



Making the **CONNECTION**

2018
Nursing
Annual
Report



THANK YOU TO ALL
OUR NURSES FOR
YOUR HARD WORK
AND DEDICATION TO
YOUR PROFESSION.
I FEEL PRIVILEGED
AND GRATEFUL TO
PRACTICE WITH
YOU ALL.

There are so many ways nurses make connections during their day - whether it is with patients, the community, family and caregivers, or each other. These relationships are what feed us and keep us going throughout our careers.

I am happy to say that as I look back over the past year, our nurses have been making connections from the bedside to the boardroom. We have been at the center of many quality initiatives and improvements designed to increase patient safety and improve the patient experience, such as Interdisciplinary Model of Care (IMOC) and Contemporary Primary Nursing (CPN). We continue to help new-to-practice nurses advance their education and their careers through professional development and mentoring. The contributions and commitment of our nurses has led to professional growth and advancement for many into leadership positions throughout our hospital. We are making a difference every day.

As a nurse at MedStar St. Mary's for more than 12 years and 22 in the healthcare industry, I have witnessed the nursing profession change and evolve. Becoming a nurse today means you will learn and use skills beyond patient care; nurses must be advocates for their patients, leaders in their profession, and agents of change in the healthcare industry. They work alongside the medical staff to help guide decision making to ensure patients receive the highest quality of care and best possible outcomes through interdepartmental collaboration and problem solving. As nurses, our voices can be powerful and our impact lifesaving.

As you read through the 2018 Nursing Annual Report, I hope that the stories within give you a glimpse of the incredible work being done at MedStar St. Mary's Hospital by our nurses. I am impressed every day by the care and professionalism of our nurses and I am excited to see what we will continue to accomplish as we work together to support our hospital, our patients, and each other.

Thank you to all our nurses for your hard work and dedication to your profession. I feel privileged and grateful to practice with you all.

Warmly,
Dawn Yeitakis, MS, BSN, RN, NEA-BC, CEN
Vice President and Chief Nursing Officer

IMOC: TEAMING UP FOR *Exceptional* PATIENT CARE

Introduced In 2017, the Interdisciplinary Model of Care (IMOC) gained momentum in 2018 and has been implemented in all inpatient units throughout MedStar St. Mary's Hospital. Designed to achieve a higher-quality, patient-centered approach to care, MedStar St. Mary's nurses are helping to lead the way in implementing the IMOC Absolutes.

Four MedStar St. Mary's nurses share their views on the importance of IMOC and how it is transforming patient care.



IMOC IS A GROUP EFFORT, A TEAM WORK, A MEDSTAR EFFORT. EVERY SINGLE TEAM MEMBER THAT PARTICIPATES HAS AN ESSENTIAL ROLE IN ACHIEVING ONE MAIN GOAL, WHICH IS IMPROVED PATIENT OUTCOMES.

- Carina Morrison, BSN, RN, CMSRN,
Medical/Surgical/Pediatrics

IMOC ABSOLUTES

PHYSICIAN AND NURSE ROUNDING:

Physician and nurse round together at the bedside each day

Carina Bedside rounding provides an opportunity for the patient and family - as well as healthcare providers - a chance to ask questions, collect information essential to the patient's status, and clear up any questions. This gives patients an opportunity to speak up and get involved with their plan of care, plan for their hospital stay, and any discharge planning that may be required.

Kristen IMOC is so beneficial for all that are involved. It helps keep the patient informed about plan of care and helps staff work together as a team to take care of the patient. I believe this model of care improves the delivery of health care, promotes a safer environment, and contributes to a better patient experience.

INTERDISCIPLINARY, CHECKLIST-BASED ROUNDS:

Everyone on the interdisciplinary care team participates in daily checklist-based rounds

Susan IMOC has helped me to look at the care of patients in a more holistic manner. It has enhanced my assessment of patients by implementing a systematic approach that happens with every patient: things are being looked at from all angles with less room for error.

