



MedStar St. Mary's  
Hospital



# NURSES HAVE A VOICE

2017 NURSING ANNUAL REPORT



Dr. McCausland

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## NURSES HAVE A VOICE

As chief nursing officer of MedStar Health, it is one of my greatest joys to celebrate and recognize the remarkable work of our nurses. I am truly honored to share the MedStar St. Mary's Hospital *Nursing Annual Report*, which features the many achievements and contributions of extraordinary nurses.

With immense pride, I congratulate the professional nurses at MedStar St. Mary's for another outstanding year. Each of you demonstrates a deep commitment to our patients and their families, while pursuing the highest levels of quality and safest possible care. This year, among many other achievements, I am prompted to recognize your embodiment of our high reliability culture.

Approximately five years ago, MedStar began its high reliability journey, with patient safety at the forefront. In many cases, high reliability involves nurses speaking up for safety – serving as the voice of the patient or their family. Speaking up can be challenging, intimidating, and scary. But five years later, I am proud to see the overwhelming, heartening evidence that our nurses have embraced this challenge, in the name of patient safety.

There are countless stories, many from MedStar St. Mary's, of nurses

who spoke up for their patients, who stood their ground for quality and safety protocols, and who questioned the way something was done to ensure it was done correctly. This emphasis on high reliability can often mean the difference between life and death.

Your everyday practice may not seem as impactful as those stories described above, but I assure you, every effort to care for patients is meaningful – not only to our patients and their families, but to all of us at MedStar. Serving on the frontlines of care, you partner with physicians and the care team to make critically important decisions, each and every day. Today, more than ever, your voice matters, and the positive impact you make with it is evident in every page of this *Nursing Annual Report*.

Thank you for your steadfast commitment to raising your voice to support our mission, our vision, and, most importantly, our patients and their families.

**Maureen P. McCausland, DNSc, RN, FAAN**  
*Senior Vice President and Chief Nursing Officer, MedStar Health*

THANK YOU FOR YOUR STEADFAST COMMITMENT TO RAISING YOUR VOICE TO SUPPORT OUR MISSION, OUR VISION, AND, MOST IMPORTANTLY, OUR PATIENTS AND THEIR FAMILIES.

# GUIDING PRINCIPLES

## PRECEPTORS OFFER ONE-ON-ONE SUPPORT TO NEW NURSES

Teachers, advocates, role models: Stacey Corrick, Sharon Hutchins, and Colleen Kinney are three of the many expert registered nurses at MedStar St. Mary's Hospital who also work as preceptors. These individuals provide guidance, practice experiences, orientation, and socialization to guide nurses new to their units.

Departments throughout MedStar St. Mary's feature more than 100 committed nurses who support recent graduates as they transition to full-time patient care – receiving activity credit on their clinical advancement ladder, or simply out of a passion for their profession and desire to help others.



### NOT SHYING AWAY WHEN STRESS HEIGHTENS

For **Stacey Corrick, BSN, RN, CNOR**, Perioperative Services, lending her knowledge as a longtime operating room (OR) charge nurse has been a chance to “participate in fostering a culture where the new hire feels supported in their environment.”

“I believe teaching nurses to develop the self-confidence they will need to embrace the ever-changing role nurses are faced with each and every day is vital to their success,” said Stacey, who has precepted approximately six OR circulator and charge nurses since 2006.

Challenges can include meshing with different personalities and accepting each other's differences, but the reward comes in seeing her orientees “flourishing in their environment,” Stacey said. She emphasizes that nursing requires critical thinking, communication, and the ability to speak up for patients without fear of judgment, especially when safety is on the line.

“As nurses, we need to not shy away when stress heightens,” she said. “My finest moments with new nurses come from watching the transformation of the once-nervous new OR nurse to one who is confident and able to communicate their needs to coworkers and physicians in order to best care for the patient.”

