Falls
- In 2014, there were zero falls with serious injury.
- Revamped the Falls Committee to improve patient safety, with managers now investigating all falls on their units.

New Products Introduced in 2014
- Glucometers with enhanced functionality and a wireless design
- Bariatric beds, chairs and commodes
- Evacuation slides for vertical evacuation
- IV pump library updated

The Road to High Reliability

Good Catch Award
On Oct. 1, Judi Baxter, RN, PACU, and Ching-Er Sung, surgical tech, OR, were presented with the Good Catch Award by David Mayer, MD, vice president, Quality and Safety, MedStar Health, and Seth Krevat, MD, assistant vice president, Quality and Safety, MedStar Health.

There was a flood in the OR and PACU area and, during clean up and restoration, Judi and Ching-Er noticed additional damage in OR room 1. They immediately voiced their concern to Judy Moy, RN, infection control practitioner, who had industrial hygienists repair the damage. The room is used for joint replacements and spinal surgeries, which are sensitive surgeries and have a much higher risk of infections.

The following nursing team associates were recognized for their efforts in creating a culture of high reliability by submitting Good Catches:

Abraham, Sheena
Allen, Michele
Ascosi, Enma
Bale, Patricia Ann
Baluyot, Esther
Baxter, Judi
Bentz, Brenda
Bisrat, Hanna
Blackburn, Kelly
Blair, Kaitlyn
Booth, Marsha
Braboy, Nakita
Braden, April
Branch, Jeffrey
Branthover, Jean
Brody, Laurie
Browne, David
Brownlie, Dorothy
Burke, Lisa Ann
Byers, Gayle
Carter, Nakita
Chand, Iris
Cheseldine, Margaret
Claver, Verga
Cohen, Cynthia
Connor, Jen
Corazza, Carolyn
Costantino, Beverly
Crawford, Nancy
Cummings, Corrine
Damte, Martha
D’Avis, Carolyn
Davis, Cynthia
Delaney, Alison
D’epagnier
McMahon, Eve
Donley, Nirmala
Dorsey, Claudia
Douglas, Andrea
D’Silva, Glynis
Eggert, Lynn
Eitner, Vida
Elerick, Lou Ann
Esparraguera, Nancy
Esselman, Kristen
Estep, Tara
Garreis, Shirley
Gongora, Litzy
(continued on next page)
Nursing team associates recognized for their efforts in creating a culture of high reliability by submitting Good Catches:

Goold, Timothy
Graham, Althea
Halloran, Suella
Hamlet, Debra
Hanley, Margaret
Haynes, Jeannie
Henry, Kiersten
Heslop, Melissa
Hipol, Agnes
Johnson, Amy
Johnson, Judith
Jonnakuty, Christine
Jordan, Robert
Karpa, Alison
Kirchner-Sullivan, Christina
Knapman, Kirsten
Kroll, Lenora
Larson, Kristin
LaVenia, Caryn
Levengard, Kathleen
Luff, Briana
MacDonald, Dina
Malone, Patricia
Manoubi, Lauren
Mattes, Linda
McGuire, Mary
McWilliams, Emily
Meyer, Luann
Miller, Jennifer
Minsky, Cindy
Mitchell, Andrecia
Mocca, Maria
Moore, Scott
Moy, Judy
Norris, Catherine
Nou, Tamara
Ottun, Oluwatoyin
Palacios, Laura
Patel, Nehali
Penala, Priscilla
Pennington, Judy
Prada, Brianna
Prather, Patricia
Pregnar, Nancy
Puckett, Ashley
Rakhshan, Martha
Rilling, Margaret
Rogers, Christine
Roop, Jamie
Rumingan, Rowena
Rynn, Tristan
Sahagun, Fil
Salgado Alas, Alessandra
Sanders, Rona
Santos, Rechel
Sarti, Laura
Satchell, Chanda
Schrecengost, Karan
Schwartz, Teresa
Shagavah, Lydia
Shea, Elizabeth
Simpore, Aminata
Stegmann, Allison
Smar, Mary Ellen
Stogbuchner, Brigitte
Swartz, Amy
Tate, Sherryl
Terlep, Elizabeth
Van Pelt, Glenda
Vitug, Liza
White, Rebecca
Wilmot, Betsy
Wogatske, Alison
Yetley, Cheryl
Yitna, Mahlet
Zimmerman, Gwen

The Good Catch Reporters Reception held in June to honor our superheroes
Recognizing Exceptional Care

Three associates were recognized for the exceptional care they provide on a daily basis. The Nurse of the Year, Nurse Tech of the Year and Rising Star of the Year were chosen from a group of 37 deserving individuals who were nominated by their coworkers. Along with the other nominees, they were honored at the annual Nurses Day Celebration on May 9.

