Nursing Report 2021

Frederick Health

CNO Transition

I am honored and privileged to start a new chapter for nursing at Frederick Health and serve as your VP Patient Care Services and CNO. My career path started as a front line nurse on a surgical/trauma unit and eventually let me to work in intensive care, perioperative services, and a short stent in the emergency department. I've also held several leadership roles including clinical supervisor, clinical director, service line director, Magnet® program director, associate professor, and senior nursing director. These diverse experiences have provided me the opportunity to see nursing care provided in various settings and at various levels at community hospitals, system level hospitals, and academic hospitals.

We've had many achievements and accomplishments to be proud of including nursing being awarded Magnet® recognition! The next few months are anticipated to be some of the most challenging we have ever seen in healthcare. I look forward to working with all of you along with Dr. Cheryl Cioffi, in her role as COO, as we meet the challenges head on, while staying focused on our strategic and division goals. Along with our goals of achieving zero harm events and establishing exceptional patient experience, we will also be focusing on resiliency, enhancing the nursing workforce, developing nurse leaders at all levels, and strengthening our shared governance structure as we start to work on our next magnet document.

The year 2020 began by honoring the 200th anniversary of Florence Nightingale's birth and being proclaimed as the International Year of the Nurse. Over the past year, the nursing team at Frederick Health has demonstrated compassion, empathy, advocacy, innovation, flexibility, and exceptional skills beyond the scope of anyone's imagination. Thank you for your dedication, perseverance, and incredible accomplishments. I'm sure Florence Nightingale would overwhelmingly agree you all exemplify why nursing continues to be the most trusted profession.

Sincerely,

Diane McFarland

Our Accreditations and Accolades

Our mission is to positively impact the well-being of every individual in our community. To provide quality, award-winning care, our dedicated team constantly reviews our practices and performance to ensure that our patients and community members have have access to exceptional care close to home.

We have been awarded numerous accreditations, designations, and recognitions including:

2021 Women's Choice Award Winner:

- Best Mammogram Center
- Best Comprehensive Breast Center
- Best Breast Center

American Association of Cardiovascular and Pulmonary Rehabilitation accreditation

American Heart Association / American Stroke Association Awards:

- Mission: Lifeline® Receiving Center Gold STEMI Award
- Mission Lifeline® Receiving Center Gold NSTEMI Award
- Get with the Guidelines: Stroke Gold Plus Award
- Target: Stroke Honor Roll ELITE Award
- Target: Type 2 Diabetes Honor Roll Award

MIEMSS Designation - Cardiac Interventional Center (CIC)

VON Award – Successful completion of standardized universal education and training to improve outcomes for infants and families

National Accreditation Program for Breast Centers (NAPBC) has given Frederick Health a three-year accreditation for prestigious care

American Association of Critical-Care Nurses Beacon Award for excellence in improving the lives of their patients

Our Accreditations and Accolades, cont.

Blue Distinction + (BlueCross and BlueShield):

- Maternity Care
- Bariatric Surgery
- Knee and Hip Replacement

MBSAQIP Comprehensive Center for Bariatric Surgery

Academy of Medical-Surgical Nurses PRISM Award for dynamic, energetic, and committed care

MAGNET Designation - To nurses, Magnet Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.

MD Anderson Physicians Network® certified member

Frederick Health President and CEO
Thomas Kleinhanzl

Our Accreditations and Accolades, cont.

2022 Healthgrades® Awards

100 Best Hospitals

Gastrointestinal Care

Prostate Surgery

Gastrointestinal Surgery

Spine Surgery

Stroke Care

Orthopedic Surgery Excellence

Pulmonary Care Excellence

Surgical Care Excellence

Critical Care Excellence

Neurosciences Excellence

Frederick Health Treats 2,000th STEMI (ST Elevation Myocardial Infarction)

Kristen Fletcher, MS, MHA

Frederick Health marked an incredible milestone by providing Coronary Intervention for the 2,000th patient experiencing STEMI (ST Elevation Myocardial Infarction) this year..

Frederick Health cares for an average of 165 people per year experiencing a life-threatening heart attack since we started the Interventional Cardiology program at Frederick Health in 2008. This means that people in our community were able to receive life-saving heart care here at Frederick Health. Without the Interventional Cardiology program, patients would require transportation out of the county, which would result in delayed treatment time and decreased likelihood of survival.

The success of the program is a true team effort. A STEMI can be a life threatening event, and the goal for the time elapsed from the patient's arrival at the hospital until the blocked artery in the heart is opened is 90 minutes, so the entire team must work together very quickly. Time is crucial, as the longer the heart muscle is without oxygen due to the blocked artery, the less favorable the outcomes can be.

It begins with an EMS or ED provider recognizing a STEMI on a patient's ECG and activating the Code Heart Team as early as possible, often before the patient arrives at the hospital. The Code Heart Team in the Cardiac Catheterization Lab is made up of an incredibly dedicated group of interventional cardiologists, nurses and cardiovascular technologists specifically trained in the treatment and care of these critically ill patients. This team is on call 24 hours per day, 7 days per week, and 365 days per year, with the expectation to arrive at the hospital within 30 minutes of activation.

After the procedure, an amazing group of critical care providers and nurses in the ICU care for the patient. When stabilized, the patient is transitioned to a dedicated cardiac floor with specially trained nurses for continued care and discharge to home.

This program is designated as a MIEMSS Coronary Intervention Center. It is an American Heart Association Mission Lifeline Award winner for Heart Attack Care.

Frederick Health Receives Five Awards from the American Heart Association

Joshua Faust

Frederick Health has been presented with five nationally recognized awards from the American Heart Association/ American Stroke Association by implementing specific quality care improvement measures outlined by the American Heart Association. These awards are given for excellent service in treating heart attacks, strokes, and diabetes:

- Mission: Lifeline® Receiving Center Gold STEMI Award
- Mission Lifeline® Receiving Center Gold NSTEMI Award

The Mission: Lifeline program's goal is to reduce system barriers to prompt quick, reliable, treatment for heart attacks. Every year, more than 250,000 people experience a STEMI, the deadliest type of heart attack, caused by a blockage of blood flow to the heart that requires timely treatment. From the initial 9-1-1 call through discharge, Frederick Health's approach to comprehensive patient care follows protocols from the most recent evidence-based treatment guidelines.

- Get with the Guidelines: Stroke Gold Plus Award
- Target: Stroke Honor Roll ELITE Award

Get With The Guidelines-Stroke was developed to assist healthcare professionals to provide the most up-to-date, research-based guidelines for treating stroke patients. Early stroke detection and treatment are key to improving survival, minimizing disability and speeding recovery times. Frederick Health met specific scientific guidelines as a Primary Stroke Center, featuring a comprehensive system for rapid diagnosis and treatment of stroke patients.

"Frederick Health is dedicated to providing optimal care for heart attack patients in Frederick County," said **Kristen Fletcher, MS, MHA, Director of Cardiac Services.** "We are pleased to be recognized for our dedication and achievements in cardiac care through Mission: Lifeline."

"Frederick Health is honored to be recognized by the American Heart Association for our dedication to helping our patients have the best possible chance of survival after a stroke," said **April Fogle MHA, BSN, RN, LSSGB, Stroke Program Coordinator.** "Get With The Guidelines-Stroke makes it easier for our teams to put proven knowledge and guidelines to work on a daily basis to improve outcomes for stroke patients."

Frederick Health Receives Five Awards from the American Heart Association, cont.

"We are pleased to recognize Frederick Health for their commitment to stroke care," said Lee H. Schwamm, M.D., national chairperson of the Quality Oversight Committee and Executive Vice-Chair of Neurology, Director of Acute Stroke Services, Massachusetts General Hospital, Boston, Massachusetts.

"Research has shown that hospitals adhering to clinical measures through the Get With The Guidelines quality improvement initiative can often see fewer readmissions and lower mortality rates."

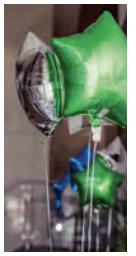
- Target: Type 2 Diabetes Honor Roll Award

Diabetes affects millions of Americans. That is why the detection and treatment of this condition are so vitally important to the community. Frederick Health was recognized for developing quality measures with more than 90% of compliance for 12 consecutive months for the "Overall Diabetes Cardiovascular Initiative Composite Score."

Timing is everything. Without the support of our partners at the Frederick County Emergency Medical Services (EMS) and across the healthcare system, offering exceptional care would not be possible. As such, Frederick Health would like to offer a heartfelt thanks to the entire team. These awards represent the many ways Frederick Health continues to enhance its services to provide quality care for all members of our community.

On November 5, members of Senior Leadership and EMS gathered together to recognize the efforts of all of our team members in achieving these awards. EMS celebrated our success with a light parade and treats were served.

We are so thankful for the hearts and minds of our award-winning team!



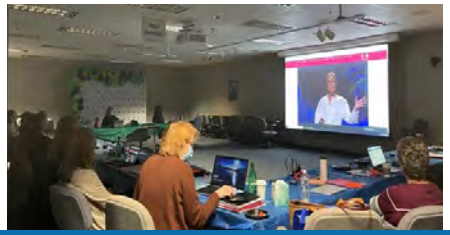
Frederick Health Recognized at 2021 ANCC National Magnet Conference

Denise Owen, MSN, RN, NPD-BC, LSSGB

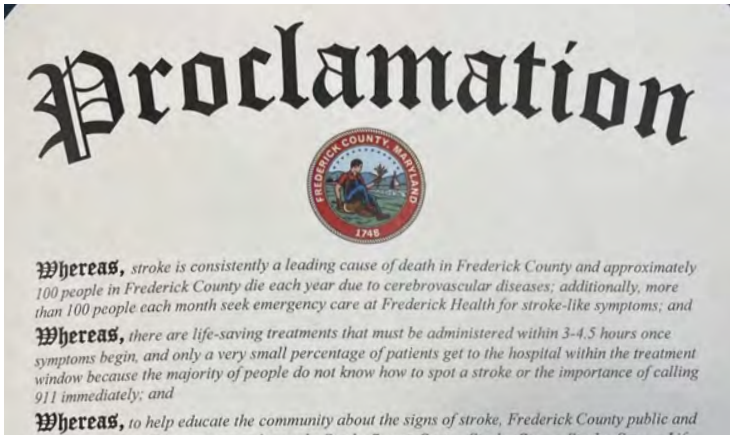
A delegation of nurses attended the American Nurses Credentialing Center (ANCC) National Magnet Conference virtually from November 11-12, 2021. Due to increasing COVID cases and travel concerns, we provided an alternative opportunity and hosted a group of nurses to a virtual conference experience at the Frederick Health Village. The conference experience began with a team dinner on November 10th; during this time roles of Chief Nursing Officer and Magnet Program Director for the Magnet re-designation were handed off from Cheryl Cioffi, DNP, RN, NEA-BC, FACHE to Diane M. McFarland, DNP, RN, NEA-BC and Jamie White, PhD, RN, NEA-BC to Denise Owen, MSN, RN, NPD-BC. Frederick Health was scheduled to receive recognition of our first Magnet designation at the national conference.

Over 8,000 nurses worldwide attended this annual conference, and the annual event is considered the largest gathering of certified nurses in the nation. Collectively, nurses who attend from both Magnet and Pathway organizations share the same goals – to develop the highest evidence-based standards for nursing care, advance nursing innovation, quality, and safety, and enhance nursing practice environments of autonomy, collaboration, scholarship, etc.

As the conference was underway, these nurses attended a variety of concurrent sessions related to Evidence Based Practice, Innovation, Leadership, and Research. They were given the opportunity to immerse in a wide range of educational and innovative sessions. Several on-site team building activities were integrated into conference the experience. Each participant received a special co-branded Magnet & Frederick Health jacket, participated in raffle drawings, and swag donated by area universities. We look forward to disseminating the information learned at the conference and integrating it into our nursing strategy at Frederick Health.



Frederick County Becomes First Stroke Smart County in the Nation!


Proclamation

Whereas, stroke is consistently a leading cause of death in Frederick County and approximately 100 people in Frederick County die each year due to cerebrovascular diseases; additionally, more than 100 people each month seek emergency care at Frederick Health for stroke-like symptoms; and

Whereas, there are life-saving treatments that must be administered within 3-4.5 hours once symptoms begin, and only a very small percentage of patients get to the hospital within the treatment window because the majority of people do not know how to spot a stroke or the importance of calling 911 immediately; and

Whereas, to help educate the community about the signs of stroke, Frederick County public and

April Fogle MHA, BSN, RN

On October 29, in honor of World Stroke Day, Frederick County was officially proclaimed the First Stroke Smart County in the United States.

Stroke Smart Frederick County will strengthen community partnerships to provide large-scale community awareness of stroke symptoms and when to activate 911.

The goal of this initiative is to decrease the delay in stroke symptom onset to 911 activation amongst our community members and increase the number of stroke victims arriving for emergency evaluation within the treatable window (within 4.5 hours of symptom onset).

The increased ability to provide acute stroke treatment may lead to decreased preventable long-term disability due to stroke amongst our community members fostering our mission to positively impact the wellbeing of every individual in our community.

1 out of 4 people worldwide will have a stroke in their lifetime, but 80% of strokes may be prevented. With this initiative, we turn our focus to stroke warning signs. Stroke can happen to anyone, at any time and at any age. Black Americans have a higher prevalence of stroke and the highest death rate from stroke than any other racial group. Stroke is the 4th leading cause of death in Latinx Americans. Knowledge is power. Learning the warning signs of stroke may mean the difference between life or death and recovery or disability for someone you love.

Frederick Health Hospital Earns National Recognition for Safety in Surgery

We are proud to announce that Frederick Health Hospital has earned the Go Clear Award™ for its achievement in eliminating hazardous smoke from its surgical procedures.

The Go Clear Award is presented by the Association of periOperative Registered Nurses (AORN) to recognize health care facilities that have committed to providing increased surgical patient and health care worker safety by implementing practices that eliminate smoke caused by the use of lasers and electrosurgery devices during surgery. Frederick Health Hospital earned its award by undergoing comprehensive surgical smoke education and testing and for providing the medical devices and resources necessary to evacuate surgical smoke during all smoke-generating procedures.

Surgical smoke is the unwanted by-product of energy-generating devices that are used in 90 percent of all surgeries. Its contents include toxic chemicals such as benzene, formaldehyde, hydrogen cyanide and carbon monoxide, viruses, bacteria, blood and cancer cells. Inhalation and absorption of surgical smoke pose serious health risks to patients and surgical staff. Studies compare the inhalation of smoke from vaporized human tissue to the smoke created by cigarettes; the average daily impact of surgical smoke to the surgical team is equivalent to inhaling 27-30 unfiltered cigarettes. Today, it is estimated only 50% of health care workers across the U.S. understand the hazards of smoke exposure.