**Christine Taylor, RN, CN-BN**, Population & Community Health, was precepted in Perioperative Services about eight years ago. Described by Stacey as “an excellent, well-organized, conscientious OR nurse who was well liked by all,” Christine is now an outpatient care coordinator and breast navigator.

“Stacey was an extremely knowledgeable preceptor who helped guide me to become what I feel was an exceptional OR nurse during the three years I worked in that department,” said Christine. “In addition, there were other nurses and staff who were outstanding mentors as well. My experiences there helped shape me into the nurse I am today.”

## The Path of a Preceptor

Precepting is an educational gift that keeps giving. What begins with one nurse can benefit countless patients over long, fruitful careers.



**Stacey Corrick, BSN, RN, CNOR**  
Perioperative Services



**Christine Taylor, RN, CN-BN**  
Health Connections



**Justine Reimer, BSN, RNFA, CNOR**  
Perioperative Services



**Olivia Glass, BSN**  
Perioperative Services



**Tori Dauphinais, BSN**  
Perioperative Services



**CONNECTING THE DOTS**

At the recommendation of her director, **Sharon Hutchins, MSN, RN**, Medical/Surgical/Pediatrics, completed the required nurse preceptor class about 10 years ago. She estimates she has guided 10 to 12 nurses since.

"Precepting has been a very rewarding experience," said Sharon. "I like to provide nurses with a toolbox of resources to prepare them for any situation that may arise."

In May 2017, Sharon – a master's prepared nurse, described by colleagues as knowledgeable, supportive, and compassionate – was honored as the first Clinical RN Preceptor of the Year during National Nurses Week at MedStar St. Mary's.

Sharon says her career has been "reinvigorated" by becoming a preceptor. "There are many things they teach me, whether through electronic documentation or new evidenced-based practices they have read about," she said.

**Jonathan Szaks, RN**, Three Central, was one of her orientees. Sharon recalled a situation in which Jonathan, a former security officer, sprang into action. "We had a patient whose heart rate was going down, down, down. The charge nurse called a Code Blue. I found Jonathan, we ran down the hall to our patient, and immediately Jonathan started CPR. I was amazed at how quickly he responded to the situation. He was absolutely amazing," said Sharon.

This example of quick thinking is likely familiar to nurses who confront challenging situations daily. Through the preceptor program, Sharon said, new nurses have the "back-up support" of colleagues who want to help them succeed.

"If I didn't receive the support that I did from Sharon, I believe I would have had a very difficult time adjusting to the nursing profession," said Jonathan. "She never doubted me when, at times, I doubted myself. She always encouraged me to work beyond my potential."

"Through precepting, I hope orientees gain the knowledge to connect the dots between school and the real world of nursing," said Sharon. "As the old adage goes, 'There is nothing quite like on-the-job training.' That first year of transition from student to registered nurse is a hard one, but each will make it through and learn so much."

**CONTINUED LEARNING**

After her daughter was seriously injured in a motor vehicle crash, **Colleen Kinney, RNC-OB**, Women's Health & Family Birthing Center (WH&FBC), changed her perspective on precepting.

"During my daughter's time in the intensive care center, she would express to me how upset she was with some of her nurses," said Colleen. "She asked me, 'Why do people become nurses if they don't care?'"

"From that moment on, I changed how I precepted," Colleen continued. "Instead of just focusing on tasks, I wanted to make sure that my orientee cared, showed compassion and empathy, and included the patient and family in the plan of care."

**Emily Gutowski, MS, RN, CNL**, WH&FBC, was assigned to Colleen as a preceptee in 2016.

"I feel like Colleen understood the way I learned and was able to help teach me in ways that would work best for me," said Emily. "She went above and beyond to ensure I was given as many experiences during my orientation as possible. Even now, she will recommend I be assigned to certain patients because she knows I will gain experience in a new skill."

