O’Neill 3 Earns Joint Commission Certification
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Timepiece is a publication of MedStar Good Samaritan Hospital’s Department of Nursing. If you’d like to become a member of Timepiece’s editorial team, participate in this publication or submit items for consideration, please contact Jo, Kathy or Corinne.

MEDSTAR HEALTH NURSING

Collaborative Governance Nursing Councils

We are nearing the first anniversary of the MedStar Health Collaborative Governance Nursing Councils.

Under the guidance of Maureen McCausland, Senior Vice President and Chief Nursing Officer for MedStar Health, a council structure was created to ensure nurses across our system have the opportunity to come together for a common purpose. These councils allow nurses to learn from one another and develop best practices that result in an environment in which our patients receive the ideal nursing care experience, while advancing the nursing profession.

These councils allow us to meet monthly with our peers from the nine MedStar hospitals, as well as the MedStar Visiting Nurse Association, MedStar Family Choice and the MedStar Health Research Institute, to share our knowledge and expertise. Working together allows us to have a much greater impact on the communities we serve. It also gives us an opportunity to pool our resources to benefit each individual hospital. For example, instead of each hospital holding certification review classes, the MedStar Nursing Professional Development Council is looking to offer review classes at one location and inviting staff from multiple MedStar hospitals to attend. This type of collaboration will save both time and money by decreasing the amount of resources needed while increasing productivity.

There are seven councils: Nursing Practice, Nursing Informatics, Nursing Research, Nursing Product Evaluation and Standardization, Nursing Professional Development, Nursing Quality and Safety, and Patient and Family Education. All MedStar CNOs are members of the Chief Nursing Officer Council and interact with the seven other councils. Nurses representing MedStar Good Samaritan Hospital participate in council meetings and bring issues, ideas, questions and concerns back to the related MGSH nursing council for feedback and discussion.

The activity of each of the councils is posted on the MedStar Good Samaritan Hospital Nursing SharePoint page. Please take the opportunity to periodically review this page, so you are up-to-date on their activities. In addition, you are encouraged to contact our members on any of the councils to share your thoughts and ideas.
COUNCIL STRUCTURE

Nursing Informatics Council
Participates in the evaluation of information systems and associated technologies that are adopted in clinical practice areas.

Patient and Family Education Council
Develops, reviews and periodically updates system-level patient and family education materials in collaboration with the Nursing Practice Council, Nursing Informatics Council, interdisciplinary colleagues, patients and family members.

Nursing Practice Council
Develops, reviews and periodically updates system-level standards of nursing practice and nursing care, and participates in the development of the documentation system, policies and procedures.

Nursing Product Evaluation and Standardization Council
Supports exemplary nursing practice across MedStar Health through the evaluation and standardization of products, appropriately using evidence to guide the selection of products that are cost effective and deliver clinically-acceptable outcomes.

Nursing Professional Development Council
Identifies system-level priorities for the professional development of nurses as advanced practice nurses across MedStar Health.

Nursing Quality and Safety Council
Designs, implements and evaluates the system-level nursing safety and quality improvement programs; standardizes terminology; defines and measures patient outcomes that are sensitive to nursing interventions; and promotes continuous improvement of patient safety and clinical outcomes.

Nursing Research Council
Designs an evidence-based practice framework, which ensures appropriate review of the latest scientific and scholarly findings and their incorporation into nursing practice.

COUNCIL REPRESENTATIVES FOR MEDSTAR GOOD SAMARITAN HOSPITAL

Chief Nursing Officer Council
Shirley Roth, RN, MSA, CHE

Nursing Informatics Council
Robin VanDerVoort, RN, BSN
K. Abby Ross, RN, PCC

Patient and Family Education Council
Daisy Fischer RN, MSN, CPAN

Nursing Practice Council
Alice Slavik, RN
Kim Sylvester, RN, MS

Nursing Product Evaluation and Standardization Council
Shirley Roth, RN, MSN, CHE
Linda Carlson, RN, BSN
Jo Mitchell, RN, BSN

Nursing Professional Development Council
Johanna Romero de Slavy RN, MSN, CRRN-BC
Vickie Bruzdzinski, RN, BSN, CMSRN

Nursing Quality and Safety Council
Stevie Battista, RN, BSN
Megan Van Hoy, RN, BSN