Jessica IMOC gives all of the interdisciplinary team the opportunity to not only advocate for the safest care and disposition of the patient, but also an opportunity to share concerns with each department. By being engaged in IMOC rounding, each team member is getting the accurate depiction of the patient and their specific needs.

Kristen As a case management specialist, I have a goal to come prepared to IMOC rounds and to contribute to the plan of care. I research and brainstorm ideas before coming to IMOC so I can contribute and help coordinate care needed for a patient. I strive to listen and work as a team to assist with the decision-making process and discharge planning.

5 MINUTE SIT-DOWN:

Physician and nurse each spend five minutes sitting by bedside and talking with patients each shift

Susan Just five minutes of time sitting with a patient in an uninterrupted manner allows you to learn and assess a lot about your patients that you otherwise may not learn. Additionally, it makes them feel like you care and have their best interests in mind.

Jessica It is truly amazing to see how a patient's demeanor can change just by simply sitting down, being present and listening to them. I have witnessed both nursing staff and physicians sit down, and it shows the patient that these five (or more) minutes are for THEM, and nothing else matters right now.

Pictured left to right:
Kristen McKee, BSN, RN, Clinical Resource Management
Carina Morrison, BSN, RN, CMSRN, Medical/Surgical/Pediatrics
Susan Bricker, BSN, RN, Intensive Care Center
Jessica Roberts, BSN, RN, PCCN, Telemetry

THE *Road* TO HIGH RELIABILITY USING HRO PRINCIPLES, NURSES DRIVE PATIENT SAFETY EFFORTS

Heavily entwined with MedStar Health's SPIRIT Values - Service, Patient First, Integrity, Respect, Innovation, and Teamwork - are our efforts to become a High Reliability Organization or HRO. The journey to becoming an HRO is highly dependent on our associates and their ability to follow the HRO principles. The five HRO principles are designed to help organizations focus on and address problems by maintaining a state of persistent mindfulness.

At MedStar St. Mary's Hospital, our top priority is patient safety. These stories are examples of how the HRO principles have helped empower our nurses to speak up for their patients to ensure the safest care and the best possible outcomes.

SOMETIMES, PREVENTING POOR OUTCOMES IS AS SIMPLE AS READING A LABEL

Medical/Surgical/Pediatrics nurse Colleen Corliss, BSN, RN, RN-BC, went to the Laboratory for pink culture swabs and was given an entire bag of Star Swab II, pink top. When she returned to her unit she realized the product had expired. When she contacted the Lab for a replacement, the Laboratory realized of the three bags they had, two had expired. The Lab replaced the swabs and contacted the Emergency Department, Intensive Care Center, Telemetry, Behavioral Health, and Women's Health & Family Birthing Center to make them aware of the expired swabs.



Colleen Corliss, BSN, RN, RN-BC, Medical/Surgical/Pediatrics

DIGGING DEEPER, NOT ACCEPTING THE EASY ANSWER MAY HAVE SAVED A PATIENT'S LIFE

A simple phone call for a preoperative interview ended with a patient being taken to the Emergency Department (ED) for chest pain and trouble breathing. Loren Stauffer, BSN, RN, of Nursing Resources, and Perioperative nurses Cindy Dean, BSN, RN, CNOR, and Robin Garahan, RN, CNOR, worked as a team to help a patient they realized was in need of emergency medical attention. The patient refused to call 911 themselves, but agreed to have a nurse call. Robin kept the patient on the phone until help arrived. By the time the Advanced Life Support Team arrived, the patient could only speak in short sentences. Loren, who had called the 911 dispatcher, was able to provide the paramedic a triage report over the phone on the behavior of the patient, past medical history, etc. The patient was then transported to the ED.



Cindy Dean, BSN, RN, CNOR, and Robin Garahan, RN, CNOR, Perioperative Services

KNOWING WHEN TO ASK THE QUESTION LEADS NURSE TO THE RIGHT ANSWER

Teresa Gould, RN, of Cancer Care & Infusion Services discovered that a patient's creatinine result (an indicator of kidney function) on the order for Carboplatin AUC (the chemotherapy drug to be administered) did not match the creatinine on the lab results. The creatinine result on the order was 1.04, versus 1.64 on the lab results. If the lab results were correct, the patient would require a lower dose. Teresa had Pharmacy review the order a second time and verified that the creatinine listed on the order was incorrect. As a result, the dosing on the order for Carboplatin AUC was reduced from 600mg to 300mg.