"Total evacuation needs to become the standard for all procedures that generate surgical smoke," said Linda Groah, MSN, RN, CNOR, NEA-BC, FAAN, CEO/Executive Director of AORN. "With this award, Frederick Health is demonstrating its deep commitment to the health and safety of its staff and community."

A special thank you to Bonnie Baust, RN, MSN, CNOR Clinical Coordinator Perioperative Services for leading the team and being a guiding force for evidence based practice and environmental safety

Congratulations!

Successful Joint Commission Survey!

Congratulations to everyone on what I think is the best survey we have ever had! We have an amazing team all the way across our system and I hope this leaves everyone feeling extra grateful for our Frederick Health family.

Cheryl Cioffi

Cheryl Cioffi, DNP, RN, NEA-BC, FACHE
Senior Vice President & Chief Operating Officer

The surveyors have been extremely complimentary of our openness and transparency, willingness to engage with their questions, and collegial relationships amongst the disciplines. They also commented throughout the week about our obvious commitment to having a high reliability organization. In their closing remarks, the surveyors commented that this was the most pleasant survey they have had in a long time!

Thank you all for a fantastic week, continued readiness and preparedness, your positivity, and ultimately a job well done!

Jamie White

Jamie White, PhD, RN, NEA-BC
Vice President, Patient Experience & Chief Quality Officer

Frederick Health RN Interviewed by Local Congressman

Joshua Faust

Tena Pennington, RN, Clinical Team Leader - Care Coordination in the Intensive Care Unit, was recently interviewed by Congressman Jamie Raskin. The discussion was part of the Congressman's weekly "Local Heroes" program which interviews individuals that played a key role in combating the COVID-19 pandemic.

Frederick Health thanks Tena and all our staff for their ongoing dedication, hard work, and persistence in providing our patients and community with the highest level of care.

You can watch Tena's interview online: https://www.youtube.com/watch?v=ZwRqd6D0TCQ

Also, please take a moment to share this wonderful recognition on your social media accounts. It's a great way to promote your team and let your followers know all about the amazing work you are doing to battle COVID-19.

- Facebook: https://www.facebook.com/RepRaskin/posts/4562451540434469
- Twitter: https://twitter.com/RepRaskin/status/1423700206579814415
- Instagram: https://www.instagram.com/p/CSPeHhaHN7t/

Transformational Leadership

At Frederick Health, we understand that achieving excellence in today's complex healthcare environment takes a different kind of leadership. It is no longer adequate to solve immediate problems using existing systems and tried-and-true methods. What is needed today are bold, innovative approaches that transform an organization's values, beliefs, and behaviors, thereby creating a whole new vision for the future.

Professional Practice Model

Our Professional Practice Model (PPM) is a visual framework that articulates the professional care provided by the nurse to achieve the highest quality outcomes. It reflects how nurses practice, collaborate, communicate, and develop professionally. It integrates vision, wisdom, values, philosophy and theories of nursing with practice. A PPM is a system (structure, process, and values) that supports the registered nurses control over the delivery of nursing care and the environment in which care is delivered (Wolf G, Greenhouse P. Blueprint for design: creating models that direct change. J Nurs Adm. 2007; 37(9): 381-387).

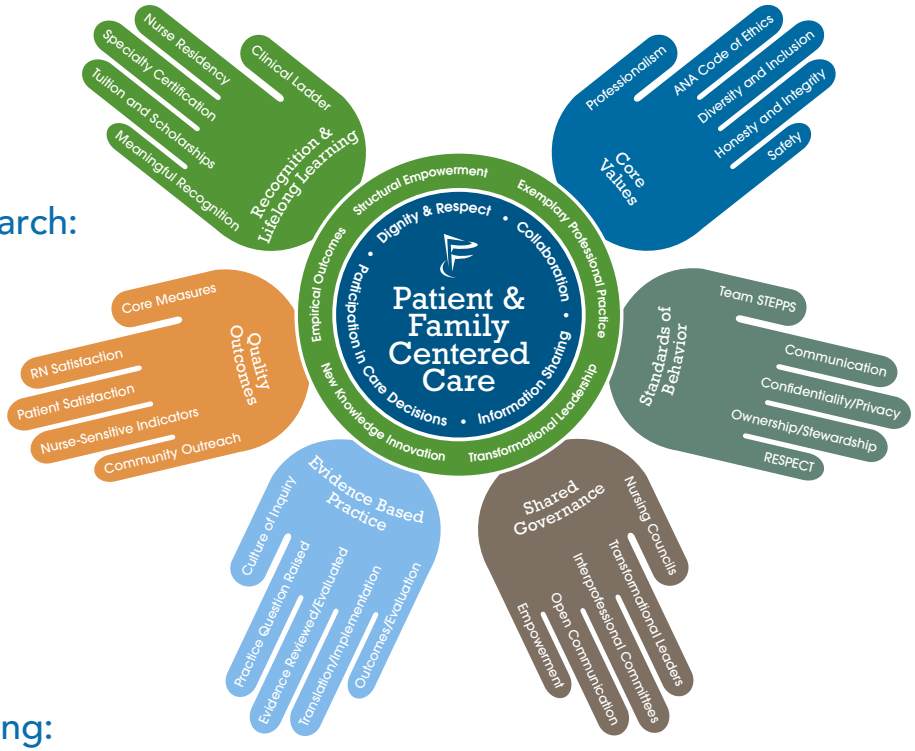
The PPM includes five components:

- Professional values
- Professional relationships
- A patient care delivery model
- A management or governance approach
- Recognition and rewards

The professional values addressed are nurse autonomy, nurse accountability, professional development, and emphasis on high-quality care. Teamwork, collaboration, and consultation consistently appear as approaches to enhance professional relationships

Professional Practice Model, cont.

The Frederick Health Professional Practice Model visual framework is illustrated at right:



Core Values:

Professionalism
ANA code of Ethics
Diversity and Inclusion
Honesty and Integrity
Safety

Evidenced Based Practice/Research:

Culture of Inquiry
Practice Question Raised
Evidence Reviewed/Evaluated
Translation/Implementation
Outcomes/Evaluation

Standards of Behavior:

Team STEPPS
Communication
Confidentiality/Privacy
Ownership/Stewardship
"RESPECT"

Quality Outcomes:

Core Measures
RN Satisfaction
Patient Satisfaction
Nurse Sensitive Indicators
Community Outreach

Shared Governance:

Nursing Councils
Transformational Leaders
Interprofessional Committees
Open Communication
Empowerment

Recognition and Lifelong Learning:

Clinical Ladder
Nurse Residency
Specialty Certification
Tuition Reimbursement and Scholarships
Meaningful Recognition

Based on the Magnet Recognition Model,

Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements, and Empirical Outcomes

are the components that guide our delivery of patient and family centered care.

Patient and Family Centered Care

We believe that the best care for our patients happens when staff and families work in partnership following the principles of patient and family centered care. Our patients and their families are at the center of everything we do, and all our interactions with them—as well as with each other—revolve around:

The Patient & Family Centered Care Award

Dignity and Respect

We listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into how we plan and deliver care.

Collaboration

We collaborate with patients, families, other healthcare providers, and hospital leadership regarding policy and program development, implementation and evaluation, health care facility design, professional education, and in the delivery of care.

Information Sharing

We communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation in Care Decisions

We encourage and support patients and families in participating in care and decision-making at the level they choose.

This award provides an opportunity for our patients, families and employees to honor a staff member of Frederick Health who displays dedication and commitment to our goal of providing patient and family centered care. The recipient goes above and beyond their job responsibilities to make a difference in the lives of our patients, their families or healthcare team.

A Roadmap for Success: Our Strategic Plan

Our strategic plan includes powerful initiatives for implementing the Institute for Healthcare Improvement's Quadruple Aim: everything we do centers on enhancing our patients' experiences, improving the health of the populations we serve, and taking steps to reduce the cost of care, and developing a highly skilled and engaged team.

Goal 1: Establish an exceptional and engaged clinical division.

Strategies:

- Develop a nursing workforce rooted in Shared Governance and continuous improvement.
- Foster an atmosphere of continuous learning and professional growth.
- Ensure quality on boarding and continuing education offerings from within the organization.
- Create a culture of ownership, empowerment, and accountability through team engagement.

GOAL 2: Demonstrate a culture of transformational leadership.

Strategies:

- Apply American Nursing Association Nursing Scope and Standards into leadership and staff practice.
- Develop transformational leaders at all levels who can create and implement programs/ products/ environments to meet the patient population needs and FRHS organizational goals.
- Utilize peer review and self-reflection for evaluation and leadership development planning.
- Establish succession planning through all levels of nursing leadership.
- Ensure consistent rounding at all levels.
- Build meaningful recognition into leader workflow.

GOAL 3: Establish a service-oriented culture that allows for an exceptional patient experience.

Strategies:

- Utilize Service Excellence best practices to establish a shared understanding of the role of employee engagement in driving patient satisfaction.
- Create a motivational culture that focuses on mutual accountability/ collaboration.
- Develop consistent process for recognizing staff successes in Customer Service outcomes.

A Roadmap for Success: Our Strategic Plan, cont.

GOAL 4: Establish high-reliability for superb quality nursing practice.

Strategies:

- Establish process to ensure ownership of quality outcomes and cross-continuum care by staff and nursing units.
- Align education and competency programs to organizational and nursing goals and expected outcomes.
- Create process for organized implementation of new initiatives that are evidence-based, driven by research, and generate clinical quality.
- Ensure individual and peer to peer accountability process is being practiced on all units.
- Develop a process for continual evaluation to ensure sustainment of initiatives.
- Demonstrate transparency by developing sustainable and consistent methods for reporting data and outcomes to frontline staff.

GOAL 5: Meet or exceed financial targets; develop an open and transparent financial culture

Strategies:

- Ensure Nursing Division staffing resources are used to the best of their potential.
- Understand Global Budget Revenue and its impact. Implement changes needed to maximize financial outcomes and reach revenue potential with a focus on quality over quantity.
- Control expenses through appropriate supply usage and contract management and ensure appropriate utilization.

Structural Empowerment

Structural empowerment in Magnet means nurses throughout the organization are involved in shared-governance and shared decision making committees and other structures and processes that guide and establish standards of practice. In addition, they are integral to process improvement initiatives. Information flows up in many directions so that nurses at the bedside have open communication with leadership, interprofessional teams, and the Chief Nursing Officer. Frederick Health senior leadership team are transformational leaders who foster an innovative internal environment. Based on a solid infrastructure, a framework of powerful processes, and a forward-thinking strategic plan, our organizational structure supports excellence and allows our mission, vision, and values to come to life every day. To further improve patient outcomes and support the health of the Frederick community, we have also developed strong relationships and dynamic partnerships with the Frederick County Health Department, March of Dimes, Mission of Mercy, Community Action Agency, Maryland Institute for Emergency Medical Services, law enforcement agencies, and other community organizations.

Nurses Have a Voice: Shared Governance

Quality, EBP, and Research Council
Evidence-Based Practice
Policies/Procedures
Research
Journal Club

Patient Experience Council
Patient Experience
Patient Education
Nursing Communication
Patient/Family Centered Care

Clinical Informatics and Technology Council
Evidence-based Clinical Documentation
Clinical Data Governance
Technology Integration
Informatics Competencies

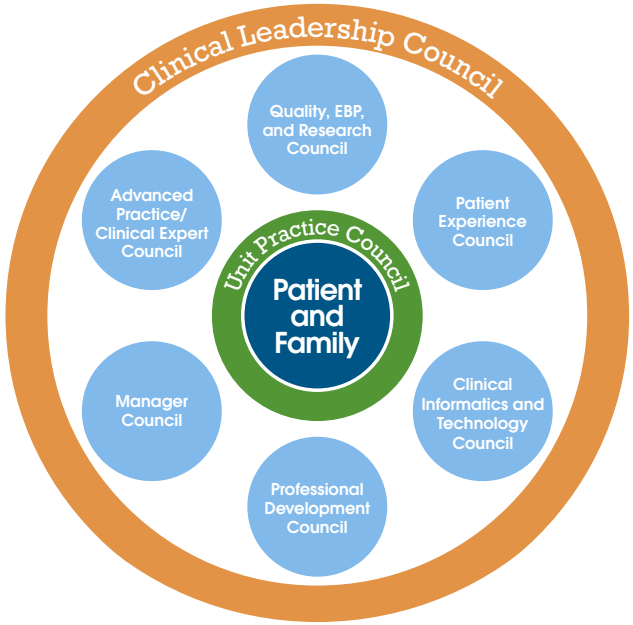
Professional Development Council
Clinical Ladder
Professional Development
Peer Review
Retention/Recruitment
Recognition
Certification

Manager Council
ANA Code of Ethics
ANA Scope of Practice for Leaders
Staffing/Scheduling/Budget
Patient Experience
Charge Nurse Academy
Process Improvement/EBP
Nurse Satisfaction/Engagement

Advanced Practice/Clinical Expert Council
MHACs/Patient Outcomes
Patient Experience
Nurse Sensitive Indicators
Professional Development Orientation
Community Involvement
Supply/Product Evaluations
Culture of safety
Interprofessional Collaboration

Unit Practice Council
Nurse Satisfaction
Peer Review
Nursing Practice/EBP
Autonomy
Patient Safety
Patient Experience
Professional Development
Unit Goals/Plan
Nurse Sensitive Indicators

Clinical Leadership Council
Shared Governance Support
Nursing Strategic Plan
Annual Report
Peer Review
Care Delivery & Outcomes
Professional Practice Model
Interprofessional Collaboration



Nurses Have a Voice: Shared Governance, cont.

Quality, Evidence-based Practice, and Research Council

Vision:

Frederick Health Nurses provide excellent evidence-based care to patients and families using the nursing process (assessment, planning, intervention, and evaluation). Professional nurses define nursing practice in collaboration with nursing leaders and clinical experts. The nurses at Frederick Health contribute to the body of nursing science through evidence-based practice (EBP) and research.

Council Purpose:

The purpose of the Quality, Evidence-Based-Practice, and Research (QEBPR) Council is to define, implement, and maintain standards of clinical nursing practice at Frederick Health that are consistent with national, regional, and community evidence-based standards. These standards of nursing practice are clearly defined and provide a framework for all nursing clinical activity. The council provides education and support to nurses on searching the literature, research methods, EBP projects, and in the conduct of research and outcomes measurement. Council activities drive delivery of the highest quality nursing care for patients and families, and directly contribute to interprofessional teamwork, and optimal outcomes.