Nursing Research Council
Joanne Eich, MSN, RN-BC
The Clinical Informatics Department has tripled in size to six team members and director Stevie Battista is “excited to have her team in place.” “Informatics is key in today’s healthcare environment and we look forward to supporting and enhancing nursing practice through the integration of data, information and knowledge,” says Stevie. “My team can help align the clinical arena with IS functionality to create documentation platforms and reports to serve the end user,” she adds. Nurses are invited to become familiar with the Nursing Informatics webpage on StarPort to find resources and contact information for the department. Below is an introduction to the Clinical Informatics team:

Stevie Battista, RN, BSN
Director of Clinical Informatics

Stevie has been at MedStar Good Samaritan for 32 years, initially as a staff nurse and then manager on an inpatient unit. Stevie transferred to the operating room where she moved up the ranks, first as a staff nurse, then a manager and eventually as director of perioperative services for nine years. Stevie then worked as the perioperative and material management information supervisor for six years. When asked why she took the leap from the OR to informatics, Stevie said the change wasn’t as much of a leap as one would think. She had worked with IS in the OR as project manager on SmartTrack. Stevie feels that “being in informatics allows me to impact patient care on a different level and I’m at the bedside working with nurses and patients more than ever before.” After serving as interim director for several months, Stevie became director of Clinical Informatics in January of 2012. She is currently attending Drexel University, working toward a Master’s in Healthcare Informatics. Stevie represents MGSH on the MedStar Nursing Quality and Safety Council. When asked what fun facts we should know about her, Stevie says she has three kids, three dogs and one horse—but ironically she is highly allergic to horses!

Patrice Williams, MHA
Clinical Operations Systems Specialist

Patrice boasts the most seniority in the department, but her path to Clinical Informatics did not come through nursing. Instead, Patrice brings over eight years of experience in healthcare and information technology to the team. She has been involved in project and product management, as well as workflow redesign and implementation. Patrice feels her experience “brings an overall balance to the team.” Since her arrival at MGSH in March 2011, Patrice is nursing’s “go to” person for Clairvia. She is the systems administrator for Clairvia and Patient Call Manager, and educates nursing on both applications. Patrice also provides support for Logicare, MedConnect, Amalga and maintains the Navicare user database. “It is an absolute pleasure to work with the clinicians here at the hospital,” Patrice says. “It is very fulfilling to improve workflow efficiencies and facilitate documentation improvements.” Patrice can be found cheering on hospital staff as a member of the Associate Recognition team. When asked what fun facts we should know about her, Patrice admits to being a reality show junkie, with a special fascination for the Real Housewives shows!
Aaron came to MGSH in May 2012, having worked as a donor coordinator for Living Legacy Foundation of Maryland as well as the renal and pancreatic nurse transplant coordinator at University of Maryland Medical Center. Aaron continues to work in the clinical arena as a PRN ICU staff nurse and in PI/Risk Management. Aaron believes his diverse nursing experience allows him to be a great liaison/communicator between the technical and nursing worlds. “When new systems and applications are developed or implemented, I have the clinical understanding of the nursing process to drive improved efficiency and safety for nurses.” He is excited about implementing the new Cerner product (SurgiNet) in the OR and feels it is a powerful and user-friendly application. Although Aaron reports to Bridget Schall, OR Director, he is an important part of the Clinical Informatics Department. Stevie Battista praises Aaron saying, “He’s a wiz at reports.” When asked about a fun fact, Aaron says he built his first computer back in 1999 and enjoys many hobbies related to networking, computer repair and programming.

Robin started her career at MGSH in 1985 when she was hired as a unit secretary for 2 East. A year later, she transferred to emergency registration, where she was promoted to lead registrar. She moved back to 2 East in 1990, after becoming an RN. Robin states, “I have worked alongside many wonderful nurses throughout my career at MGSH.” In 1992, Robin pursued a career in behavioral health as supervisor of the 44-bed Adolescent Diagnostic Treatment Center. In 1996, she worked in MedStar Franklin Square's Internal Medicine Residency Ambulatory Care Center and then transferred to MedStar Physician Partners in 1998 as a clinical performance nursing consultant. Here, she trained more than 200 certified medical assistants throughout the system. Robin transferred back to MGSH full-time in 2002, where she worked in the ASU until taking her current position in informatics. In this role, Robin hopes to “successfully bridge the gap between information technology and nursing.” Robin was the recipient of the 2011 John L. Green Generation of Leadership Scholarship Award and is a current member of The Honor Society of Nursing, Sigma Theta Tau International. When asked for a fun fact about herself, Robin admits to being a Master Gardener and “enjoys watching worms compost garbage into ‘black gold’ for my garden.”