Teresa Gould, MSN, RN, CIC, Cancer Care & Infusion Services

USING WHAT YOU HAVE LEARNED HELPS PREVENT ERRORS IN CARE

A patient with a history of gastric bypass surgery came to the Emergency Department (ED) with abdominal pain. CT scans showed a small bowel obstruction and the physician ordered a nasogastric tube (NG). ED nurse Valerie Adriani, RN, had read and was aware that nasogastric tubes were contraindicated in patients with gastric bypass history unless placed by a radiologist due to high risk for perforation. Upon discussion with the physician, the order for NG placement was canceled.



Valerie Adriani, BSN, RN, Emergency Department

TEAMWORK, TRAINING, AND COMMITMENT HELPS REDUCE DANGEROUS INFECTIONS

A hospital-wide effort to reduce CLABSI and CAUTI rates began with the Infection Prevention (IP) nurse conducting daily central line/foley rounds in every department to discuss appropriateness, care of the device, plans for discontinuation, etc. Detailed reports of the findings were sent to senior leadership and nursing department leaders Monday through Friday. Due to the importance of the project, reporting and rounding began to occur seven days a week and nursing units assumed the responsibility of daily rounding on central line/foley patients. An email is sent to senior leadership, nursing department leaders, and the IP nurse daily. The continued daily review by leadership made it clear to all front-line associates that we all had a part in reducing CLABSIs and CAUTIs and that it was extremely important to everyone within the organization. Through the daily reviews, opportunities with patients were identified (i.e. those that no longer need to have their devices accessed or those that have refused CHG baths). This review now continues daily and is supported by leadership and nursing associates alike. When there is a challenge presented the IP nurse, nursing department leaders, senior leadership, etc., all get involved to ensure that devices are removed when indicated and we continue on our journey to ensure zero patient harm by stopping CLABSI and CAUTI events. Nursing staff in our dialysis unit have been instrumental in making sure that central lines are documented correctly and alert either the IP nurse or nursing leadership when there is an opportunity for education.



Teresa Brannigan, MSN, RN, CIC, Infection Preventionist, and Patricia Williams, BSN, RN, dialysis program manager, right

NURSING @ A Glance

Accomplishments, growth, and professional development during calendar year 2018 at MedStar St. Mary's Hospital