Following are a few of the comments submitted about the winners:

**Nurse of the Year**
Monta Hofmann, RN, 5 East

“All of Monta’s peers, coworkers and patients believe in her abilities. Because of her actions, critical thinking skills and thorough yet efficient care delivery style, she is held in high esteem by all with whom she works.”

“Monta possesses and demonstrates remarkable instinctive anticipatory skills that she utilizes in her patient care delivery. In doing so, she provides complete and highly competent care to her patients.”

**Nurse Tech of the Year**
Mike Plakas, 6 East

“Mike listens to others and gives them the gift of ‘presence.’ He communicates well with staff and patients alike and is able to set limits, when necessary, to ensure the safety of staff and patients.”

“Mike helps patients know they can reach their highest potential if they learn to cope with their mental illness. He is a positive influence for our population, and offers patients hope that they can succeed.”

**Rising Star of the Year**
Nehali Patel, RN, ICU

“Nehali demonstrates excellent assessment, clinical and critical care skills. Patients have said she is a good listener and always follows up on her promises.”

“One patient stated that Nehali understood her pain and treated her as a person and not as a patient. She has accepted the challenge of caring for vented patients as she learns to care for the ICU patient.”
Knowing

Professional Development

As the world of healthcare continues to evolve, so does the need for nurses to be prepared through ongoing education and professional development. We recognize the importance of education to the quality of care provided by our nurses and encourage them to pursue advanced degrees and credentials.

The nursing team is comprised of 422 healthcare professionals. Eight unit assistants were welcomed to the team in November. The new position has been created to assist nurses and technicians by keeping them at bedside.

Nursing Team Skill Mix

- Registered nurses: 72.5 percent
- Nurse technicians: 12.6 percent
- Unit clerks: 4.2 percent
- LPNs: 1 percent
- Other: 9.7 percent
  (includes unit assistants, monitor technicians, patient companions and AMHC counselors)

Promoting Specialty Expertise

The demand for experienced, highly skilled nurses with a depth and breadth of knowledge in specialty areas continues to grow. We encourage all of our nurses to obtain specialty certifications. In 2014, 68 nurses held 82 specialty certifications. This represents an eight percent increase over 2013 when 63 nurses had 76 specialty certifications.
Professional Development (continued)

Encouraging BSN Candidates

Two years ago, we established a goal for 80 percent of our nurses to be educated at the bachelor’s degree level or higher by the year 2020. Working toward a bachelor’s degree is a challenging and time-intensive pursuit, and we are not going to reach this goal overnight. But with 65 percent of nurses now holding BSNs, nine percent more than when we set our goal in 2012, we are making great progress.

Supporting Nursing Education

• The Women’s Board Scholarship program raised funds to support 12 students in the nursing field and five of the scholarship recipients were nurses.

• The MGH Health Foundation raised $94,522 in net revenue at the 38th Annual Fore! Your Health Golf Classic in May to support the Professional Development Fund, which provides funds to associates for educational classes and seminars. Four nurses were awarded scholarship funding to support bachelor’s and master’s degrees.

• The MGH Health Foundation also funded scholarships for 15 nurses thanks to a $30,000 grant given by the Florence Nesh Charitable Trust to the Advanced Nursing Education Fund. This fund helps nurses advance their degrees in healthcare and leadership, including paying for national certifications and becoming bachelor’s prepared. The Advanced Nursing Education Fund also benefits nurses receiving their master’s degrees.

• The Irving T. Boker Memorial Fund for Nursing Education raised $9,269.03 in 2014, thanks to the support of generous donors and the restaurant fundraisers. The MGH Health Foundation and the Boker family hosted two fundraisers at Ledo Pizza of Derwood and received donations for the “Boker Tov” breakfast sandwich at Brooklyn’s Deli in Potomac. The fund supports certifications and classes, and provides educational resources for nurses and clinical staff.
Knowing

Collaborative Governance

Incredible progress was made in the Collaborative Governance Councils as our nurses continued to work together to strengthen our nursing practice for the benefit of our patients. Following is a brief summary of the key accomplishments of each council:

Nurse Practice Council

• Launched a sepsis screening tool in Clinician View to help improve patient outcomes through earlier assessments.
• Reviewed strategies and made recommendations for reducing phone calls from the nursing office to nursing associates.
• Initiated review of the policy for peripheral IV rotation and tubing change.