Patient Experience Council

Vision:

Frederick Health provides the highest quality health care to patients and families in our community. Nurses are actively involved in on-going, systematic and responsible data gathering to continually improve care for patients and families.

Council Purpose:

The Patient Experience Council (PEC) identifies, coordinates, monitors, trends and reports patient satisfaction and education measures/ indicators and outcomes across all units and departments where nursing services are provided. The Council defines and recommends nursing and interdisciplinary strategies designed to improve patient care and patient education based on analysis of data.

Advanced Practice/ Clinical Expert Council

Vision:

A Clinical Nurse Specialist (CNS) is an advanced practice registered nurse (APRN). CNS work aligns with the mission, vision, and goals of the organization so that all CNS work is positively impacting the outcomes of the Quadruple Aim.

Council Purpose:

CNSs develop plans of care for, treat, and provide ongoing management of complex patients. They also provide expertise and support to bedside nurses, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.

CNSs collaborate with others to lead system-wide improvements and change in this very complex healthcare environment. They advance nursing practice by providing inter-professional, system-wide leadership to achieve organizational goals. Their leadership will be

Nurses Have a Voice: Shared Governance, cont.

Advanced Practice/Clinical Expert Council cont.

essential as we take on the challenges that are presented with improving outcomes and cost-efficiency, healthcare reform, and our journey to ANCC's Magnet recognition. This council serves to support the CNS/APRN team as they strive to achieve optimal outcomes.

Clinical Informatics and Technology Council

Vision:

Frederick Health provides nurses at all levels of the organization with a structure for shared decision making and the ability to affect change. Our vision is the development of an engaged, collaborative and professional nursing workforce that is focused on achieving exceptional clinical outcomes and supporting patient safety initiatives. Informatics supports nurses, consumers, patients, the interprofessional healthcare team, and other stakeholders in decision making in all roles and settings to achieve desired outcomes. This support is accomplished through the use of information structures, information processes, and information technologies. The goal of nursing informatics is to improve the health of populations, communities, families, and individuals by optimizing information management and communication. The true potential of technology to support nursing and health care will be realized only when it is both ubiquitous and transparent.

Council Purpose:

The Clinical Informatics Technology Council (CLINTEC) provides a forum for intradepartmental discussion and decision making related to information structures, information processes and information technologies that impact clinical care and systems at Frederick Health. This includes the use of information and technology in the direct provision of care, in establishing effective administrative systems, in managing and delivering educational experiences, in supporting lifelong learning, and in supporting nursing research.

Nurse Manager Council

Purpose:

The Nurse Manager Council provides a forum for the development and support of nursing leaders to influence the work of others in their department, to enhance the shared vision of Frederick Health. They strive to create a culture of quality and safety in care delivery through advocacy, leadership, shared vision, knowledge of clinical and business practices, and accountability. They collaborate with others to provide a multidisciplinary approach to improving care for patients and their families.

Nursing Professional and Educational Development Council

Vision:

Frederick Health provides nurses with career development, professional growth, and an environment in which to practice autonomously.

Council Purpose:

The Nursing Professional and Educational Development Council (NPED) creates, reviews, and evaluates professional nursing development across all units and departments where nursing services are provided.

Nursing Professional Development Council

Nursing Professional Development Reimbursement

The commitment to professional development for nurses, both new and veteran, is significant updating skills and competencies to effectively and safely meet changing population health needs. Lifelong learning and ongoing professional development impact multiple areas: nurse competency, patient care and outcomes, and contributes to a healthy work environment. Participating in professional development activities and learning opportunities were especially of importance this year related to high stress time of COVID-19.

Sharing new knowledge with peers is an important aspect of professional and educational development. Extending newfound knowledge helps our nursing professionals adapt to rapid change in practices, equipment, and technology which in turn contributes to safe and expert patient care.

Frederick Health offers the benefit of nursing professional development reimbursement.

Purpose: To assist with the professional and educational development of Registered nurses in direct care roles; and encourage RNs to actively contribute to the professional development of peers.

Scope: Conferences, continuing education, and professional organization memberships that apply to your current position. If in doubt, obtain preapproval from your manager. Note: Tuition reimbursement and certifications are covered under other programs. (Tuition reimbursement – Policy HR 440; National certification reimbursement – Policy HR441) This program will cover nonrequired recertification.

Amount: Up to $200 per fiscal year for fulltime RNs; Up to $100 per fiscal year for part-time RNs.

Eligibility Criteria: Benefit-eligible RNs who work 20 or more hours per week (.5 FTE) who have completed their 90-day probationary period. RNs budgeted at .4 FTE (32 hours per pay period) prior to 2/1/2013. RNs must have competent and satisfactory level of work performance and attendance.

Nurses that take advantage of this benefit gain enhanced knowledge that impacts their patient care.

$200 Education Reimbursement Update

We are pleased to announce starting immediately this fiscal year (July 1, 2020 - June 30, 2021) nurses are able to use their annual education reimbursement dollars across two fiscal years. For example, let's say a nurse renews their national certification membership dues for $100 and your certification (i.e. CCRN, ASMN, AORN) for $200 in March, 2021 for a total of $300 in fiscal year 2021. If full-time, would

Nursing Professional Development Council, cont.

$200 Education Reimbursement Update cont.

currently be reimbursed up to the $200 maximum, therefore not reimbursed the full amount (-$100). With the new ability to cross fiscal years, nurses will be able to resubmit the balance of $100 after July 1st to come out of the next fiscal year balance. This change was made in response to nurses who felt they were not able to go to more expensive conferences or get full coverage for memberships and renewals in the same year.

FREDERICK HEALTH HOSPITAL
NURSING PROFESSIONAL DEVELOPMENT REIMBURSEMENT

Purpose: To assist with the professional and educational development of Registered Nurses in direct care roles; and encourage RNs to actively contribute to the professional development of peers.

Scope: Conferences, continuing education, and professional organization memberships that apply to your current position. If in doubt, obtain pre-approval from your manager. Note: Tuition reimbursement and certifications are covered under other programs. *(Tuition reimbursement- FHH Policy HR440; National certification reimbursement- FHH Policy HR441)* This program will cover non-required re-certification.

Amount: Up to $200 per fiscal year for full-time RNs; Up to $100 per fiscal year for part-time RNs. Unpaid reimbursements in one fiscal year may be applied for in the next fiscal year. This is only for two consecutive fiscal years.

Eligibility Criteria: Benefit-eligible RNs who work 20 or more hours per week (.5 FTE) who have completed their 90-day probationary period. RNs budgeted at .4 FTE (32 hours per pay period) prior to 2/1/2013. RNs must have competent and satisfactory level of work performance and attendance.

REQUEST FOR REIMBURSEMENT

NAME:_____ FTE STATUS:_____ DEPARTMENT: _____

MAILING ADDRESS: _____

DATE:_____ AMOUNT REQUESTED: $_____

FOR THE FOLLOWING ACTIVITY: _____

_____

Intent of this professional development activity:

- ☐ Assist with a performance improvement initiative.
- ☐ Enhance my knowledge and job performance.
- ☐ Educate or train others at FHH on a relevant topic.
- ☐ Increase my involvement in the professional organization for my nursing specialty.

To receive reimbursement, you must complete the following requirements and attach documentation:

- Attach a description of how you shared your knowledge with your team.
- ☐ Include any related emails, pictures, meeting minutes, etc. from what you shared.
- ☐ For professional memberships, share one or more of the following with your peers:
  - What you have learned about the mission of the professional organization.
  - What the benefits are to members (journals, CEUs, etc.).
  - When/where the organization may hold local meetings and why others may want to join.
  - What you have learned from an article provided by the organization.
- ☐ Attach a copy of the educational brochure or professional membership.
- ☐ Attach a copy of your payment receipt.
- ☐ Send one copy of this form to your Director and CNS for review

_____ RN Signature/Date

_____ Manager Verification of Eligibility Criteria Above/Date

_____ VP/CNO Approval/Date

_____ Executive Assistant, VP/CNO Processed/Date

Rev. 04/22

Nursing Quality, Evidence-Based Practice, & Research Council (NQERC)

The Nursing Quality, Evidence Based Practice, and Research Council (NQERC) holds meetings the 4th Wednesday of every month at 1:30.

Representatives from nursing disciplines throughout Frederick Health meet with the goal to encourage clinical inquiry that will improve patient outcomes. Members are excited to share projects that have been identified on their individual units that will improve practice. Evidence-based practice (EBP) is the cornerstone for creating a highly-reliable organization. At the unit level our members ask, how can our unit focus care on the patient and positively impact outcomes? Members are provided mentorship through member discussion, individual review of projects and shared information.

Journal Club

EBP is supported by scientific evidence. Each quarter NQERC hosts a Journal Club, following the regular monthly meeting. All nurses are encouraged to attend and participate. The Journal Club allows nurses the opportunity to gain experience in reading and analyzing the quality of research literature. Critical appraisal skills can be developed in a relaxed atmosphere with guided discussion. The article reviewed is pertinent to general nursing practice and you will receive one contact hour for participation.

Nursing Quality EBP and Research Council Accomplishments

- Quarterly Journal Club sessions
- Quarterly Class on EBP for nurses
- Joint EBP/Research Conference with Meritus – 12 posters and 2 speakers from FH
- Started a research project on Shared Governance; IRB Approval, initial data collection done
- Completed data collection for PeriAnesthesia nurse study on impact of Covid
  - Presented preliminary results at ASPAN National Conference
- Systematic Review of End Tidal CO2 in PACU accepted for publication
- Many EBP projects implemented:
  - Neonates and glucose gel for hypoglycemia
  - Resiliency intervention in the ICU
  - The impact of a Zen Den on staff
  - Decreased Urinary catheter use with a urinary retention protocol
  - Evidence based interventions to decrease pressure injuries
  - Falls reduction in the ED
  - Impact of a Comfort Cart on HCAPs scores
  - Visitation in Family Center: Patient perspectives
  - Implementation of the Yale Swallow assessment tool house wide
  - Resiliency Building interventions for the Residents this year

Nursing Patient Experience Council Accomplishments

Revised and approved patient educational materials for use throughout the organization, including:

- Opioid Risks educational handout
- Day of Surgery Information
- Post Cesarean Patient Education
- tPA Consent Form
- Patient/Visitor Guide
- Patient Workbook

Improved reliability of Medication Side Effect education by addressing individual unit barriers in getting the education sheets out to patients and increasing medication side effect education audits.

Identified concerns from patients and families regarding communication during visitor restrictions and collaborated with CLINTEC to develop Family/Support Communication tool.

Provided training to all PEC members on how to enter PEP, so they could help their coworkers log in to recognize peers.

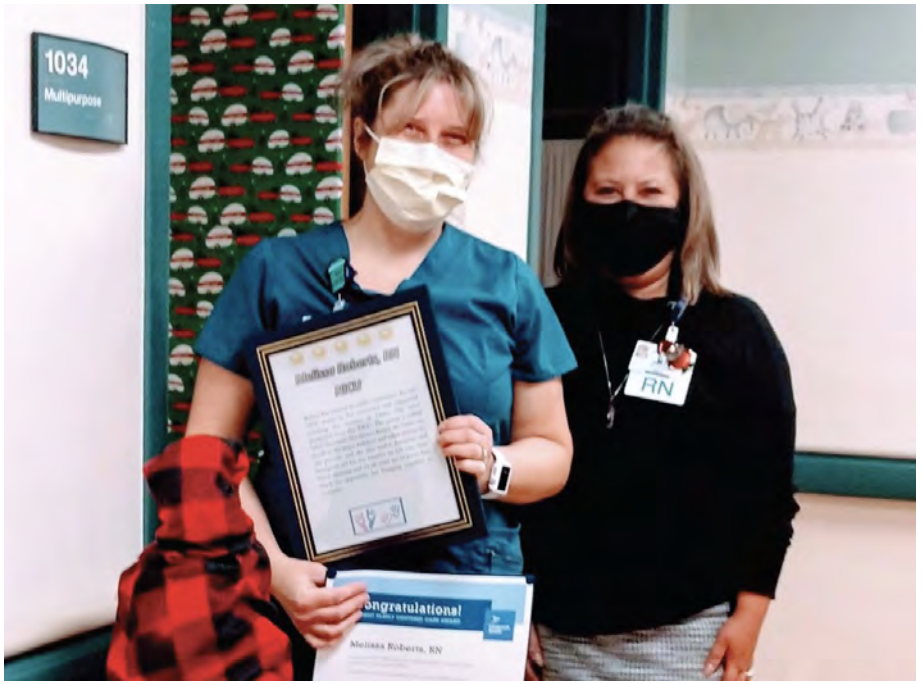
Highlighted individual unit Patient Experience accomplishments through virtual "storyboards" during Patient Experience Week (April 26-30, 2021).

Collaborated with Pastoral Care to spread information about Code Lavender, distributed "Ask me about Code Lavender" buttons, and shared handouts with units.

Patient and Family Centered Care Award Winner, December 2020: Melissa Roberts, RN NICU

Andrea Richards Weaver

Melissa has created an online community for our NICU moms to feel connected and supported including the mothers of babies who have graduated from the NICU. The group is called NICU Sunshine. She always dresses the babies up for all of the major holidays and takes photos for the parents, and she also makes footprint and handprint art for the families on her own time. She is amazing and we all want her to know how much we appreciate her bringing sunshine to everyone.



Patient and Family Centered Care Award Winner, January 2021: Rachel Fogle, RN

Andrea Richards Weaver

Rachel cared for a patient on the evening of 12/15/2020 in the ICU. The chart note reads:

"When providing evening care to pt, this RN noticed a rabies tag on pt's purse, along with a pet store card clipped to her keys. Pt was admitted early this am and was a RRT to ICU for emergent intubation. Pt's contact was unable to be reached when called today and again when attempted this evening x2. Montgomery Country PD called at 22:39 and a welfare check was requested d/t unable to reach pt's family and indications of an animal in pt's home. Pt name, address, and pt's emergency contact provided to police, along with this RN's name and a callback number. No other personal pt info or any medical information given. At 23:36, call received from MCPD to f/u with this RN regarding welfare check. Confirmed dog in home. MCPD to return to pt's home in am with animal control officers for welfare of animal. Pt's emergency contact on file again provided to MCPD. Phone number verified by this RN as accurate."