NURSING DEGREES AT MEDSTAR ST. MARY'S

MASTER'S DEGREES 29

BACHELOR'S DEGREES 203



\$144,756

TUITION SUPPORT FOR CONTINUING EDUCATION



\$84,000

SUPPORT IN SCHOLARSHIPS FROM PHILANTHROPY COMMITTEE

MedStar St. Mary's HOSPITAL FACTS



1,243
ASSOCIATES



426
MEDICAL STAFF



7,193
ADMISSIONS



7,266
AMBULATORY SURGERY CASES



100,343
OUTPATIENT VISITS



1,143
ANNUAL BIRTHS

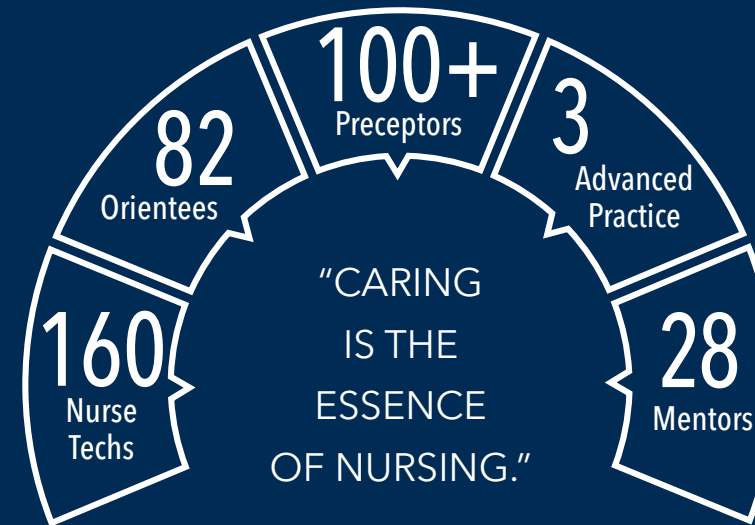


49,643
EMERGENCY DEPARTMENT VISITS

395
REGISTERED NURSES

34 NURSING RESIDENTS

14 NURSING RESIDENT PROJECTS



JEAN WATSON

275 ADN and BSN Nursing Students Supported → **CY 2018**

NURSE TURNOVER RATE

22.1% DIRECT
22.1% INDIRECT

NURSE SENSITIVE INDICATORS

Colors reflect hospital performance against national quarterly benchmarks for top quartile performance.

CY18	Q1	Q2	Q3	Q4
Overall ED Nursing Care – Nurses Listened Carefully to You	Q1: 78.7	Q2: 76.7	Q3: 78.4	Q4: 82.7
Overall ED Nursing Care – Treated with Courtesy & Respect by Nurses	Q1: 82.6	Q2: 85.9	Q3: 86.2	Q4: 87.7
Overall ED Nursing Care – Nurses Explained Things Understandably	Q1: 75.9	Q2: 78.4	Q3: 77.9	Q4: 79.3
Overall Inpatient Nursing Care – Treated with Courtesy & Respect by Nurses	Q1: 89.3	Q2: 90.2	Q3: 82.6	Q4: 90.2
Overall Inpatient Nursing Care – Nurses Explained Things Understandably	Q1: 83.9	Q2: 84.3	Q3: 78.6	Q4: 93.1
Overall Inpatient Nursing Care – Nurses Listened Carefully to You	Q1: 84.6	Q2: 83.3	Q3: 81.4	Q4: 86.6
Hospice – Family member treated with dignity & respect	Q1: 100	Q2: 100	Q3: 96.3	Q4: 100
Inpatient Falls with Injury Rate	Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 0.00
Physical Restraint Events - Acute Care	Q1: 0.29	Q2: 0.23	Q3: 0.13	Q4: 0.26
Hospital Wide Hand Hygiene Compliance	Q1: 95	Q2: 91	Q3: 93	Q4: 96
CAUTI Rate Non-ICC	Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 0.00
CAUTI Rate ICC	Q1: 4.03	Q2: 9.01	Q3: 0.00	Q4: 0.00
CLABSI Rate Non-ICC	Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 2.15
CLABSI Rate ICC	Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 0.00
Pressure Ulcers	Q1: 0.00	Q2: 0.00	Q3: 0.00	Q4: 0.00
Stroke - Dysphagia Screening - Overall	Q1: 92	Q2: 100	Q3: 92	Q4: 88
Stroke - Education - Overall	Q1: 100	Q2: 74	Q3: 84	Q4: 94
Sepsis: Antibiotics Administered <3 hours	Q1: 100	Q2: 100	Q3: 94	Q4: 95

87
NURSES ARE BOARD CERTIFIED

283
CLINICAL PLACEMENTS FOR NURSING STUDENTS

74
NURSES ON CAREER LADDERS

NURSE NURSE

ADVICE FROM OUR NURSES ON ADVANCING YOUR CAREER

Professional development is the foundation for a successful nursing career. MedStar St. Mary's Hospital believes that professional development makes a difference and works to help support its nurses to advance on their career paths, whether they are just starting their journey or nearing a lifelong goal.



TEMERIA S. WILCOX, CRNP, MedStar St. Mary's Hospital Primary Care

CAREER PATH: Started at MedStar St. Mary's Hospital as a float pool nurse seven years ago, then became a Patient Care Supervisor while going to school full time to become a Family Nurse Practitioner.