Professional Development and Education Council

• Organized and promoted an educational poster contest for Nurses’ Day on May 9.
• Developed a competency needs assessment tool for nurses to tailor competencies to nursing education needs.
• Developed an educational plan for the delirium protocol to benefit patient care.
• Organized the content and topics for the Nursing Competency stations and worked at the event.

Performance Improvement Council

• Provided valuable feedback on ways to reduce the time associates spend searching for supplies.
• Revised the Medication Administration Chart (MAC) to better track why medications were not given or were given late.
• Reviewed data from HCAHPS scores regarding response times and researched ways to improve the patients’ overall experience and willingness to recommend, which are now being addressed in the Relationship-based Care model.
• Analyzed the Studer call back forms for trends in patients’ concerns to determine areas in need of improvement.

A few of the members of the Professional Development and Education Council at their monthly meeting in July. Front (left to right) Christine Jonnakuty, RN, 4 East; Cynthia Muth, RN, MNC; Nehali Patel, RN, ICU. Back (left to right) Deb Dillon, RN, Director, Nursing Practice and Clinical Resource Services; Mo Klein, RN, Nurse Manager, 3 West; Gwen Zimmerman, RN, Infusion Center; Monta Hofmann, RN, 5 East; Gayle Byers, RN, AMHC
Supporting Healthy Babies
The Maternal Newborn Center’s Baby Steps team raised $3,740 to benefit the March of Dimes, supporting research and programs that help moms have full-term pregnancies and babies begin healthy lives.

Bowling for a Worthy Cause
In October, Dianne Cheng, RN, supported by her coworkers, organized the annual Bowling for Bosom Buddies event, raising a total of $3,125 for the oncology program during Breast Cancer Awareness Month.

Caring Beyond the Call of Duty
The Patient Care Services Division, led by Connie Stone, RN, chief nursing officer and vice president of Patient Care Services, exceeded all expectations during the 2014 Annual Philanthropy Campaign with 32.8 percent of associates participating.

A big thank you to the nursing departments with 100 percent participation:
- Cardiopulmonary
- Clinical Informatics
- Echocardiogram
- Joint and Spine Center
- Occupational Therapy
- Oncology Liaison
- Speech Therapy

Enabling
Inspiring Hope through Giving
MedStar Montgomery Medical Center Statistics
Fiscal Year 2014

Beds
• 132

Admissions
• 9,040 Inpatient admissions

Visits
• 40,102 Outpatient visits
• 31,185 Emergency department visits

Average Age of Patients
• IMC - 71.9
• 3 West - 70.3
• 4 East - 70.6
• Joint and Spine Center - 65.2
• ICU - 65.2
• Maternal Newborn Center - 32
• Addiction and Mental Health Center (Inpatient) - 38.3

2014 Fun Facts
• 260,000 is the total number of billable laboratory tests
• 7,364 discharge phone calls were made to patients after they left the hospital
• 1,203 associates and physicians completed HRO Error Prevention Training
• 13.5 is the average number of miles a unit clerk walks each day
• 7.5 is the average number of miles a nurse walks each day
• 274 nurses, 112 nurse technicians and 18 unit clerks completed Introduction to Gerontology
• 106 nursing associates were oriented
Accreditations and Awards

One of the Safest Hospitals in the Washington, D.C., area
Consumer Reports Gold Seal of Approval
The Joint Commission Certified Primary Stroke Center
The Joint Commission Top Performer on Key Quality Measures® for 2013
The Joint Commission Heart Failure Accreditation
Society of Cardiovascular Patient Care Cancer Center Accreditation
American College of Surgeons Commission on Cancer
Heart Failure Accreditation Society of Cardiovascular Patient Care
American College of Surgeons Commission on Cancer
Cancer Center Accreditation ACCREDITED

Accredited Sleep Center American Academy of Sleep Medicine
NICHE Redesignation (Nurses Improving Care for Healthsystem Elders)
ACTION Registry - GWTG Silver Performance Award American College of Cardiology
Society of Cardiovascular Patient Care

Top Vote Getter, Best Emergency Rooms Bethesda Magazine
Top Vote Getter, Bethesda Magazine

Get With The Guidelines® Heart Failure Silver-Plus Quality Achievement Award American Heart Association

Accredited Chest Pain Center Society of Cardiovascular Patient Care
Accreditation Chest Pain Center

Best Places to Work Washington Business Journal
Delmarva Foundation Excellence Award for Quality Improvement The Delmarva Foundation for Medical Care, the Medicare Quality Improvement Organization
Delmarva Foundation Partner for Change Award

Society of Cardiovascular Patient Care

Accredited Chest Pain Center

2014 Nursing Annual Report