Thank you Rachel for going above and beyond for this patient and proactively address her needs outside of the hospital. Family includes those with 4 legs.

Clinical Informatics and Technology Council Accomplishments

- Revised annual goals.
- Continued WebEx platform during COVID-19 to facilitate meetings.
- Provide asynchronous information exchanged during September 2021 to support hospital staffing needs.
- Implemented the NCP and added in Pediatrics department to the system.
- Completed a nursing care plan implementation manuscript and submitted to CIN.
- Submitted a poster presentation for smoking history assessment to NACNS.
- Piloted 3D CAM Delirium assessment on 3A.
- Implemented nursing assessment and Kardex downtime forms (both added to Summit)
- Identified the Yale Shallow Protocol as the EBP tool to be used to identified aspiration risk.
- Celebrated the 1000% increase in patients referred for lung cancer screening (14 screenings in 2018 to 360 in the first six months of 2021)
- Developed a Diet as tolerated workgroup to review current practice.
- Provided feedback on the COVID-19 vaccination documentation of inpatients.
- Provided feedback to the revisions of the skin assessment screen with a particular focus on the wound assessment.
- Innovation of the wound assessment naming convention supporting the new staging assessment and adoption of the identification of the bony prominence.
- Supported TJC survey process Spring 2021
- Established a priority listing of Nursing Documentation requests reviewed by the Director of Nursing Technology bimonthly.
- Proposed use of CoMET to identify Sepsis risk.
- Developed a SOC for OB > Inpatient status.
- Remove nursing admission assessment from PFSH
- Updated Morse Fall Scoring
- Removed nursing from documenting respiratory device setting. Nursing now views RT documentation of setting.
- Update urinary catheter screens to support IPAC data capture.
- Implemented an online Central Line checklist.
- Evaluated and provided feedback to Pharmacy on the Lexicom review vs Micromedex drug software.
- Removed two of the three transfusion history queries.
- Offering mentoring to any member that would like to take a leadership role
- Approved viral indicator on the status board for COVID-19 positive patients.
- Approved Zebra phone point of care application default to the MAR.

Clinical Informatics and Technology Council Accomplishments, cont.

- Proposed that CoMET scores be integrated into Meditech
- Reviewed SURGE documentation and re-introduced risk assessments tools with revisions.
- Participated in the Share Governance pre assessment survey.
- Resolved issues with monitoring multiple CATH punction site.
- Introduced MS TEAMS.
- Provided feedback on property checklist revisions.
- Supported modification of the smoking history assessment to clarify pak vs cigarettes count.

Documentation Burden—Background, Significance: Why a New Approach is Needed

Cynthia K. Russell, DNP, RN-BC | Informatics Nurse Specialist

Charting is how nurses refer to their documentation. It is not uncommon to hear a nurse state, "I need to finish my charting". Though the origin of nursing charting practices is unclear, it can be traced back to Florence Nightingale (1860). It was Nightingale's emphasis on clinical data capture and analysis during the Crimean War, that identified patterns in the recorded data. Those data patterns contributed to hygiene and care knowledge discoveries. That knowledge and understanding, identified and influenced infection control practices to reduce wound infection rates. This changed nursing clinical practice forever. Since that time, nursing data capture is a vital part of clinical care. Captured nursing data continues to influence both operational and strategic decisions (Alhassan et al., 2016).

It is critical for data to be treated as an asset, and recognized for the knowledge discovery potential it affords clinical care. The concept of data as an asset was developed in a report by the Hawley Committee in 1994. They defined data assets as: 'Data that is or should be documented and that has value or potential value'(Alhassan et al., 2016). Often, determining what clinical data offers value is challenging. Today, the American Association of Colleges of Nursing (2008) recognizes communication as a core component of inter-professional care that is closely related to the domain of health. Since clinical notes capture data that supports continuity of care over the course of many clinician care transitions, the clinical data trends help to identify patterns of illness, as well as, points to uncovering new knowledge and better understanding of effective care practices. Issues identified in the healthcare sector are related to the reliability and integrity of the data, and are especially important because it is relates to life and death of patients (Tse et al., 2018). More recently, issues related to the burden of data capture have surfaced as a negative effect to clinician wellbeing, particularly when documentation activity threaten to preclude clinician from direct patient care (McBride et al., 2016; Ommaya et al., 2018).

Is there such a thing as to much of a good thing? Recent studies have suggested that with the innovation of electronic health records (EHR), we now have the potential to capture more data than ever. Collins et al. (2018) conducted a study and explored what they called "death by data entry". The work focused on expanding the use of EHRs as a cognitive support tool for clinicians to consume data and interpret information. The study found that a nurse documenting averaged one data point every 0.821 minutes, despite only a minimum data-set of required documentation. Healthcare systems are reporting that the documentation requirements have become burdensome, and serve as a point of nursing dissatisfaction with consequential impact to patient care (McBride et al., 2016; Ommaya et al., 2018).

Documentation Burden, cont.

McBride et al. (2016) conducted a statewide study for the Texas Nursing Association, and uncovered that generally nurses rated a satisfaction mean of 1.71, indicating neutrality or some dissatisfaction with their EHR. In addition, they found that nurses indicated issues with usability, design, and workflow challenges with their her, which resulted in frustrations and time away from patients. Perhaps the most interesting findings reported were statements related to the design. The study suggested the nurses were forced to intentionally enter erroneous/false data to "work around the system", and "first-hand knowledge of patient safety events" related to Health IT use (McBride et al., 2016). The most unexpected finding was the reported moral distress within the nursing respondents. The findings in Texas are being documented elsewhere, and there are many efforts underway to attempt to address the issue (Adrian, 2021; Ashton, 2018; Englebright, 2018; Horvath et al., 2018; Russell et al., 2020; Sengstack, 2019; Sengstack et al., 2020).

It is becoming common place for documentation requirements to be reviewed, and for elements that have little or no value to be dropped (Ashton, 2018; Carayon et al., 2019; Masson, 2019; Olivares Bøgeskov & Grimshaw-Aagaard, 2019; Padden, 2019; Payne et al., 2015; Schulte & Fry, 2019). As it turns out, regulatory agencies such as Centers for Medicare & Medicaid Services (2019) and The Office of the National Coordinator for Health Information Technology (2018) are listening. There are several avenues being explored to decrease the burden of data capture, such as increased automated device integration and voice recognition software. The integration of these technologies may increase nurses' available time for interpretation, annotation, and synthesis of patient data, while also further advancing the richness of information within patient records (Collins et al., 2018).

The challenge facing us today are finding options of how to govern data obligations, while considering administrative and clinical documentation requirements, and still addressing clinician wellbeing. American Nursing Informatics Association has published position papers providing a framework to help organizations approach the challenge of addressing documentation burden (Sengstack et al., 2020). There are examples in the literature of how some hospitals have approached this work (Adrian, 2021; Ashton, 2018; Englebright, 2018; Horvath et al., 2018; Russell et al., 2020; Sengstack, 2019;). In order to ensure quality and optimal patient outcomes, the integrity of patient-centered care must be maintained while continuing to address the preservation of clinician wellbeing. Additional effort is needed to examine the cognitive workload of clinicians working in EHR systems that have continually growing layers of requested data fields. Careful consideration should be given to adopting structured guidelines of documentating only pertinent information. It is time to address important questions when it comes to healthcare workers and EHR systems: Which data is valuable or has the potential to be valueable? What data needs to be stored and shared during clinician handoff to be used for clinical decision-making?

Documentation Burden, cont.

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Nursing Professional and Educational Development Council Accomplishments

NPED accomplishments for 2021:

- Certified Nurses Day recognition 3/19 (with cards and drink coupons)
- Sponsored Doctors Day recognition 3/30(provided individual snacks for medical staff in the lounge on both shifts)
- Virtual College Fair held
- Nurse of the Week activities with prizes, games and give aways
- Nurse of the Year nomination and celebration 5/6 with a virtual option that was live streamed for all to participate
- Coordination of the Gift for all Nurses in the organization sponsored by the medical staff
- Clinical ladder binders/portfolio reviews and advancements
- 133 RNs on the clinical ladder this year, 30 RNs are new to the ladder, 14 level IV RNs and 1 RN went from a III to a IV this year
- Review all Clinical ladder documents and did minor updates for FY 2022
- Summer 21 nurse graduation recognition

Congratulations Graduates!

On behalf of the NPED council we would like to Congratulate and Recognize our recent graduates here at Frederick Health. We appreciate their commitment to learning and their many contributions to Frederick Health, our patients, and the nursing profession!

Darren Boas, BHU, Frederick Community College, ADN

Jody Cochran, 3G, BSN

Candice Croft, BHU, Chatham University, BSN

Kristen Custer 4A, University of Maryland,

DNP Aaron Delph, NICU, BSN

Jordan Dodson, 4A, Hagerstown Community College, LPN

Brittany Eddows, 3G, BSN

Rebekah Elgayar, Family Center, BSN

Naomit Everett, Wound Care, MSN

Mona Guilfoil, PACU, MSN

Allison Hail, 3G, BSN

Shannon Haven, Family Center, BSN

Stephanie Jenks, 4A, University of Maryland, Global Campus, BSN

Joanna Jones, 3G, BSN

Kayla Krafft, BHU, Drexel University, BSN

Janierose Lock, 3G, BSN

Kelly Mackley, 4G, BSN

Par Thang Ngun, 3G, BSN

Cathleen Pomato, 3G, BSN

Caitlin Poole, 3A, MSN

Christina Quinn, L&D, BSN

Cynthia Russell, Nursing Professional Development, University of Maryland, DNP

Christie Schubel, Vascular Access, MSN

Erika Slebondnik, 3B, BSN

Eunice Soka, 3B, BSN

Angela Stokes, 3G, BSN

Allison Wivell, 2C/Oncology, BSN

Advancing Practice Through Credentialing

March 19 is recognized as Certified Nurses Day – the day when nurses celebrate their nursing certification. On this day, Frederick Health honored the dedication and service of certified nurses.

Certified nurses make a difference in the lives of their patients every day. They work incredibly hard to improve patient outcomes and be extraordinary health care providers. They exemplify professionalism, dedication, expertise, and service to nursing and their patients.

Frederick Health is proud to have 375 certified nurses who possess a total of 460 certifications. Our nurses hold 74 different certifications with the Medical-Surgical certification being the highest number (105 nurses).

Take time today to recognize your colleagues who are certified and spread the word about Certified Nurses Day.

Patricia Abate CMSRN, NPD-BC
Homer Abellanosa VA-BC
Jeremy Adcock CEN
Lois Ahalt APRN-FAMILY, COHN-S
Rodnara Allen FNE A/P
Carrie Amoriell CMSRN
Susan Archer APRN-CNS, CCRN
Tracy Asbury CN-BN
Jessica Auge OCN
Janice Babe ACM-RN, CCM
Elena Baker RNC-OB, C-EFM
Susan Baldwin CDCES
Ashley Balsley ACM, LSSGB
Claudia Barahona CMSRN
Melissa Barnhart RN-BC
Norma Bard CCRN
Francine Basciano CNOR
Cristy Bates CNOR
Bonnie Baust CNOR
Theresa Belcher RN-BC
Luann Bender PCCN
Heather Benjaminson CMSRN, PCCN
Alexandra Bennett RN-BC
Rebekah Bentz CMSRN
Suzette Berlin RNC-OB
Regina Bindas CMSRN
Joyce Boateng CMSRN
Jaclyn Bocchetti RNC-OB
Natalie Bonsby OCN
Heather Borek CNOR
Rachael Bosco CCRN
Kimberly Braden FNE A/P
Pat Brand CPHQ, HACP
Stephanie Brennan CMSRN
Jessica Brewer CCRN
Karen Brodisch CPST,RNC-MNN
Ashley Brown CMSRN
Carolyn Brown CNOR
Alexandra Browne CCRN
Amanda Bruce CMSRN
Judy Buhrman CNOR
Rebecca Burall CCRN
Jennifer Burrier CMSRN
Dana Burriss CMSRN
Nicole Bussard CMSRN, PCCN
Iralys Buttrum CCRN
Jessica Campbell CMSRN
Alison Carpenter CMSRN
Angela Caruso RNC-OB, C-EFM
Kristin Cash RN-BC
Camille Castro CCRN
Sheena Castro CCRN
Seth Chapelle CEN
Lauren Cholet FNE-A
Judith Christopher CEN
Lynn Chucoski CPAN
Patricia Chuey CHPN
Carolyn Ciervo RNC-NIC
Cheryl Cioffi ANP-BC, FACHE, NEA-BC
Karen Coghill NPD-BC
Ashley Coleman CPN, NPD-BC
Molly Collette RN-BC
Tara Collins PCCN
Katherine Sue Conklin RNC-NIC
Vanessa Constant CMSRN
Colleen Cook CCRN
Charli Crawford CPN
Jennifer Crook CLNC
Katie Culler CEN
Erika Cupeta ACM
Victoria Cusato CMSRN
Karen Dacey IBCLC
Angela Daly CMSRN
Kathleen Daniels IBCLC
Cheryl Daniluck CMSRN
Kevin Dant CMSRN

Advancing Practice Through Credentialing, cont.