"Since I was a little girl, I have always had a passion to care for others. At the age of 17, I enlisted in the U.S. Army and became a combat medic which afforded me the opportunity to work in an outpatient military clinic during peace times. Caring for the sick and dying brought about self-fulfillment and from this experience, I knew that nursing was for me. Moreover, I decided to become a nurse to make a positive impact in the community.

"One important piece of advice I would give to others that are looking to further their education is that no matter how long it takes to pursue your goal, take small steps to achieve it. Also, understand that this journey is not easy, so set small achievable goals and you will yield the reward."



PAMELA LAIGLE, MSN, NP-CC, PCCN, Grace Anne Dorney Pulmonary & Cardiac Rehabilitation Center

CAREER PATH: Began her nursing career in Telemetry at MedStar St. Mary's Hospital in 1991 with an associate degree. She left to work in home health for seven years then came back to the Telemetry unit of MedStar St. Mary's in 2007. In 2011, she transferred full time to the Grace Anne Dorney Pulmonary & Cardiac Rehabilitation Center.

"Support is so important when deciding to advance your education and career. My family, co-workers, other practitioners, and department leader kept telling me how continuing my education will be worth it and how they believed in my abilities to be a good practitioner. I have been very fortunate to apply and qualify for grants, scholarships, tuition support, and EdAssist, which helped me tremendously to be able to complete my master's without debt.

"You'll know when the time is right for you to continue your education, but also try not to allow life's trials to get in the way of stopping you from moving forward. There is no 'perfect' time - just do it!"



KRISTIE DUTROW, BSN, RN, Three Central

CAREER PATH: Joined MedStar St. Mary's in 2017 as a new-to-practice nurse.

"Since starting my career at MedStar St. Mary's, I have completed the Nursing Residency program and I am currently participating in the second-year nurses' program and am on track to begin helping with the nursing residency cohorts as a facilitator. I earned my Bachelor of Science degree in Nursing in December 2018. I am a skin champion, safe patient handling super user, and participate as a member of the clinical practice and quality council. I have advanced to an RNII on the clinical ladder and am a member of the Sigma Theta Tau International Honor Society of Nursing. Take the opportunity to advance your education because it will benefit your career choice. Ask about all the different options and use them to your advantage - this will help relieve some stress."



TUCKER ARVIN, Nurse Tech, Nursing Resources

CAREER PATH: Started at MedStar St. Mary's in 2017 as an intern. Hired by Nursing Resources in 2018. Currently pursuing a nursing degree.

"Growing up I would always hear stories about health care, and especially behavioral health since both of my parents work in psychiatry. I would be lying if I said that those stories didn't influence me, and because of them, I've always had a desire to work in health care particularly in the field of psychology.

"Many of my peers are either currently enrolled in the nursing program at the College of Southern Maryland (CSM) or have graduated from the program. They have been an invaluable source of advice and knowledge, not only on the CSM nursing program, but the nursing profession in general and the many educational avenues that it presents."



FAITH CHASE, BSN, RN, Interventional Radiology

CAREER PATH: Began working at MedStar St. Mary's in Telemetry in 2008, moved to Intensive Care Center (ICC) shortly thereafter. Moved from ICC in September 2018 to work in Interventional Radiology.

"I earned my associate's degree in 2008 and that accomplishment was an uphill battle and nearly killed me. It took nine years! I swore I would never go back to school, but I got the itch for furthering my education and finally earned my BSN in 2018.

"Earning my associate's degree in nursing could sustain me in my career as a nurse but earning my bachelor's degree has built confidence and marketability. I hope to continue my educational journey into my nurse practitioner program later this year."



HELPING NURSES SET AND ACHIEVE CAREER GOALS

JANET E. SMITH, MHPE, BSN, RN, Human Resources

CAREER PATH: Began at MedStar St. Mary's in 1994 as an Intensive Care Center extern. Janet was a Navy nurse for nine years and then relocated to the United Kingdom where she worked as an RN recruiter and education specialist from 2006 to 2015. She returned to MedStar St. Mary's in 2015.