Going through orientation is "an overwhelming experience," Emily said. "Even if you have a 'light' patient load or an 'easy' patient, you are unsure of everything and taking everything in, so it is mentally challenging. Colleen understood this, and always gave me ample opportunity to ask questions. Colleen didn't just provide me with answers; she helped facilitate my continued learning as well."

"Emily was a great preceptee," said Colleen. "She readily accepted feedback and was always looking for ways to improve her practice. I learned from her also. As a graduate nurse, she had information on new ideas, recent research, and collaborative skills. It's been a pleasure watching her grow and become a great nurse."



**2017  
AWARD  
WINNERS**



**Jim Arvin, RN**  
Behavioral Health  
*Jean Watson Award*



**Emily Bolen, RN**  
Perioperative Services  
*SPIRIT Award Winner*



**Victoria Canter, RN**  
Perioperative Services  
*SPIRIT Award Winner*



**Faith Chase, RN**  
Intensive Care Center  
*Jean Watson Award*



**Linda Cunningham, RN**  
Behavioral Health  
*SPIRIT Award Winner*



**Amanda Decoursey, RN**  
Imaging, Cardiology & Neurology  
*SPIRIT Award Winner*



**Teresa Gould, RN, OCN**  
Cancer Care & Infusion Services  
*SPIRIT Award Winner*



**Lauren Hall, RN**  
Emergency Department  
*Patient Safety Hero*



**Sharon Hutchins, MSN, RN**  
Medical/Surgical/Pediatrics  
*Clinical Preceptor of the Year*



**Karen Indgjer, RN**  
WH&FBC, *SPIRIT Award Winner*,  
*Patient Safety Hero*, and  
*MedStar Health Safety Award*



**Krysteen Johnson, RN**  
Behavioral Health  
*Patient Safety Hero*



**Amy Magyar, RN**  
Imaging, Cardiology & Neurology  
*Associate of the Year*



**Denise Meyer, RN**  
Medical/Surgical/Pediatrics  
*SPIRIT Award Winner*



**Crystal Murphy, RN III**  
Emergency Department  
*Patient Safety Hero*



**Arika Parker, BSN, RN**  
WH&FBC  
*SPIRIT Award Winner*



**Justine Reimer, BSN, RNFA, CNOR**  
Perioperative Services  
*SPIRIT Award Winner*



**Jennifer Sams, BSN, RN**  
Intensive Care Center  
*DAISY Award Winner*



**Beth Smith, BSN, RN**  
Imaging, Cardiology & Neurology  
*DAISY Award Winner*



**Nancy Sperbeck, RN**  
Hospice & Palliative Care  
*SPIRIT Award Winner*

# A Glance

Accomplishments, growth, and education during calendar year 2017 at MedStar St. Mary's Hospital