Barbara Rice, RN, BSN
Nursing Support Systems Specialist

Barb has worn many different hats throughout her nursing career. She worked in ICU/CCU as a bedside nurse and then charge nurse. Barb moved to a surgical unit as a nurse manager and then became the director of two home care agencies. Barb also notably developed and taught the first CNA program at the Community College of Baltimore County. Barb has been at MGSH for 15 years, working in case management and then as clinical manager of the hospitalist group. Barb sees her role in informatics as “improving quality of documentation and increasing patient safety.” She hopes that nurses will “let our department know as soon as there is an issue of concern or if they need one-on-one assistance.” Barb muses that her nursing career has come full circle at MedStar. In high school, she was a candy stripers at Montgomery General Hospital where she received a scholarship to nursing school from the Ladies Auxiliary. Now, Montgomery General is part of the MedStar Health family.

Evangeline (Eva) Waihenya, RN, BSN
Nursing Support Systems Specialist

Prior to coming to MGSH in October 2012, Eva worked eight years in critical care at MedStar Franklin Square Medical Center. Eva got to know MGSH while working as supplemental staff in HCU and IMC and was impressed with its “friendly, family environment.” Eva is currently attending the University of Maryland, School of Nursing and will graduate in May 2013 with her Master’s in Nursing Informatics. One of Eva’s goals is to have a big impact on nursing by “improving patient safety and nursing efficiency with technology, and supporting quality outcomes reporting.” Eva stresses that nurses need to do their part to “ensure equipment is functioning and to report any documentation issues promptly.” Eva, who might be considered the “quiet one” of the group, is quick to say she “loves adventure and she loves to travel and dance!”

The Clinical Informatics Department is located on the ground floor of Main Hospital in the old film library area. Stevie invites staff to “drop by and meet the team!”
2012 CLINICAL Ladder Dinner
The 2012 Clinical Ladder Dinner was a chance to honor our nurses and their commitment to improving clinical expertise and advancing nursing practice.
When people envision nurses working in a hospital setting, they often think of inpatient units. However, many nurses at MedStar Good Samaritan Hospital work in non-traditional nursing areas, caring for patients on an outpatient basis. Other specialties care for inpatients for a limited time for testing or a procedure. Regardless of where nurses work at MGSH, their caring and expertise play an important role in our patients’ outcomes and add to the tapestry that makes up the Nursing Department. Three of these areas are highlighted below.

**MedStar Good Samaritan Hospital Infusion Clinic**

The Infusion Clinic at MedStar Good Samaritan Hospital provides outpatient infusion therapy to approximately 350 patients each month.

Located in the Good Health Center on the second floor of the O’Neill Building, services include outpatient infusion therapy as well as clinics for congestive heart failure, cardiac rehab and anemia.

Patients are referred for infusion therapy by their physician. Infusion therapy may include the following: IV hydration therapy, IV antibiotics, EECP, blood products, immunomodulators, monoclonal antibodies to suppress the immune system, aquapheresis and VAD care. Depending on the type of therapy, a patient may visit the Infusion Clinic for a single treatment or for ongoing treatments over many weeks, months or years.

Infusion services are provided by experienced critical care nurse clinicians who specialize in intravenous treatments. The staff is committed to creating the best care experience possible for patients. Nurses provide education and encourage patients to be active participants in their health care. Due to the length of some treatments, nurses often develop long-term relationships with patients and their families. The friendly, warm environment of the Infusion Clinic gives patients a positive experience for what otherwise might seem like a chore.

The goal of the Infusion Clinic team is to provide comprehensive care for patients. Services include:

- Assessment and evaluation of patient health status for referring physicians
- Educational and instructional materials
- Procurement of blood samples for lab testing
- Updates to primary care physicians
- Ongoing reviews of services with primary physicians to promote the best treatment outcomes
- Documentation of infusion therapy processes
- Central line catheter care and troubleshooting
- Arrangement for placement of peripheral inserted central catheter (PICC) lines.

Seven nurses comprise the Infusion Clinic staff. Although they are small in number, they have a big impact on patient care and satisfaction.
**MedStar RadAmerica**

MedStar RadAmerica is a radiation oncology practice, located on the ground floor of the Russell Morgan Building.

Annette Lohmann, LPN, has been at MedStar RadAmerica for 18 years, after working 12 years on the orthopaedic unit here at MGSH. She is the only nurse on the RadAmerica team and works with physicians, radiology techs and ancillary staff to provide comprehensive radiation therapy to oncology outpatients.