"Nurses, and all health care professionals, should be committed to a pattern of lifelong learning. Training and education is a continuous process in our field, so discussions about educational goals should be a routine part of the conversations between nurses and their department leaders. Nursing is a demanding profession, and unless you use a systematic approach to advancing your education, the idea of taking classes might feel overwhelming. Set your goals, commit to a plan, and partner with your leader and the Human Resources team in the process."

TAKE SMALL STEPS TO ACHIEVE A BIGGER GOAL

NURSES ARE MAKING THE *Connection* BY ...



Nurses participate in interactive falls workshop

ADVANCING SAFETY

WORKSHOPS HELP NURSES ASSESS FALL RISK - More than 340 nurses and nurse technicians participated in an interactive falls workshop, designed to help participants fine-tune their fall assessment skills and explore preventive measures. The simulation featured two scenarios and an escape room aimed at decreasing not only the number of patient falls, but also associate injuries related to lifting. The workshop was made possible through the collaboration of MedStar St. Mary's Hospital's falls workgroup, Organizational Learning & Research (OLR), and SiTEL. MedStar Health has adopted the group's curriculum for the corporate-wide initiative of the falls champion role.

IMPROVING CARE

NICHE - MedStar St. Mary's earned a senior friendly status through NICHE – Nurses Improving Care for Healthsystem Elders, a program run through New York University, Rory Meyers College of Nursing. The program's focus is to provide improved care for our elder patients. In addition, nurses from Medical/Surgical/Pediatrics (MSP) were chosen to present an evidenced-based practice poster on reducing pressure ulcers at the national NICHE conference. Their presentation was selected as a national best practice and the nurses provided a webinar to disseminate their findings and share their practice nationally.



Medical/Surgical/Pediatrics Nurses improving relations with seniors

SUPPORTING PATIENTS & FAMILIES

INPATIENT HOSPICE CARE - In late April 2018, MedStar St. Mary's began offering end-of-life care to patients in need without requiring them to leave the hospital. When a patient is imminently dying and has symptom management needs, the inpatient hospice program may be a suitable option to provide comfort and support. After a referral to hospice services, decisions regarding a patient's change to hospice inpatient (HIP) are made by hospice's interdisciplinary team. Hospice drives the plan of care by monitoring the patient's condition in collaboration with the hospitalist and the patient's primary nurse. Nurses from hospice visit and assess the patient daily to ensure comfort for the patient and support for the family.

REFINING PRACTICES

HOSPITAL NAMED EXPERT CONTRIBUTOR - MedStar St. Mary's Hospital is one of four hospitals and health systems nationally to be named a 2018 Pioneers in Quality™ Expert Contributor by The Joint Commission for efforts to advance the evolution and utilization of electronic clinical quality measures (eQOMs). "Continuing to Improve Discharge Stroke Measures through Clinician Education and EHR Refinement," a MedStar St. Mary's Proven Practice, was presented by Beth Ballard, MSN, RN, and Dawn Yeitakis, MS, BSN, RN, NEA-BC, CEN, to health systems across the nation during an August webinar.



Jim Arvin, RN, Behavioral Health

PROMOTING TEAMWORK

BEHAVIORAL HEALTH GOING TO ED - Due to feedback following MedStar St. Mary's Hospital's Associate Engagement Survey, the Behavioral Health team wanted to make improvements in interdepartmental teamwork. In 2018, they achieved this in two ways. First, a suggestion was made that Behavioral Health nurses go to the Emergency Department (ED) to pick up new admissions which would decrease the time these patients spent in the ED and be a satisfier for both the ED associates and the patients. Secondly, when the Behavioral Health unit was closed for several weeks for renovations, the associates on the unit were concerned about the psychiatric patients having long stays in the ED while they waited to be transferred. Behavioral Health nurses offered to help by going to the ED to assume their care.

CONTINUING EDUCATION

EMPOWERING NURSES THROUGH HRO LEARNING - On Nov. 1, 2018, Nurse Residency coordinators gave a poster presentation at the Maryland Nurses Association 115th Annual Convention in Baltimore. The poster was titled, "Management of the Deteriorating Patient with Confederate Intervention and Enforcement of HRO Principles." One of the goals of the Nurse Residency Program is to equip residents with the resources and confidence that empower them to be advocates for their patients, peers, and leaders in the healthcare setting. A simulated scenario was created for nurse residents to practice recognizing the importance of HRO (High Reliability Organization) principles and utilizing them during identified situations, along with following appropriate chain of command. Enforcing HRO principles allows for nurses to not only feel empowered, but to also improve patient outcomes.