**425**  
REGISTERED  
**NURSES**



**50** NURSING RESIDENTS

**11** NURSING RESIDENT PROJECTS

## NURSING DEGREES AT MEDSTAR ST. MARY'S

**DOCTORAL DEGREES** **1**

**MASTER'S DEGREES** **27**

**BACHELOR'S DEGREES** **201**

 **\$176,000**  
TUITION SUPPORT FOR CONTINUING EDUCATION

 **\$98,800**  
SUPPORT IN SCHOLARSHIPS FROM FOUNDATION



**294** ADN and BSN Nursing Students Supported **CY 2017**

NURSE TURNOVER RATE  
**5.025%** INDIRECT  
DIRECT **4.5%**

## MedStar St. Mary's HOSPITAL FACTS

 **1,259**  
ASSOCIATES

 **435**  
MEDICAL STAFF

 **8,195**  
ADMISSIONS

 **1,405**  
INPATIENT SURGERIES

 **7,362**  
OUTPATIENT SURGERIES

 **1,142**  
ANNUAL BIRTHS

 **49,536**  
EMERGENCY DEPARTMENT VISITS

## NURSE SENSITIVE INDICATORS

Q1: 93.51	Q2: 94.34	Q3: 91.97	Q4: 89.65
Q1: 76.1	Q2: 79.6	Q3: 79.9	Q4: 75.3
Q1: 82.8	Q2: 84.1	Q3: 84.9	Q4: 82.8
Q1: 75.1	Q2: 79.9	Q3: 77.0	Q4: 77.2
Overall Inpatient Nursing Care - Treated with Courtesy & Respect by Nurses			
Q1: 88.3	Q2: 93.2	Q3: 89.7	Q4: 90.5
Overall Inpatient Nursing Care - Nurses Explained Things Understandably			
Q1: 78.3	Q2: 80.8	Q3: 80.6	Q4: 73.1
Overall Inpatient Nursing Care - Nurses Listened Carefully to You			
Q1: 81.0	Q2: 86.2	Q3: 83.1	Q4: 81.9
Emotional Support from Hospice Team			
Q1: 100.0	Q2: 96.7	Q3: 93.5	Q4: 95.2
Inpatient Falls with Injury Rate			
Q1: 0.16	Q2: 0.00	Q3: 0.00	Q4: 0.00
Physical Restraint Events - Acute Care			
Q1: 0.33	Q2: 0.41	Q3: 0.34	Q4: 0.44
CAUTI Rate Non-ICC			
Q1: 0.00	Q2: 0.00	Q3: 2.87	Q4: 0.00
CAUTI Rate ICC			
Q1: 0.00	Q2: 0.00	Q3: 4.46	Q4: 0.00
CLABSI Rate Non-ICC			
Q1: 1.74	Q2: 2.88	Q3: 1.59	Q4: 1.49
CLABSI Rate ICC			
Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 5.99
Pressure Ulcers			
Q1: 1.23	Q2: 0.00	Q3: 0.00	Q4: 0.00
Stroke - Dysphagia Screening - Overall			
Q1: 100.00	Q2: 100.00	Q3: 100.00	Q4: 91.43
Stroke - Education - Overall			
Q1: 100.00	Q2: 100.00	Q3: 100.00	Q4: 100.00

**73**  
NURSES ARE BOARD CERTIFIED

**300**  
CLINICAL PLACEMENTS FOR NURSING STUDENTS

**81**

# LEADING BY MOONLIGHT

TEAMWORK MAKES THE DIFFERENCE AFTER HOURS AT MEDSTAR ST. MARY'S



**Shirley Tumang, MSN, BSN, RN, Telemetry**

"Nighttime nursing is special because of the great need to depend on each other for guidance and assistance. It takes a strong team to ensure patients' safety and push each other through the night.

"I was inspired to begin working nights in 2011 after witnessing the closeness of the night shift staff. I have never looked back. We were a playful bunch but when anyone needed assistance, hands were always available. I get my motivation to stay on this schedule from my coworkers. I feel as if our nighttime crew has become a family, supporting each other through the good and bad. Plus, I'm motivated by my sons, who I get to spend time with when I'm not working!

"Nighttime leaders inspire colleagues by setting the bar of expectations – being the type of leader that they themselves would want to follow. They should be a resource for peers and show they are not afraid to dive headfirst and help with patient care. Active listening and constructive feedback also helps with building trust and rapport."



**Crystal Murphy, BSN, RN III and Heather Farr, RN II, Emergency Department (ED)**

"I started working nights 13 years ago because I like the overall feel and environment of night shift nursing, and love my coworkers in the Emergency Department," said Crystal Murphy, BSN, RN III. "Now it works best for my family, and I have always been a night owl. My coworkers make work enjoyable – even if it's a difficult night, we pull together and get things done. Teamwork helps with patient safety and satisfaction, as well as staff morale. It is absolutely essential in the ED."