Lori Davies APRN-CNS, C-ONQS, RNC-OB, C-EFM
Ruth Davis RNC-NIC
Angela Day CMSRN
Christine Deaver RNC-MNN
Kristin Deely AGACNP-BC
Stephanie DeLauder CMSRN
Carlo DeLeon CMSRN, NP-C
Katie Denney CEN
Danell Derocher RNC-MNN
Connie Derosa CRNP
Kimberly Deshazor CMSRN
Katie Dietrich CMSRN
Elaina Diggs RNC-OB
Hema DiMaggio CCRP, OCN
Jean Dinterman OCN
Cristelle Dipita CMSRN, PCCN
Debra Disbrow ONC, PCCN
Akoko Djadou CCRN
Michelle Dmuchowski CEN
Melanie Doolittle CGRN
Sheryl Downey CNOR
Michele Drapeau-Clem RNC-NIC
Jan Drass CDCES
Charles Drummond RN-BC
Cassandra Dryman CMSRN
Elizabeth Dunk VA-BC
Kelli Earle CCRN
Leroy Eckenrode ACM-RN, CCP
Nicole Elser CMSRN
Joyce Erwin CEN
Carey Evans CPHQ
Naomi Everett CWS
Kim Fabry CPN
Jeanne Fahrner IBCLC
Michelle Ferguson CMSRN
Kavitha Fernando RNC-MNN
Maura Fitzpatrick CWON
Brittany Fleming CMSRN
Marlee Flook CMSRN
Claire Floyd RN-BC
April Fogle PCCN
Jane Fox CCRN
Danielle Fraley CMSRN
Ashley French CMSRN
Jill Fritsch CMSRN
Kira Froude CNOR
Debra Fuller OCN
Savannah Fulton CMSRN
Marybeth Gammill CPN
Alexandria Gardner CMSRN
Katrina German CMSRN
Lisa Gerwig RNC-OB
Jeb Gibson CEN, NRP
Leah Gleiberman RNC-MNN
McKenzie Glotfelty CMSRN
Maureen Goggin IBCLC
Melissa Golden RN-BC
Merce Goodwin CMSRN
Victoria Granai De Guzman CMSRN
Marie Greffen CCRN
Lincy Gregory FNE-A
Carrie Grimes CMSRN
Nadene Grissen RNC-OB
Kris Guerin CRNP
Mona Guilfoil CRNI, OCN
Carrie Grimes CMSRN
Ingrid Halvorson AGGACNP-BC
Carolyn Hanlin RN-BC
Erica Hargreaves C-EFM
Diane Harman CCM
Kelley Harmon RN-BC
Lori Harper CMSRN, OCN
Stephanie Harrison CMSRN
Kristen Hartwig CPN
Laura Hassett PCCN
Angela Hayes C-EFM
Jamie Heflin OCN
Judith Heflin CMSRN
Jackie Henderson CMSRN
Marianne Hiles ACNS-BC, RNC-LRN, C-EFM
April Hiller RNC-MNN
Christopher Hillman AGANP-BC, CCRN
Suzanne Hilton CWOCN, CWS
Lisa Hogan CCP
Mary Hogan RNC-OB
Tiffany Holcomb CMSRN, PCCN
Diane Holland CDCES
Nancy Holofcener CHPN
Pam Holtzinger AFN-BC, CEN, FNE A/P, SANE-A, SANE-P
Angie Hooper RNC-NIC
Sarah Hooper ANP-BC
Emily Horn C-EFM
Carissa Houck CMSRN
Maureen Housam RN-BC
Barbara Hrabowski CPHQ
Shayna Hughes RNC-OB
Karla Hull IBCLC
Dana Hutchison PCCN-K
Lauren Huzzy CCRN, NPD-BC
Renee Hyrkas PCCN
Laura Jackson NEA-BC
Suzanne Jacobson CEN
Theresa Jardeleza CPN
Stephanie Jenks PCCN
Julia Jones CMSRN
Ashley Jordan CMSRN, OCN
Amy Joseph IBCLC
Sophy Kamau CMSRN
Evonne Kaniecki NE-BC
Shelley Kaplan AGCNS-BC, PCCN
Shelley Kapp CCM
Terri Kemmerer CDCES, CRNP
Elizabeth Kinley CPHQ
Kathy Kline-Cochran CPAN
Jennifer Kliphouse CWS
Sam Knight CMSRN
Kaity Konapelsky CPN
Janet Kopp CPAN
Kaitlyn Koslosky RNC-NIC
Jennifer Kramer NEA-BC
Liene Krasta CMSRN
Deborah Kundu RNC-NIC
Kathleen Kyle HCS-O
Susan LaDue CMSRN
Debra Laferte CMSRN, PCCN
Kathryn Landis-Bogush HACP, PCCN
Christopher Lang CMSRN
Dana Lapier PCCN
Wanda LaRue CMSRN
Jana Lashmit CMSRN
Margaret Lawrence CMSRN
Amanda Leal CCRN
Natalie Lebherz CMSRN
Joelle Lepone ACM-RN, RN-BC
Caitlyn Lewis CMSRN
Lisa Lewis RNC-NIC
Cathy Ligsay CPN
Jessica Ligsay CPN
Erika Linden NE-BC, RNC-OB
Lori Lingg RN-BC
Kelly Llewellyn FNP-BC
Brittany Lookingbill CCRN
Michelle Lor PCCN

Advancing Practice Through Credentialing, cont.

Kelly Mackley CMSRN
Lia Magidson PCCN
Theresa Magri CPHQ
Deirdre Mahoney C-EFM
Emily Manning CCRN
Susan Manny CPN
Mike Marchone ANP-BC
Virginia Marrone CCHM, HACP
Gail Martin CMSRN, PCCN
Kim Masser ACM-RN, CCP
Shanda Matthias HACP, CPHQ
Steve Maue CPAN
Stephanie Maxwell RN-BC
Tracy McCauley OCN
Deb McClain CCDS
Kimberly McCormick CCP
Leisa McDaniels
CCRN, CHPN, CWOCN
Diane McFarland NEA-BC
James McGarvey CMSRN
Amanda McGee RNC-NIC
Kristen McKenna PCCN
Randie McLaughlin AGPCNP-BC
Margaret McNeill
APRN-CNS, CCNS, CCRN-K, CPAN, NE-BC, NHDP-BC, TCRN
Sarah McNicholas IBCLC
Tamara Medina RN-BC
Debbie Meadors CCRN, CPAN
Missy Messinger CNOR
Jacqueline Messner
FNP-C, CDCES
Candice Michael CPHQ, C-ONQS
Bethanie Miller RNC-NIC
Monica Mills RNC-MNN
Vickie Mills CPAN
Angela Mills-Ball CCP
Eleonora Mirano CMSRN
Jane Misulia OCN
Nancy Mitchell-Hoffman CNOR
Tracy Montgomery FNE-A
Stacey Moore PCCN
Jennifer Morgan COHN
Sarah Morgan CMSRN
Anne Morris CPAN
Rosalyn Morrissey RNC-NIC
Kimberly Moser CMSRN
Jenn Mostowski RNC-OB
Katherine Murray NEA-BC
Erica Myers CHPN
Monica Myers-McClary CMSRN
Linda Naddeo CHPN
Jennifer Needle CPN
Aparna Nelson CMSRN
Kim Nelson OCN
Ellen Nicodemus CPEN, CPN
Tracey Nuse CEN
Anne Obrique CMSRN
Debra O'Connell CPHQ
Gbemisola Ogundeyi CMSRN
Sarah Oliveira CRNP, FNPC
Thomas Olivero CNOR
Ashley Olszewski CMSRN
Melanie Ondrejko ACNP-BC
Holy O'Neil RNC-MNN
Heather Orndorff CRNP, NNP-BC
Denise Owen NPD-BC
Julie Paez C-EFM, RNC-OB
Anne Palmer CPN, FNE A/P
Michelle Paulus CHPN
Michelle Parker RN-BC
Doreen Paynter ACNP-BC, CWCN
Marene Pearl FNP-BC, COHN
Colleen Pearre CMSRN
Beth Perry RNC-NIC
Michael Peters OCN
Jennifer Plumadore NP-C
Caitlin Poole CMSRN
Cathleen Pomato CMSRN
Heather Premo CMSRN
Lynn Price CMSRN
Marisa Probert CEN
Sally Proulx NPD-BC
Christina Quin RNC-OB, C-EFM
Sally Proulx NPD-BC
Christina Quin RNC-OB, C-EFM
Jamie Ramey CMSRN
Maggie Ramkissoon
ACCNS, AGACNP-BC
Elizabeth Rankin CNOR
Robert Rauch CCRN
Jamie Rea CNOR
Katrina Reggio CMSRN
Trish Reggio RNC-OB
Dana Remsburg CCRN
Deidre Repass CMSRN
Sandy Replogle RN-BC
Kim Rhoderick RNC-OB, C-EFM
Savannah Rhoderick SCRN
Patricia Rice ANP-BC, APNG, OCN
Linda Richards CMSRN
Michelle Ricucci RN-BC
Summer Riddle RNC-OB
Jeremy Ritenour CMSRN
Missy Roberts RNC-NIC
Chelsea Rockwell FNE-A
Rachel Rogalski AGACNP-BC
Sara Rogers ACCNS-AG, CEN, CPEN
Michele Romsburg RNC-OB
James Rucker CPN
Diane Ruckert ANP-BC
Brenda Ruopoli CEN
Cindy Russell RN-BC
Ellen Russell CCRN
Kelly Sabol CPAN
Shey Sanders RNC-MNN
Amy Sarr CCRN
Jane Scanlon CCRN
Kaci Scardapane RN-BC
Erin Schaeberle CCRN
Audrey Schetrompf C-ONQS
Lindsay Schrader CMSRN
Karen Schrecengost
CPN, FNE A/P
Beth Schroeder CMSRN
Jennifer Schroeder CNOR
Christie Schubel CRNI, VA-BC
Jacqueline Scire CPAN
Robin Seidel PCCN

Advancing Practice Through Credentialing, cont.

Josie Semelsberger CMSRN
Kara Sheely RNC-OB, C-ONQS, C-EFM
Cathy Sier CMSRN
Marie Silard CPN
Jen Simmons RNC-NIC
Deb Sines OCN
Mary Singleton CMSRN, OCN
Catherine Skelly CCM
Rebecca Smith FNP-C
Cassandra Sofley CMSRN
Laura Snyder CMSRN
Jennifer Southers CMSRN
Sarah Sowers CCRN
Megan Sparks RN-BC
Meghan Speiser RNC-OB, C-EFM
Sara Stears CNOR
Karen Steinberg CPN
Leslie Stine CCRN
Teresa Stitely CNM
Patricia Stivell RN-BC
Stephanie Stone CWOCN, CWS
Kayla Struck CMSRN
Dolly Sullivan CNOR, CPXP
Marla Sulmonte CNOR
Jane Susi CPAN

Caitlin Swartz SCRN
Kyra Szugye CMSRN, SCRN
Lori Taylor CMSRN
Abaynesh Teklehaimanot CMSRN
Kari Thacker CMSRN
Melinda Thu CMSRN, PCCN
Kristin Tignall CMSRN
Imelda Timonera CMSRN
Diane Tomasky CCP
Judith Trentini OCN
Brittany Tritsch CMSRN
Kathryn Troupe ACNP-BC, ANP-BC, GNP-BC, CCRN, CEN, CHFN
Carrie Turner CEN
Amber Vance FNP-BC
Katherine Vann CMSRN, OCN
Bethany Varner CPN, NPD-BC
Michelle Verbus CMSRN
Theresa Vetter-Habighorst OCN
Marie Villanueva RNC-NIC
Nina Volz CNOR
Ketsoudachan Vongnaraj CMSRN
Brianne Walsh CPN
Emmanuel Wanki CMSRN
Rita Warner CEN, CMSRN

Sherryl Watkins CMSRN
Kathleen Weaver RN-BC
Katie Weisgerber CMSRN
Brandy Weishaar CMSRN
Elizabeth Welch CCRN
Travis Wertz CCRN
Jamie White NEA-BC
Mary White CMSRN
Christine Wiles OCN, CBCN
Lynn Willard CMSRN
Michelle Willis COHN-S
Jennifer Williams RN-BC
Cheryl Wilmer CNOR
Susan Windsor CCRN
Anne Winklbauer CPAN, FNE A/P, SANE-A, SANE-P
Kelly Wissinger PCCN
Jenna Wolford CMSRN
Kristina Wright CEN
Mandy Yinger ACNP-BC, CCNS
Diana Yurich CPN
Jeannette Zuvich FNE-A,RNC-MNN

APRN/Clinical Expert Council

The members of this Council include Clinical Nurse Specialists, Clinical Specialists, and Nurse Practitioners. The council works to improve care delivery and outcomes through evidence and practice in the three spheres of impact: the patient, the nurse, and the system.

Vision/Value/Voice

Clinical Nurse Specialists:

EXPERTS in clinical practice, education, research, and consultation

IMPACTING patient and families, nurses, and the healthcare system

- Clinical Quality
- Evidence-based Practice
- Patient Safety
- Professional Development

How does the CNS enhance the clinical environment?

- Advocates for cost effective and quality patient outcomes
- Promotes patient safety
- Serves as a patient advocate
- Facilitates use of evidence-based practice
- Leads in attaining Magnet status
- Assists with staff retention through mentoring
- Raises the standard of patient care
- Reduces costs through decrease in admissions and complications
- Assures compliance with federal/state healthcare guidelines

When do you call a CNS?

When you have questions related to Education, Practice, Research, or any Clinical issues

Consultation:

- Participates in progression rounds for complex patients when needed
- Addresses questions regarding the management of complex patients
- Is an evidence-based practice expert

Education:

- Medications
- Diagnosis
- Standards of Care
- Competencies

Practice:

- Equipment related to specialty
- Quality improvement issues
- Professional development through mentoring and coaching

Research:

- Benchmark data
- Standards of care
- Evidence-based practice
- Clinical questions
- IRB/Research ethics review

The DAISY Award: Nominate a Nurse!

Brandon Ciampaglia

Frederick Health is pleased to announce its participation with the DAISY Foundation in presenting the internationally recognized DAISY Award.

Created in 1999, this award is given to direct care nurses to acknowledge their extraordinary and compassionate care to their patients. Currently, 4,800 healthcare facilities in 29 countries participate in the program.

Nomination Details

Frederick Health direct care nurses can be nominated by patients, families, or colleagues. This includes nurses delivering care at any of our locations, including Frederick Health Hospital, Frederick Health Medical Group provider offices, Frederick Health Home Care, and Frederick Health Hospice.

To receive the award, nominees are reviewed by a committee of their peers. Aparna was nominated by a fellow nurse for the exceptional care she provides her patients and the mentoring and support she demonstrates for her coworkers. "Aparna is a RN with a mission to help others, spread kindness and humanity." Each honoree will receive a certificate commending them as an "Extraordinary Nurse" along with a special DAISY pin and a hand-carved Healing Touch sculpture.

> **"Frederick Health is proud to be among the hospital systems participating in the DAISY Award program."**
>
> – Diane McFarland
> Chief Nursing Officer

Sharon John, RN II 4B (nominator) and Aparna Nelson, RN III IMCU at DAISY Award ceremony.

2020 Resident Preceptor of the Year

Submitted by Karen Coghill, BSN, RN, NPD-BC, CES, CEC & Sally Proulx, BSN, RN, NPD-BC, CES, CEC

Newly licensed registered nurses participate in a yearlong Nurse Residency Program to build the knowledge and clinical skills needed to deliver nursing care that leads to positive patient outcomes. A critical aspect of the nurse residency program is the invaluable guidance offered to our new nurses by their dedicated preceptors.