Part of Annette’s job as a radiation oncology nurse involves obtaining patient histories and other data collection. She teaches patients and their families about the proposed treatment, and possible side effects. She also follows up with radiation patients regarding therapy—both during and after treatment—and collaborates with the physician to manage them accordingly. Annette assists the physician during procedures and is responsible for scheduling diagnostic tests and tracking the results.

Patients are treated with radiation daily, Monday through Friday, and the length of the prescribed course varies with the diagnosis, anywhere from one day to nine weeks. Staff members develop very close relationships with their patients. “One of the greatest aspects of my job is being a true patient advocate: providing emotional support, planning the appropriate intervention for their needs (transportation assistance, dietary needs, social services/financial counseling, pastoral care, etc.), and seeing that the intervention is carried out in a timely fashion,” says Annette. “I find the field of oncology to be very rewarding,” she adds.

**Diagnostic Cardiology and the Cardiac Catheterization Lab**

Cardiology nurses at MedStar Good Samaritan Hospital assist with over 1,400 procedures annually, providing patients with valuable heart care.

Stress Labs are located on 5 West and operate Monday through Friday from 7:30 a.m. to 4 p.m. Nurses monitor patients undergoing stress testing, echocardiography and transesophageal echocardiograms. They work closely with the cardiologists who rely on their assessment skills and quick intervention to provide safe patient care.

The Cardiac Cath Lab is located on the third floor of the main hospital and operates 7 a.m. to 5:30 p.m., Monday through Friday. The clinical team is made up of nurses, cardiologists and radiology technologists. Cath nurses assist with heart catheterizations and electrophysiology (EP) studies. They also assist the electrophysiologist with ablation or device implants such as pacemakers, internal defibrillators and bi-ventricular defibrillators for heart failure patients to treat arrhythmias.

Nurses have a background in critical care and require extensive knowledge in cardiology: anatomy, pharmacology, cardiac emergencies, ventilators, vascular complications and multisystem diseases. Nurses are encouraged to obtain their ANCC certification in Cardiac-Vascular Nursing or the Registered Cardiovascular Invasive Specialist (RCIS) offered by Cardiovascular Credentialing International (CCI). ACLS certification is required.

Health education is a large component of the cardiology nurse's role. The department sponsors blood pressure screenings and offers cardiac education for hospital staff, volunteers and the community. They participate in the American Heart Association’s Heart Walk each October to raise money and increase public awareness of heart disease. These nurses truly live their slogan of being “the heart of cardiology.”
The Benefits and Risks of Social Media

Over the past five years, social media such as Facebook, LinkedIn, Twitter and blogs have been adopted as communication tools by users of all ages, compelling hospitals to evaluate their use in a healthcare environment.

Hospitals have been reluctant to adopt social media due to the potential risks and liabilities it poses to the organization. Patient privacy is of paramount concern to any healthcare organization and the risk of violating the Health Insurance Portability and Accountability Act (HIPAA) with any patient can seriously damage the reputation of the hospital and result in severe legal consequences.

Nurses have been using social media, both personally and professionally, as it provides them with the ability to network with other professionals, increase their knowledge and follow current healthcare trends. Social media also instantaneously provides nurses an outlet to share feelings, thoughts and challenges as well as seek support from their colleagues.

There is both an ethical and professional responsibility for nurses using social media. Nurses are legally responsible for each post and have faced litigation for carelessly posting patient information. Violations or inappropriate use of social media is reported to the Board of Nursing and can result in disciplinary action. According to the National Council of State Boards of Nursing (NCSBN), the most frequently investigated violations are of nurses posting information or pictures of patients. In addition to the consequences nurses face professionally, nurses can also be sued personally for defamation, invasion of privacy, harassment or misconduct and face state or federal charges when HIPAA is violated. Care must be taken, so that boundaries do not blur and result in harm.

Unintentional misuse of social media will not protect the nurse from litigation. Therefore, it is important to understand the potential pitfalls. Here are some important misconceptions that you should be aware of before becoming active in social media:

- **Social media posts can always be deleted later.** It is important to remember that posts can never be completely deleted. Electronic information is never truly erased and, therefore, it is important to pause and reflect on all content prior to posting.

- **Posts are private and will only be visible to intended recipients.** Even if privacy settings have been customized to the highest level of security, posts can be shared and forwarded to others, resulting in information being accessible to unintended users.

- **Not disclosing a patient’s name and only referring to a patient by their diagnosis or room number is not violating a patient’s privacy.** It is always unacceptable to take photos or videos of a patient, even if a patient gives their permission.