"It takes time to get used to the schedule of sleeping during the day, and flipping from a day-and-night schedule," said Heather Farr, RN II. "But I've also been working nights for 13 years. Childcare was a big motivator for continuing the night shift as I'm able to spend more time with my kids. Plus, we're a family in the ED. Regardless of the situation and any chaos going on in the department, the goal is always to provide the most efficient care to create a positive outcome for the patient."



**Barbara "Princess" Allen, BSN, RN, Patient Care Supervisor (PCS), Nursing Resources**

"I have been working nights for over 25 years. Originally it was the pay and nighttime differential that piqued my interest – but as I grew in my career, it is much more than that.

"I enjoy the teamwork, autonomy, and collaboration that night shift nurses have to care for our patients. It seems like we are wired differently. I call the associates I work with my work family, and that's how I feel. No matter what, we will have each other's backs to provide the best care for our patients.

"People can be tired and sleepy, or get sick in the middle of a shift. But we handle this by calling in additional help. We have associates take their breaks, pull resources, or redistribute nurses. We collaborate and call the AOC for help or advice, and are able to call the CNO or directors when additional resources are needed.

"Nighttime leaders inspire and encourage others by leading by example: knowing and living by our SPIRIT values. I think when the night staff can look to the PCS and the PCS is motivated, well-balanced, and encouraging, it inspires team members to do the same."



**Laura Gillingham, RN, Women's Health & Family Birthing Center**

"As both a staff nurse and a charge nurse, I know my responsibility is always to provide for my patients. If I feel a patient is in need of something not typically offered through the night shift, I have to advocate for it.

"Most patients are in need of and expect relaxation/sleep through the night, but nursing care cannot stop overnight. Nurses help patients rest by limiting nonessential activity, grouping nursing tasks, and educating patients on their plan of care. In doing so, we are able to reach a mutual agreement as to how to plan the flow of nursing care. This helps insure that nurses are completing what needs to be done, and patients are kept safe – all while decreasing interruptions to sleep.

"Years ago, as a new nurse graduate, I completed some training through the night shift. I was immediately drawn to the atmosphere and the incredible teamwork. Night shift seems to pull together in the hardest of times. The team is truly unbreakable, and I am proud to be a part of it."



**Jeannette Wolter, BSN, RN, Hospice & Palliative Care**

"In Hospice, we get nighttime calls from families often in crisis. It's a unique opportunity to provide emotional support and problem solve – some of the main reasons I went into nursing.

"The challenge we face being on call at night is that we don't have access to all the resources available during the day. Fortunately, we work as a team. I can call my coworkers any time for help. It also helps to have an incredible director and awesome medical director who are only a call away. I never really feel alone.

"Being a nighttime leader is a hard job. You need to be bright and cheerful when people are ready to sleep, show compassion, and be able to make good decisions when you are tired. Combining these traits, you get a great leader who inspires those around him/her.

"Anyone who really knows me would not say I am not a night person – but I have the privilege of helping others when they need it most. It is a blessing to be with patients and families at some of the most intimate times of their lives, and they really make me feel appreciated."



**Linda Dailey, BSN, RN, Patient Care Supervisor, Nursing Resources**

"I started working at night because it worked best for our family. There are challenges – like fewer staff members in all departments. We have fewer people to count on in emergent situations. If a colleague goes home sick in the middle of the night, it is much more difficult to find someone to replace him or her; others haven't had enough sleep yet to come in to work.

"Still, I've worked this shift for 26 years and do it because I enjoy the people who work at night, and I like representing administration during the off shifts.

"Most people lead by example, but I also believe you can inspire and motivate by example. I go the extra mile in helping my patients/customers, and I hope this inspires others to do the same."

# 2017 ROUNDING IT OUT

## Interventional Radiology



It has been an exciting year in **Interventional Radiology (IR)**. We have introduced several new procedures, including chemo-embolization of liver tumors, which allows patients to receive tumor-killing chemotherapy directly into the tumor while simultaneously cutting off blood flow to the tumor and preserving healthy liver tissue. We also introduced a new midline placement program to minimize the use of central lines throughout the hospital. Additionally, two of our nurses earned their national Radiology Nurse certification. Now all nurses who hold a full- or part-time status in IR are certified!