Nursing preceptors provide depth of knowledge, patience, and leadership, as they model safe, compassionate, patient and family centered care. This can be very challenging, yet rewarding! Changes and restrictions resulting from the COVID-19 pandemic have added additional challenges as well, as some of our new nurses started as Nurse Graduates, others as Registered Nurses who had to finish their nursing programs virtually.

To acknowledge the vital role that preceptors play in building their skills and confidence, the nurse residents submitted nominations for Resident Preceptor of the Year. Due to COVID-19 restrictions, the award presentation had to be redesigned. We visited each of our nominees on their units where they were surrounded by their peers, and surprised them with the nomination and a Certificate of Recognition.

During the virtual Resident Nurse Session in December 2020, we acknowledged our seven stellar nominees:

- Carrie Grimes, 3B
- Eleanora Mirano, Nursing Resource
- Erika Slebodnik, 3B
- Kate Gelsinger, 3B
- Katie Denney, ED
- Kelsey Smith, 4G
- Rachel Guy, 3B

Katie Denney was selected as the 2020 Resident Preceptor of the Year, and this was her third year as a nominee! The following is an excerpt from Shelby Smith's lovely nomination:

"There was never a time that I felt I wasn't able to ask a question or ask for help. Katie was very knowledgeable when it came to answering my questions and if there was something she was unsure of she always knew where we could find the answer. In starting my orientation, I was extremely nervous everyone would have high expectations of me having already worked in the department, but Katie always made sure I was comfortable and made it known that I was never alone. One thing

2020 Resident Preceptor of the Year, cont.

I thought Katie did very well was knowing what pace I needed for my learning experience.

Katie found the perfect amount of push I needed as well as giving me space to grow and learn what kind of routine would work best for me. I can honestly say I left every shift having learned something from her! Anyone would be lucky to have Katie has their preceptor."

Our sincere congratulations and thanks to Katie, and all of our nominees, for instilling confidence in our nurse residents with their compassion, support, reassurance, and encouragement.

Frederick Health Nursing Scholarships

At the start of Nurses' week during the Nurse of the Year ceremony on May 6th, 2021, Dr. Diane McFarland, Frederick HealthCNO announced the Frederick Health Nursing Scholarship awardees.

The Nancy Murfin Nursing Scholarship was established in 2018 to provide financial assistance to employees pursuing a career as a registered nurse, or an advanced degree in nursing. In 2015 Mrs. Murfin, a lifetime educator in Maryland, was impressed by the compassion and professionalism of the nurses that cared for her during an extended hospitalization. Due to that exceptional care, she and her family established this scholarship to recognize nursing and say 'thank you'. The scholarship is to support Frederick Health (FH) registered nurses and certified nursing assistants to advance their nursing education.

One scholarship of $2500.00 was available for award to a Frederick HealthNurse enrolled in a Bachelor's, Master's, or doctoral Nursing program.

One scholarship of $2500.00 was available to a Frederick HealthCertified Nursing Assistant enrolled in a Registered Nurse (ADN or BSN) entry level program.

We are very appreciative of this gift and the generosity of the Murfin family. **The Nancy Murfin scholarships were awarded to:**

- Ashley Jordan, a Registered Nurse on 2C
- Jordan Wathen, a CNA on BHU

The Frederick Health Auxiliary scholarship was established in 2008 by the Frederick Health Auxiliary for the purpose of supporting Frederick Healthregistered nurses, or other staff that aspire to become registered nurses or to pursue an advanced academic degree. One scholarship of $2500.00 was available for award to a Frederick Healthnurse enrolled in a Bachelor's, Master's, or Doctoral Nursing program.

Frederick Health Nursing Scholarships, cont.

One scholarship of $2500.00 was available to a Frederick Healthstaff member enrolled in a Registered Nurse (ADN or BSN) entry level program. **The Auxiliary scholarships was awarded to:**

- Nicole Allen, a registered nurse on 4A
- Ricardo Marrocchi, currently working in the ED, who is enrolled in a nursing program.

Two Continuing education scholarships of $250.00 for registration to attend a nursing conference were awarded to:

- Katie Culler of the ED
- Kara Sheely of Performance Improvement.

Nurse of the Year Ceremony

The 2021 Direct Care and Indirect Care Nurse of the Year winners were announced at the annual Nurse of the Year Celebration held on May 6, 2021. Frederick Health Hospital 2021 Indirect Care Nurse of the Year is Sarah Morgan; Clinical Specialist, 3G and the Direct Care Nurse of the Year is Beth Schroeder, RN, 3A.

This year, 31 nurses were nominated for the awards. This is the fifth year that both a direct and indirect winner was recognized. Diane McFarland, VP Patient Care Services & CNO opened the Nurse of the Year event by welcoming nominees and attendees, and updated the group on the scholarships that would be awarded this year.

Diane McFarland and Jamie White, VP of Patient Experience & Chief Quality Officer, read a brief excerpt from each nomination while the individual nominee stood up to be recognized. The winners were announced by Cheryl Cioffi, Senior VP & Chief Operating Officer. Both the Direct Care and Indirect Care Nurse of the Year received a framed certificate commemorating their award, a gift card to Downtown Frederick donated by the Frederick HealthDevelopment Department, 2 additional gift cards along with other gifts recognizing their accomplishments. Winners also received the coveted parking space in the Frederick Health Hospital parking deck.

The nomination process for the Nurse of the Year begins when a nurse is identified by their peer as having best exemplified the Frederick Health standards of behavior for that year. The written nominations provide examples of how the nurse demonstrated the 7 domains of R.E.S.P.E.C.T. Individual nominations are reviewed by the Manager and then the Unit Practice Councils. The Nursing Professional and Education Development (NPED) Council had the challenging task of selecting the winners. NPED members evaluated all 31 nominations and graded each using a 5-point Likert scale to determine the winners.

Nominees for 2021 Nurse of the Year include:

Nicole Allen – Direct Care – 4A

Patricia Buckmaster – Indirect Care – 3A

Kathy Bunn – Indirect Care – 2C, Obs, Float Pool

Charli Crawford – Indirect Care – Pediatrics

Katie Denney – Direct Care – ED

Beth Doody – Direct Care – Family Center

Carrie Grimes – Direct Care – 3B

Pam Hexter – Indirect Care – 3G

Marianne Hiles – Indirect Care – NPD/Family Center

Shayna Hughes – Direct Care – L&D

Dana Hutchison – Indirect Care – Service Excellence

Liene Krasta – Direct Care – Observation

Debra Laferte – Direct Care – 4G

Janierose Lock – Direct Care – 3G

Judith MacLaren – Indirect Care – ICU

Leisa McDaniels – Indirect Care – 3B

Candice Michael – Indirect Care – Performance Improvement

Jane Misulia – Direct Care – IVOP

Sarah Morgan – Indirect Care – NPD/3G

Michelle Parker – Indirect Care – NPD/BHU

Tena Pennington – Indirect Care – Case Management

Beth Schroeder – Direct Care – 3A

Bethany Simms – Direct Care – Pediatrics

Stephanie Stone – Direct Care – Wound Care

Michelle Storks – Indirect Care – Periop

Marla Sulmonte – Direct Care – OR

Carrie Turner – Indirect Care – ED

Miranda Ward – Direct Care – CCFP

Lizzie Welch – Direct Care – ICU

Jennifer Wilson – Direct Care – NICU

Ally Wivell – Direct Care – 2C

2021 Nurse of the Year Winners

Indirect Care: Sarah Morgan, Clinical Specialist, 3G

Sarah is such an asset to 3G and to the hospital. She spearheaded the Certified Med-Surg Nursing exam 'Fail Safe' program which has resulted in over 30 RNs obtaining their CMSRN certification without having any out of pocket cost. Sarah has single-handedly recruited nurses each year that the program has been in place in support of Magnet initiatives. She worked with Senior Leadership and the Medical Surgical Nursing Certification Board to start the program. Sarah is always hands-on and willing to help. She is very knowledgeable on all aspects at patient care. Sarah is also supportive of staff's mental, emotional and physical needs. Sarah is a wealth of knowledge. She is our "go to" person for any clinical or even regular issues and questions. She is always rounding on the staff, jumps in to help with anything. Sarah makes sure we are all updated on any changes on the unit, provides education & materials if needed. She is very supportive of all the staff, very approachable and goes above & beyond what is probably in her job description. I've never seen a more dedicated, hardworking CNS who supports the staff and organization. Sarah is a true example of leadership; leaving the circumstance better than you found it, and building up others to empower them to take on more than they thought they could.

Direct Care: Beth Schroeder, RN, 3A

Beth is a relief charge nurse and Magnet ambassador for 3A. Beth is someone we consider a "patient-family-favorite". She is ALWAYS smiling, always making the room and situation feel "lighter", and always takes pride in her work. Beth is a role-model when it comes to how to talk to and approach patients and family members in a polite and respectable manner. She advocates for her patients and is a great link between the multiple doctors, therapies, and case workers assigned to each patient. Beth volunteered to work extra on the COVID unit (when COVID patients were not on 3A) when staffing was short and census was high to assure adequate support for this patient population. She is quick to respond to all alarms on the unit and often beats everyone to a bed alarm every-time, even when it's not her patient! Beth is the ultimate team player – she helps everyone else even when her assignment is busy, picks up extra shifts, switches whenever co-workers ask, and takes a float assignment to ensure consistent care for patients

Frederick Health's Indirect and Direct Care Nurses of the Year for 2021

Nurses' Week Celebration

Exemplary Professional Practice

Harm Events - What Are They and How Do We Prevent Them?

We are nurses! We care about people!

Our Frederick Health mission is to positively impact the well-being of every individual in our community. When we come to work and accept our patient assignment, never does it enter our minds to make mistakes or hurt our patients. The concept of safe, quality patient care has been instilled in us since our first day of nursing school and reinforced throughout our careers. Zero harm is our overall common goal!

The World Health Organization defines patient harm as "an incident that results in harm to a patient such as impairment of structure or function of the body and/or any deleterious effect arising there from or associated with plans or actions taken during the provision of healthcare, rather than an underlying disease or injury, and may be physical, social or psychological (e.g. disease, injury, suffering, disability, and death)."

Frederick Health establishes organizational goals every fiscal year. This FY21, we have been asked to reduce overall harm events by 20%. As part of that initiative, Harm Reduction Task Forces have been established, each being assigned a grouping of harm events to work on. Each team has Clinical Nurse Specialists, Nursing Directors and a Physician Champion leading the charge.

Some of the major harm events we are addressing include:

- Device related such as catheter associated urinary tract infections (CAUTI), and central line associated blood stream infections (CLABI)
- Pressure injuries
- Falls/Falls with injury
- C Difficile infection
- Surgical complications and infections
- Pneumonia/aspiration pneumonia
- Bacteremia/Sepsis
- Acute pulmonary edema and respiratory failure
- Shock

Patient harm during healthcare is a leading cause of morbidity and mortality. These events come at a great cost to the patient, family, caregivers, and healthcare organizations.

Let's all get on board and reach our goal to reduce all harm events at Frederick Health. If you do your part each and every shift for every patient you care for, collectively we will make the difference!

Harm Events, cont.

Take the Pressure off in 2021!

You will find lots of information about what the Pressure Injury Prevention Task Force has been doing over the last year. First, prevention is key so please view the infographic that summarizes our pressure injury protocol.

Next, let's test your knowledge about pressure injuries.

Lastly, a recent SBAR communication was sent to all nurses about joining the pressure injury staging team. We received about 14 inquiries which is so exciting! Please see the project plan that is underway to get this team up and running as soon as possible. To those that have joined in, your efforts and commitment are greatly appreciated

The "cost" of harm events

Although the word "cost" implies money, that is not the only repercussion we are concerned about when it comes to patient harm.

The Center for Medicare and Medicaid Services (CMS) and the National Quality Forum have standards and regulations surrounding "never events". These events are characterized as:

- Unambiguous—clearly identifiable and measurable, and thus feasible to include in a reporting system;
- Usually preventable—recognizing that some events are not always avoidable, given the complexity of health care;
- Serious—resulting in death or loss of a body part, disability, or more than transient loss of a body function; and
- Any of the following:
  - Adverse and/or,
  - Indicative of a problem in a health care facility's safety systems and/or,
  - Important for public credibility or public accountability

When events of this nature occur, mandatory reporting is required by the State of Maryland.

Unfortunately, once these events are investigated and deemed our responsibility, monetary penalties can be imposed on the organization. These penalties are steep for good reason…incentive for us to fix the problems and achieve zero harm to the patients entrusted to us

The cost to the patient and family can be significant on many levels. Patients may suffer long term impacts, disabilities or even death. Even additional days in the hospital or extra outpatient care appointments to resolve the issue can be extremely burdensome on patients and families.

There are certainly legal ramifications to harm events. Injuries to patients opens us up to lawsuits against the organization and possibly the individual caregivers as well. We must apply risk management strategies to avoid this for all parties involved

Lastly, the cost to each caregiver is high. The psychological impact

Harm Events, cont.

can be devastating knowing that your actions, or lack thereof, that contributed to the long-term morbidity or mortality of a patient. In some cases, staff have had a very difficult time recovering from these situations, even making extreme decisions to leave healthcare altogether. We don't want this to happen to you!

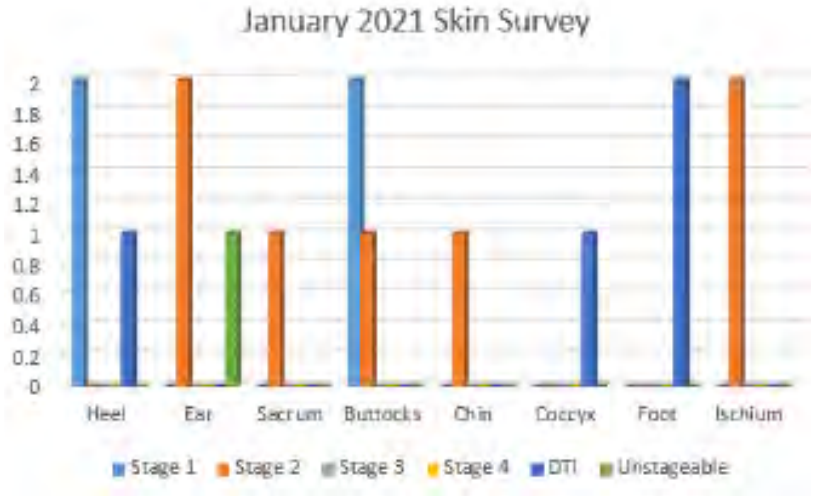
So, what can we collectively do together to minimize and even eliminate harm events. We work in a very complex and stressful environment. Many tasks and pressures are placed on staff every shift, every day. This is not something that any one individual can fix on their own…it takes teamwork on all levels of the organization. Sometimes though, some of the simplest solutions can provide the biggest impacts. The research is out there and it's called evidence-based practice. There are healthcare organizations out there that have figured this out and have shared their best practices for us to follow. Why reinvent when solutions are right before us. Bottom line is we can get back to some very basic measures and strategies to create a culture of safety and zero harm events. Let's focus on some of them:

- Evaluate devices on a daily basis to make sure they are still needed and functioning properly.
- Performing proper care and maintenance of urinary catheters and central lines.
- Following our policies and procedures.
- Completing safety checklists and time outs during various procedures.
- Performing full assessments on admission to establish baseline conditions.
- Evaluate patients using risk assessment tools and put proper safety measures in place.
- Make sure bed alarms are on and responded to in a reasonable timeframe.
- Turn patients regularly and make sure they are on the proper therapeutic surface.
- Make sure proper handwashing and infection control precautions are taking place.
- Perform mouth care routinely.
- Use your gut…if something doesn't seem right, ask questions, and discuss it with your Charge Nurse and the provider.
- Routinely round on patients; ask them what they need and discuss safety measures with them.
- Use your TeamSTEPPS tools. If you want a review, there is a course available in Net Learning…just enroll yourself.