- **Disparaging comments, online bullying, harassment or defamation of a co-worker don’t have legal consequences.** These actions always put you at risk legally.

Although the benefits of social media are apparent and present opportunities for nurses, they must safeguard themselves and avoid possible risks by staying educated. It is important to maintain appropriate boundaries and adhere to organizational guidelines. MedStar’s social media policy, found on StarPort, outlines the organizational philosophy for social media and the conduct that is expected for individuals using social media in the workplace during work hours. The American Nurses Association and the NCSBN have guidelines and recommendations for nurses using social media on their websites as well.

**Ready to go social?**
Connect with your fellow nurses on Facebook. Join the group by searching “MedStar Good Samaritan Nursing” and click the “Join Group” icon to send your request.

Article references are available upon request.
Kudos and Other Good Things to Know

KUDOS TO THE NURSING COUNCILS FOR THEIR CONTINUED COMMUNITY SERVICE:

• Education Council members collected and donated over 120 purses for the Power of the Purse campaign. This charity’s mission is to stop human trafficking. Money raised by auctioning the purses was used to support and rehabilitate women (and children) who are victims of this horrible crime.
• The Education Council also collected supplies for the House of Ruth for their winter community project.
• Members of the Diabetes Resource Council participated in the Step Out to Walk in October, sponsored by The American Diabetes Association (ADA). Money raised by the walk is used to increase diabetes awareness, as well as provide education and programs to help those with the condition. The Diabetes Resource Nurse team raised $2,713 and had 45 registered walkers.
• The Professional Development Council (PDC) is working with the Good Samaritan Nursing Center to provide bingo items for the residents. PDC will also participate, whenever possible, in any of the walk/run races or events that are promoted throughout the hospital to raise money to help our community. Some recent 2012 events include:
  ○ Donating $250 to support the National Kidney Foundation Renal Walk at the Baltimore Zoo.
  ○ Participating in, and raising money for, the Diabetes Walk, the American Heart Association Walk and the Jingle Bell run/walk for arthritis.

CLINICAL LADDER
The Nursing Department is pleased to announce Clinical Ladder advancements and renewals for December 2012.

NEW APPLICANTS FOR RN III
Rachel Buser
Robin Eckert

RENEWALS FOR RN III
Althea Bailey
Elsa Cain
Surya Chacko
Rachel (Schwartz) Downing
Misty Escalona
Cyprian Ekwunaza

NEW APPLICANT FOR RN IV
Mary Ann Tubao

RENEWAL FOR RN IV
Jennifer Gunther

CONGRATULATIONS TO ALL OUR NURSING GRADUATES FOR 2012

MASTER’S DEGREE GRADUATE
Bridget Schall (OR) MBA

BSN GRADUATES
Rosalind Anzalone (O’Neill 3)
Kelli Balzanna (OR)
Cherie Brown (Renal)
Natalie FI (ED)
Nicola Hackett (5E)
Amanda Henson (O’Neill 4)
April Higgins (O’Neill 3)
Hazmin Kuhlman (PACU)
Belinda Lincoln-Lee (Float)
Misty Minetos (O’Neill 3)
Amy Moore (ICU)
Marlene Mullaney (2E)
Jameka Relish (2W)
Tia Miller (WHC)
David Smith (PACU)
Tonya Thomas (2E)
Lauren Thompson (ED)
Nicole Topolnicki (ED)
Michelle White (O’Neill 4)
Stella Wise (ICU)
Mina Wright (HCU)
Paula Yarbrough (2E)

LPN GRADUATES
Irvin Roque (ED)
Amanda Smith (SSU)
Tina Scott (Float)

Congratulations to all of the nurses who have received certification in their specialties this past year. Way to go! Please make sure your picture is posted for all to see on the recognition board in the Main Lobby.
“It’s great news for our hip and knee replacement surgery programs,” says orthopaedic program coordinator, Jodie Vogtman, PA-C, MSPAS. “It symbolizes our commitment to excellence in quality and safety, and it’s something prospective patients are aware of and value.” Joint replacement certification demonstrates our commitment to patient care and gives us an advantage over other hospitals. It also provides a framework for growth, focused on staff recruitment and program development.

“Working toward certification was a real team effort,” says Clinical Nurse Specialist Kathy Gundzik, RN, MSN, CCRN. “O’Neill 3 staff worked hard to prepare for the survey and it was a real multidisciplinary effort. Our goal is to provide our orthopaedic patients with the optimal healthcare experience—from prehab to rehab.”