## Organizational Learning & Research



**Organizational Learning & Research** created an Escape Room in June 2017 to enforce critical thinking and communication skills. During a 45-minute period, residents were required to work as a team to “unlock” clues, care for their patient, and “escape.” Nurse Residency Program curriculum topics – quality and safety, medication administration, infection control, skin integrity, and management of the changing patient – were incorporated through two scenarios: one for Medical/Surgical and Telemetry, and a second for Critical Care. Twenty nurses participated in groups and escaped with time remaining during June and September sessions. The project was a poster presentation at the annual Vizient Nurse Residency Conference held in Savannah, Ga., in March 2018.

## Information Technology



**Information Technology (IT)**, including its registered nurses, upgraded all Cerner applications to make them compliant for the Centers for Medicare & Medicaid Services’ Meaningful Use Stage 3. All bedside medical devices were upgraded, and anesthesia bedside devices were replaced. Fetalink monitoring devices were upgraded, and the Clairvia staff scheduling application was implemented. Providers can now directly access their patients’ health data located in the MedStar and/or state health information exchange (CRISP) from within our Cerner application. Also, IT turned on Cerner appointment messages so patients receive a notification email 24 hours prior to their appointments.

## Infection Control



By involving leadership in hand hygiene surveillance, monthly observations of associates across departments increased from roughly 50 to 300. Observers can now provide real-time feedback to the staff they are monitoring for hand hygiene compliance, which stood at 91 percent from September 2016 to June 2017. Also, MedStar St. Mary’s ranked second in Maryland for lowest rate of hospital-acquired conditions.

## Health Connections



Outpatient care coordinators work with patients at high risk of readmission, or who have barriers to remaining healthy in the community. Part of these efforts helped to reduce our readmission rate by 16 percent between CY13-CY17. The team joined a seven-hospital learning collaborative called Totally Linking Care in Maryland, as well as a local coalition, as we move to a population health model to ensure we are using best practices.

## Wound Care



In 2017, our hospital acquired pressure injury rate (HAPI) varied between 0.38-3.06 (1-7 HAPI/month), making pressure injury prevention the No. 1 goal in wound care. We’ve updated our processes to ensure we’re providing the most recent, evidenced-based care surrounding skin breakdown prevention, especially related to medical device use. Our nursing staff’s careful assessments and early implementation of prevention measures is the key to reducing HAPIs at our hospital.

## Cancer Care & Infusion Services



In 2017, Cancer Care & Infusion Services received Three-Year Accreditation from the Commission on Cancer of the American College of Surgeons. CCIS also welcomed a new Certified Tumor Registrar, Julia Sinsel.

## IMOC in Action



In 2017, the Intensive Care Center and Telemetry departments were featured in a video to showcase the **Interdisciplinary Model of Care (IMOC)** in action. In addition to being available for internal audiences on our website, this video was also shared with our community as an example of how we continually improve our processes to better the patient experience.

## Three Central



Celebrating its first year as a full-time department, **Three Central** continued to build its staff in 2017 – the majority of whom are new-to-practice nurses.

FEATURED ON OUR COVER ARE AMANDA MASON, RN;  
SHARON HUTCHINS, MSN, RN; MARY INOUE, RN; AND  
JONATHAN SZAKS, RN – THREE OF THE 12 NURSES  
SHARON, THE 2017 CLINICAL PRECEPTOR OF THE YEAR,  
HAS PRECEPTED DURING HER TENURE AT MEDSTAR  
ST. MARY'S HOSPITAL.

*YOU DON'T BUILD A HOUSE  
WITHOUT ITS FOUNDATION.  
YOU DON'T BUILD A HOSPITAL  
WITHOUT ITS NURSES.*

ANONYMOUS



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