Loren Stauffer, BSN, RN, Nurse Residency Coordinator, Organizational Learning & Research

BUILDING CONFIDENCE

SUPPORTING EACH OTHER - When Women's Health & Family Birthing Center nurses Megan Dodge, RNC-OB; Kayla Stalcup, RNC-OB; Katie Jo Mattingly, BSN, RNC-OB; and Stephanie Konecny, RNC-OB, decided to obtain their Inpatient Obstetric Certification, they turned to each other for support and help. The four nurses signed up to take the exam together in May 2018 and every day they worked, they quizzed each other, and reviewed material expected to be on the exam. "Certification is a process to validate a professional's knowledge for safe and effective practice in a specialty," said Katie Jo. "Doing it together truly helped build our confidence and test the knowledge we use each and every day at work. Preparing together allowed us to prevent procrastination, obtain new perspectives, develop new study skills, break monotony, and fill in the learning gaps or questions we had." Teamwork and support helped them all pass the exam.



From left: Katie Jo Mattingly, BSN, RNC-OB; Kayla Stalcup, RNC-OB; Megan Dodge, RNC-OB; and Stephanie Konecny, RNC-OB.

2018 AWARD WINNERS

CLINICAL PRECEPTOR OF THE YEAR

Lauren Lindsey, BSN, RN, *Medical/Surgical/Pediatrics*

DAISY AWARD

Presented by the MedStar St. Mary's Hospital Philanthropy Committee

Sydney Clement, BSN, RN, *Intensive Care Center*

Lisa Ocha, BSN, RN, *Emergency Department*

JEAN WATSON AWARD

Sandy Griffith, BSN, RN, *Perioperative Services*

Carlos Jelinek, RN, *Telemetry*

PATIENT SAFETY HEROES

Teresa Gould, MSN, RN, CIC, *Cancer Care & Infusion Services*

Tiffany Hennage, RN, *Emergency Department*

Cathy Kirk, MSN, RN, CEN, *Intensive Care Center*

Alyssa Williams, RN, *Behavioral Health*

SPIRIT AWARDS

Evelyn Ablen, BSN, RN, CCRN, *Intensive Care Center*

Elizabeth Friesen, MSN, RN, *Telemetry*

Katherine Hampton, BSN, RN, *Medical/Surgical/Pediatrics*

Michelle Howell, BSN, RN, *Behavioral Health*

Cathy Kirk, MSN, RN, CEN, *Intensive Care Center*

Emily Kwasniak, BSN, RN, *Emergency Department*

Kathryn Peacher, BSN, RN, CEN, SCRNP, *Emergency Department*

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

Regina Russell, BSN, RN, CPEN, *Emergency Department*

ON THE COVER

Lindsey Thorne, RN, *Medical/Surgical/Pediatrics*

Arika Parker, BSN, RN, *Women's Health and
Family Birthing Center*

Hailey Caldwell, RN, *Emergency Department*

Fran O'Hara, RN, *Telemetry*

Lauren Guy, MSN, RN, *Three Central*

Rosemary Crowl, RN, *Perioperative Services*

Ashley Wiggins, BSN, RN, CCRN, *Intensive Care Center*

Katie Smith, RN, *Telemetry*

Shirley Tumang, MSN, RN, PCCN,
Organizational Learning & Research

MedStar Franklin Square Medical Center
MedStar Georgetown University Hospital
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center
MedStar National Rehabilitation Network
MedStar Southern Maryland Hospital Center
MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Washington Hospital Center
MedStar Family Choice
MedStar Medical Group
MedStar PromptCare
MedStar Visiting Nurse Association
MedStar Institute for Innovation
MedStar Health Research Institute

MedStarStMarys.org



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