Let's all get on board and reach our goal to reduce all harm events at Frederick Health. If you do your part each and every shift for every patient you care for, collectively we will make the difference!

The Skin Champion team's goal to Take the Pressure Off

The Skin Champion team at Frederick Health kicked off the New Year with a goal to Take The Pressure Off in 2021. We have made a commitment with guidance from the Pressure Injury Harm Task Force to reduce pressure injury by 20%. Our team completed a hospital wide skin survey on January 7th. Completing regular audits on the incidence and prevalence of situations promotes improvement in the care we provide patients by allowing a focus on high risk, high volume areas. Past surveys and again in January our team found an increase in the number of medical device related pressure injuries.



Total Pressure Injuries = 17 | Zero -Stage 3 and Stage 4
Medical Device Related Injury =3
Medical Devices causing injury this survey=oxygen tubing from nasal cannula and/or HFNC

Prevention is key. Pressure injuries are associated with increased pain and nearly 60,000 patients die each year as a direct result of pressure injury. Pressure injuries increase the cost of a hospital stay. The use of medical devices are necessary and nearly every patient has at least one medical device during their stay.

On January 7, 2021, Molnlyke, presented education on the topic of prevention of medical device related injury to a live and virtual audience. They provided insight into recognizing the risk and provided guidance on prevention for patients requiring a medical device. In July 2018, The Joint Commission recognized a need for preventive measures surrounding medical devices in a Quick Safety publication.

In caring for patients at Frederick Health, we ask you to consider the following safety actions:

1. Complete a skin assessment each shift, including underneath a medical device
2. Inform the patient of their risk related to a device and ask them to report any discomfort
3. If possible reposition the device to help redistribute pressure, and remove the device as soon as medically feasible
4. Ensure that the proper size and fit of the device is in place and consider padding the skin under the device
5. Communicate any skin changes or concerns during bedside hand-off, include all members of the care team

The Skin Champion team's goal to Take the Pressure Off, cont.

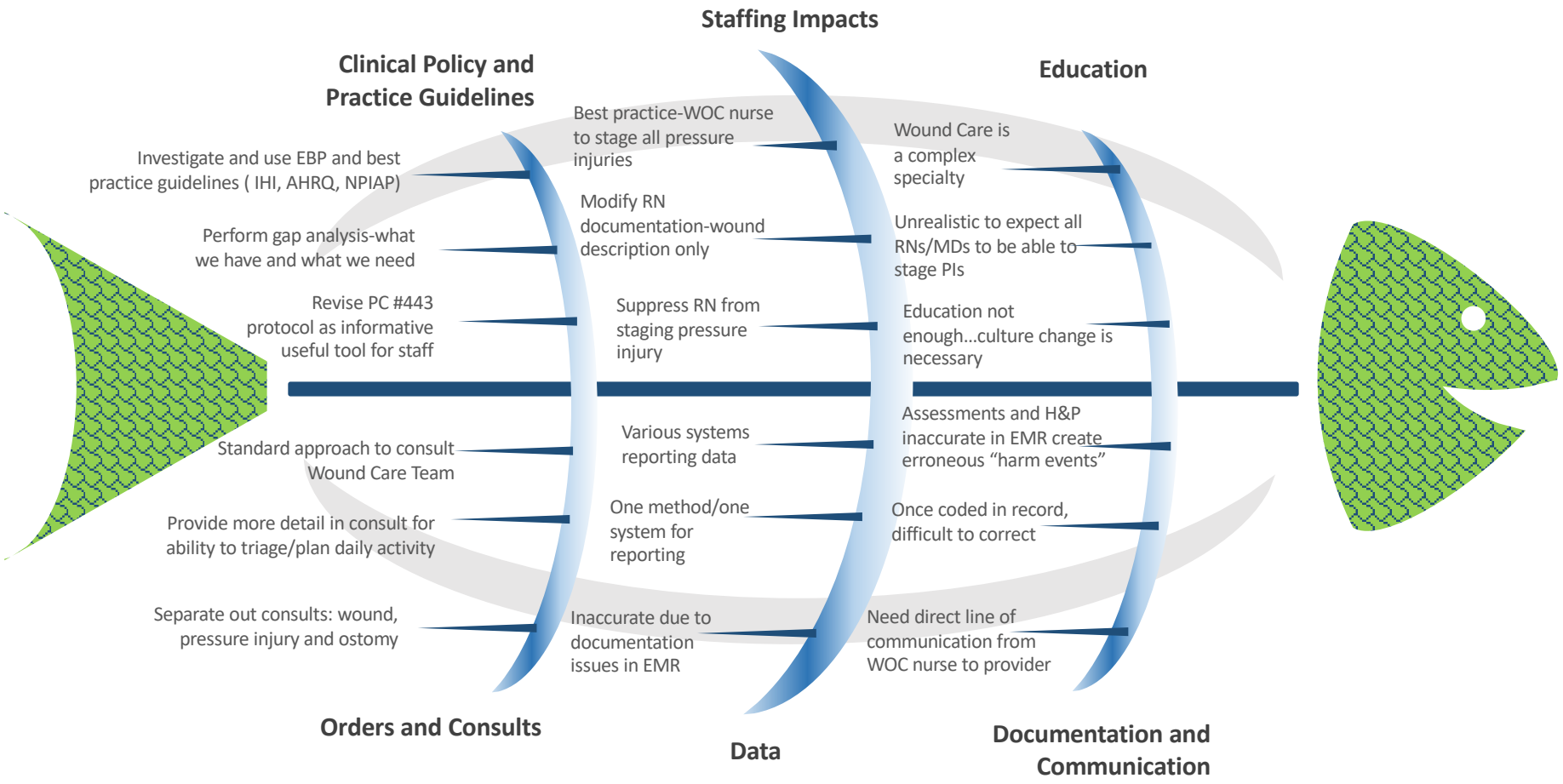
Agency for Healthcare Research and Quality. Preventing pressure ulcers in hospitals: A toolkit for improving quality of care. Rockville, MD: Agency for Healthcare Research and Quality

The Joint Commission. Managing Medical Device Related Pressure Injuries. Quick Safety. Issue 43, July 2018. Oakbrook Terrace, IL: The Joint Commission

The Pressure Injury Task Force has been very busy working on all the items identified as causes/effects for harm events. Here is a list of accomplishments thus far:

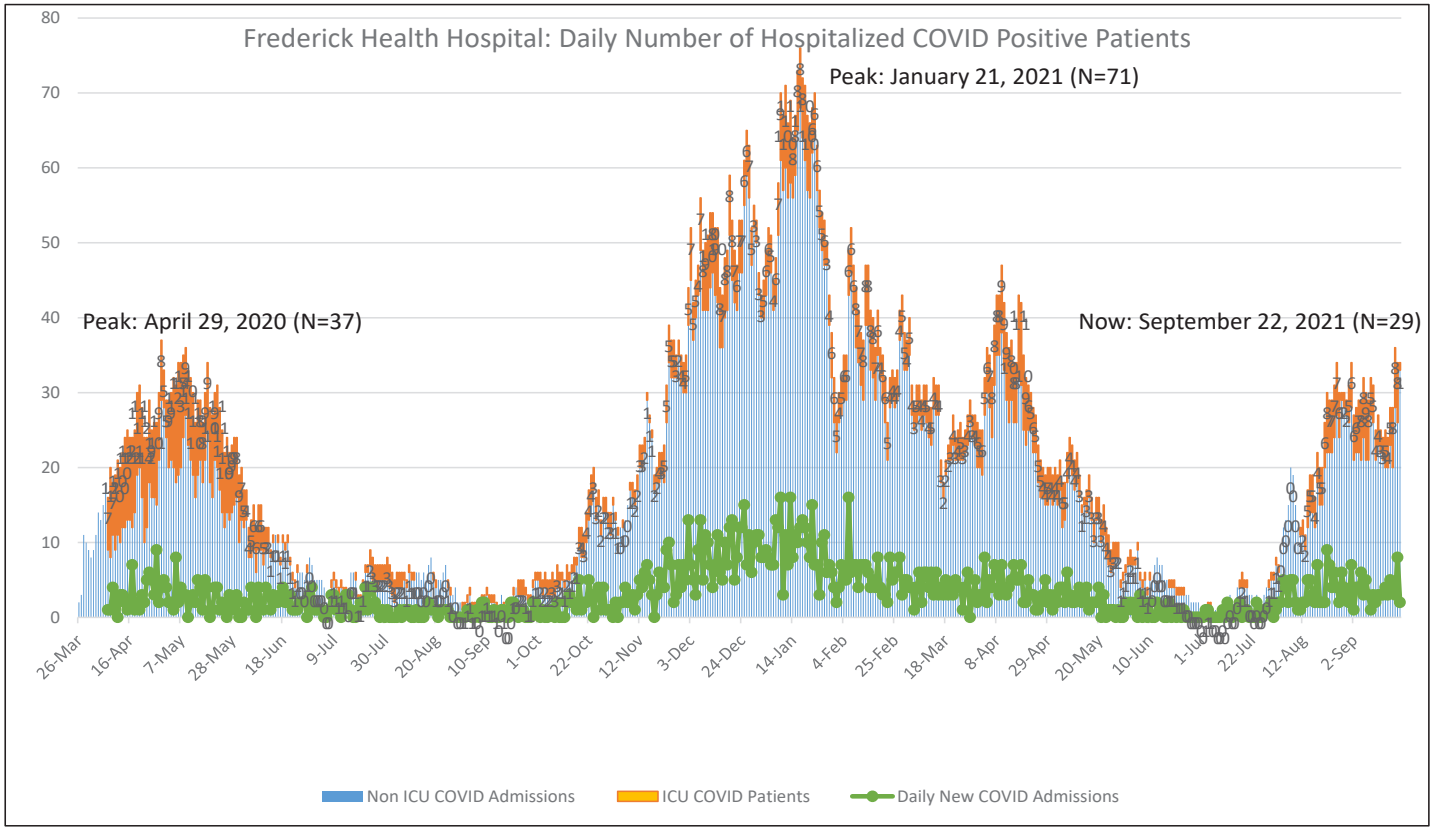
- PC #443 has been overhauled and soon ready to distribution
- Hercules beds purchased and in use. Additional inservices provided for staff.
- Tortoise positioning device purchased for use with prone positioning of critically ill patients
- Pertinent policy links in Expanse updated
- Therapeutic surface documentation in Expanse revised/updated
- Skin assessment documentation in Expanse revised and to be implemented in near future (see article with SBAR and screenshots)
- Suppression of RN staff completing pressure injury staging-implementation in near future
- New separate consult orders for wounds, pressure injury and ostomy
- New pressure injury reports established drawing from Expanse documentation-include type of pressure injury, risk factors, Braden score, specialty bed
- New CRNP hired and working on Wound Care Team
- New additional Wound/Skin Clinician position approved (vacant and actively recruiting)
- Robust group of Skin Champions actively participating in surveys, meetings and educational offerings
- Wound Care Team now participating in Skin Prevalence Surveys
- New Skin Assessment CBL created and assigned to staff; available in Net Learning
- Pressure injury staging app added to Zebra phones
- Infographics for prevention and treatment strategies developed and available under Clinical Resource Tools on Intranet
- New process and paperwork for the ordering of specialty beds. Forms are available on the Intranet.
- Revision to Verge-now able to enter multiple pressure injury sites on the same event being reported. Also updated the anatomical locations for improved documentation of the event.
- Using the Value Analysis Team as a resource, added new products/supplies to our inventory. Evaluated supply carts on inpatient units and increased par levels to insure that staff have the tools needed to safely care for their patients

Pressure Injury Task Force Analysis



COVID 19 Update

This year have been rewarding as well as challenging for nursing. We continued to take care of many patients with COVID-19, while coping with departures of nurses. We have rallied together as a team to try innovative ways to maintain the highest quality of care possible during this prolonged pandemic. The following pages tell the story of that journey.



Staffing Update

The 2021 RN workforce, by the numbers

Rising turnover leads to current staffing shortages …

18.6%
Average RN turnover in 2020, up from 16.9 in 2019

24.6%
Average turnover of RNs with less than one year of experience in 2020, up from 24% in 2019

89 days
Average time-to-fill for bedside RNs in 2021

9.9%
RN vacancy rate in 2021, up from 8.9% in 2020

… while unmet RN needs aggravating instability

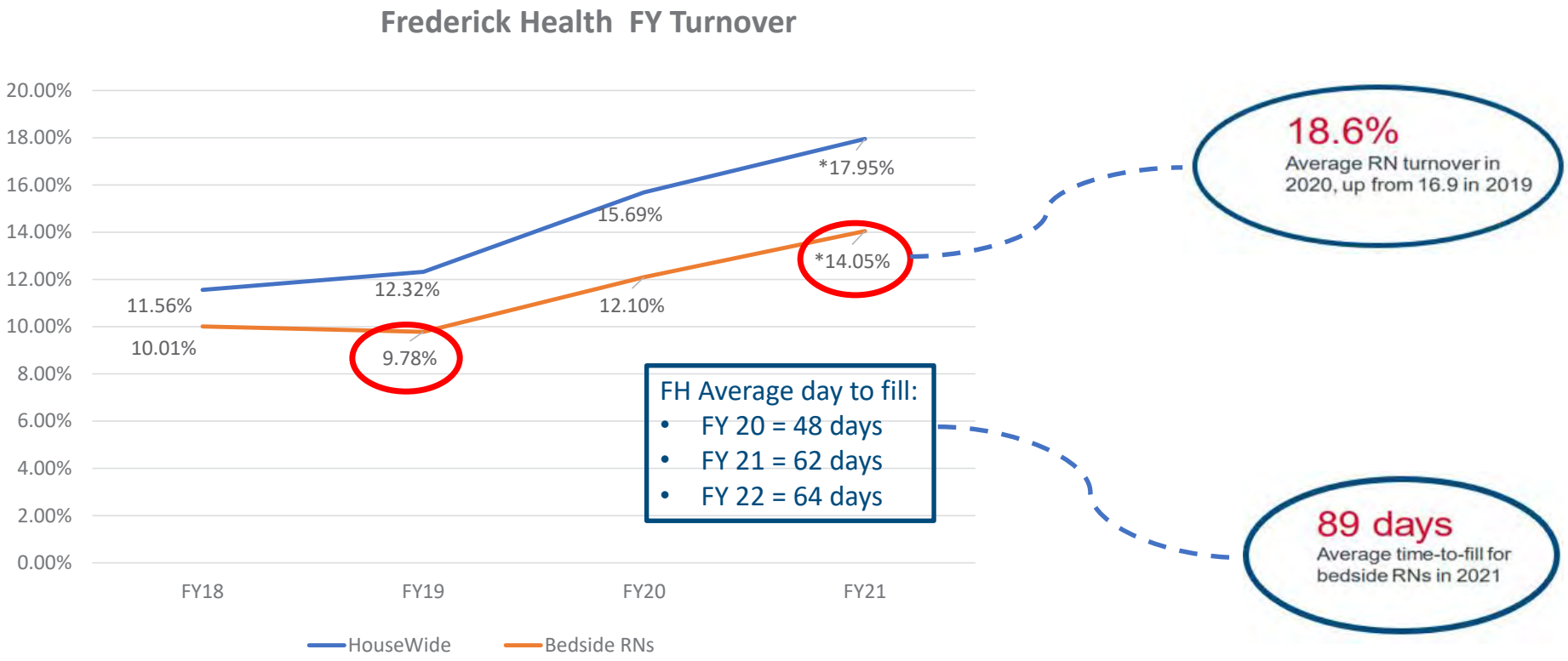
39%
Of health care workers reported not having adequate emotional support

96%
of US professionals want work flexibility

22%
Of surveyed nurses who may leave their current position providing direct patient care within the next year

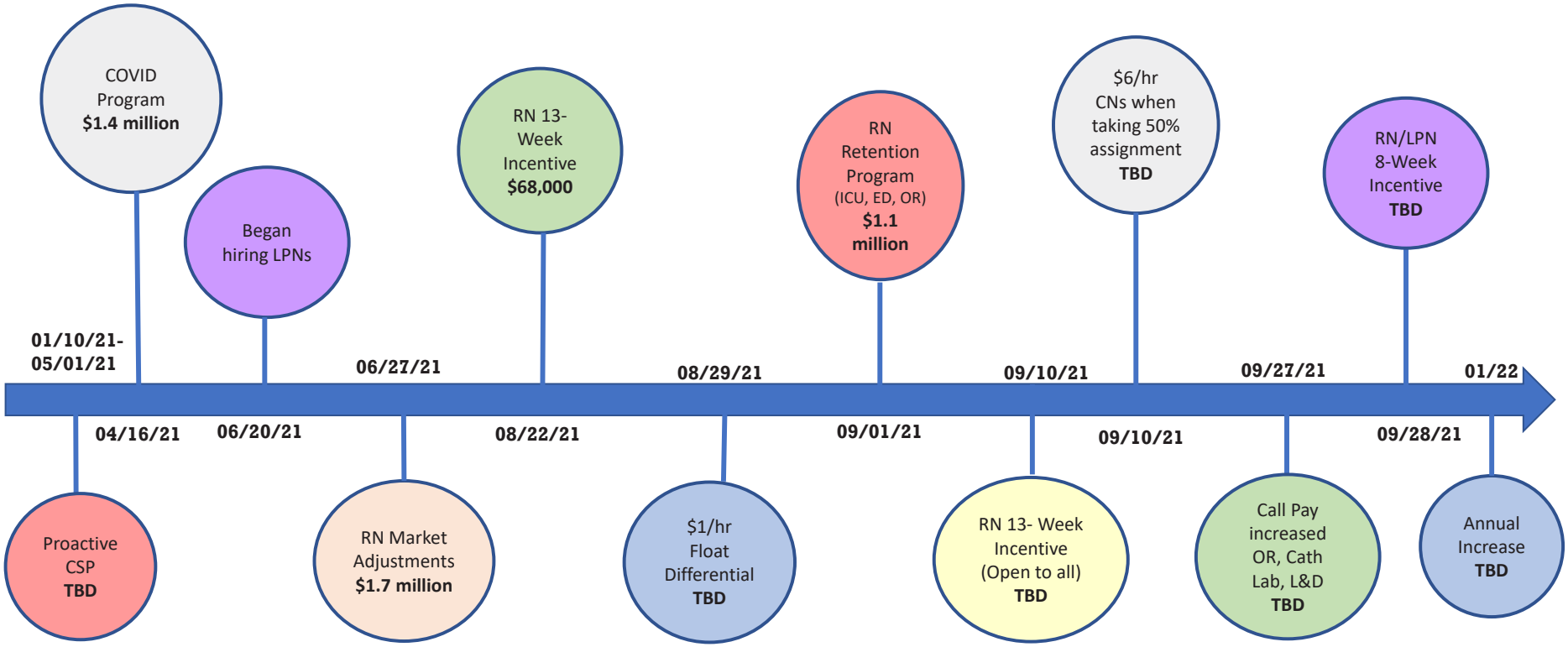
Source: Annual Turnover, Vacancy, and Premium Labor Benchmarks, HR Advancement Center, Advisory Board; "2021 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions, Inc, March 2021, https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf; Pandemic is taking a dangerous toll on the mental health of frontline workers, Mental Health America, December 1, 2020, https://www.globenewswire.com/news-release/2020/12/01/2137293/0/en/Pandemic-is-taking-a-dangerous-toll-on-the-mental-health-of-frontline-healthcare-workers.html; "96% of US Professionals say they need flexibility but only 47% have it", *Harvard Business Review*, https://hbr.org/2018/06/96-of-u-s-professionals-say-they-need-flexibility-but-only-47-have-it; "Nursing in 2021: Retaining the healthcare workforce when we need it most," McKinsey & Company, May 2021, https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most.

Here at Frederick Health



What Have We Done?

Anticipated Cost= **$ 4.2 million**



Magnet® Ambassadors Take the Lead

During the journey towards Magnet® Recognition, Frederick Health has a demonstrated and dedicated workforce of nursing staff who commit themselves to providing quality patient care. To support an atmosphere of nursing excellence, the Magnet® Ambassadors are working with their units to embody a Magnet® culture. Let's have a closer look at the role of the Magnet® Ambassadors and what they did to help our organization achieve Magnet® status.

Magnet® Ambassadors are designated clinical nurses from a wide variety of units. There are 55 Ambassadors representing both day and night shifts. Ambassadors meet on a monthly basis to receive updates from nursing leadership. They work together to plan, facilitate, and promote the Magnet® culture and helped prepare the organization for the site visit from the American Nurses Credentialing Center (ANCC).

The Ambassadors are a vital link in the journey and they brought detailed information to staff about the Magnet® process and preparations for our site visit. In October 2019 the Ambassadors hosted the first Magnet® Fair Day. They created poster boards to represent their unit's initiatives that were included in the Magnet® application. Using a variety of game stations, crossword puzzles, and word finds, the Ambassadors and Nursing Directors created a fun environment able to help the for participants to learn more about Magnet® and become familiar with the many stories contained in the application documents. The Fair Day was open to all staff and re-freshments were available.

For the past few months, Magnet® Ambassadors have been hard at work creating bulletin boards on their units as a way to visually inform their teams. The boards contain content related to the nursing professional practice model, service, quality, finance, and people pillars. The bulletin boards display unit specific HCAHPS scores, nursing sensitive indicators, education and certification, and Magnet® stories specific to their unit. These colorful and information rich bulletin boards were useful for our staff to refer to as Magnet® Appraisers visited the clinical units virtually– these bulletin boards were used to brag about each unit's successes!

In order to prepare for the Magnet® Appraisers and the three-day site visit, Ambassadors worked with their units to practice questions during huddles. A key ring on the clinical units to contained a collection of unit-specific answers to these frequently asked site visit questions.

The Magnet® Ambassadors led their teams in the review of the Magnet® application documents available on the Intranet. A pocket sized handbook was created with input from the Ambassadors, and was distributed prior to the site visit. Ambassadors assisted with mock site visits throughout the nursing areas. We are thankful for the consistent and vital work the Ambassadors provided to our nursing staff! Their efforts made us successful!!

New Knowledge, Innovation, and Improvements

Strong leadership, empowered professionals, and exemplary practice are essential building blocks for organizations seeking Magnet recognition, but they are not the final goals. Current systems and practices need to be redefined if we are to be successful in the future. Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.

A partial list of our many accreditations, awards, and recognitions is located on the inside cover of this report. In addition, we have achieved the CMS 4-star rating and have been ranked second by Consumer Reports for patient safety in the state of Maryland. Achieving these results requires the teamwork of physicians, nurses, care managers, housekeeping staff, laboratory technicians—literally all of the staff in our organization.

Code Lavender! Rapid Response and Peer Support

As a result of the COVID 19 Pandemic, now more than ever, healthcare providers are highly vulnerable to burnout, stress, compassion fatigue and emotional distress as a result of experiencing adverse or emergent patient care events. "These second victims often feel personally responsible for the patient's outcome and question their knowledge and competence, leading to their own personal distress." (Gomes, 2020). Coupled with seemingly unrelenting high census, acuity and staffing shortages, the resiliency of healthcare staff is at risk.

"First developed by the Cleveland Clinic and launched in 2008, Code Lavender is a holistic care rapid response type program to help caregivers in need of a calming influence after a stressful situation, such as a difficult diagnosis or the loss of a patient." (Gomes, 2020). At FHH, CODE LAVENDER will be activated by a call to the operator, which will alert the Hospital Supervisor and the Chaplain that there is an emotionally distressing event taking place. The call will not trigger an overhead page or announcement. The initial call may be placed by any member of the healthcare team. The Chaplain, who is trained in crisis intervention, will respond along with the Hospital Supervisor for patient care support. A cart full of supplies such as snacks, aromatherapy, and over the counter medications will be deployed to the unit as a 'just in time' comfort cart.

The name CODE LAVENDER is derived in part from the urgency (CODE) associated with the management of emotional trauma and LAVENDER is used because studies have shown that the use of lavender has a calming influence in the presence of stress and anxiety. (Stone, 2018) CODE LAVENDER is being developed at Frederick Health Hospitalthanks to the creativity and empathy of Kasey Zern, BSN, RNIII in the ED. Kasey saw an immediate need for resiliency support in her colleagues, and was able to identify similar programs through her Emergency Nursing Association membership. Kasey

Code Lavender! Rapid Response and Peer Support, cont.

is working in collaboration with Nursing Leadership, Pastoral and Spiritual Care, Service Excellence and Employee Health to bring CODE LAVENDER to the bedside.

Prior to implementation, please remember, if you are experiencing high stress or emotional burn out, please reach out for help. You are not alone. The following programs are available on a confidential basis: RISE (Resiliency in Stressful Events), is a peer support network at Frederick Health Hospitaland can be reached by calling the operator, and the Employee Assistance Program which can be reached @ 240-566-4430. Information for both programs will be distributed to staff during all CODE LAVENDERS.

Gomes, C. (2020). Code Lavender: Caring for our caregivers. Stonybrook Medicine. https://www.stonybrookmedicine.edu/code_lavender_caring_for_our_caregivers

Stone, S., B. (2018). Code Lavender, a tool for staff support. Nursing, 48(4). 15-17 DOI:10.1097/01.NURSE.0000531022.93707.08

Nursing, Quality, Evidence-Based Practice & Research Council (NQERC) Update

On April 16, 2021 we partnered with Meritus for an online EBP Poster Day & Conference titled "Transforming My Professional Practice."

Two excellent speakers from Ohio State University provided expert education on EBP initiatives and developing and fostering a culture of inquiry to nursing staff and leaders.

From Frederick Health, Dana Hutchison, MSN, RN, PCCN-K presented "Zen Den: A Relaxing and Restorative Space to Decrease Hospital Staff Stress Levels and Improve Resilience."

Marianne Hiles, MMSN, RN, APRN-CNS, ACNS-BC, RNC-LRN, C-EFM, also from FH, presented "An Evidence-Based Quality Improvement Project to Improve Glucose Stabilization in Newborns At-Risk for Hypoglycemia."

Frederick Health Nurses presented the following posters:

Name	Title
Patricia Abate	Does an Escape Room Promote Critical Thinking in Residents?
Susan Archer Thomas Smoot	Management of Patients with Acute Alcohol Withdrawal from Admission to Discharge: An Interprofessional Evidenced-Based Approach
Karen Coghill, Sally Proulx	Building Resident Resiliency through Mindfulness
Cheryl Daniluck Kyra Szugye Caitlin Swartz	Decoding Delirium
Debra Disbrow	Proning outside of the ICU: implementing proning practice on a Medical/ Surgical unit during the COVID-19 pandemic.
Mona Guilfoil Christie Schubel	Identification of Screening Questions to Trigger Early Intervention by the Vascular Access Nursing Specialist for Patient Vascular Access Assessment and Device Selection
Lauren Huzzy Natalie O'Leary Dana Remsburg Erin Schaeberle	Implementation of a Resilience Bundle to Build Resilience and Impact Burnout in Critical Care Nurses
Leisa McDaniels Susan Archer	Prevention of UTI with Nurse Driven Policy Change

Nursing, Quality, Evidence-Based Practice & Research Council (NQERC) Update cont.

Name	Title
Margaret McNeill	Best Practices for Electronic Central Line Checklist Development and Implementation
Imelda Timonera	For Medical Surgical patients with a Braden score of less than 19, (Population), does a 2-RN skin check every shift (Intervention) compared to only during admissions and transfers (Comparison) affect the number of HAPIs (Outcome)?

In addition to these poster presentations, Cindy Russell presented her poster as the culmination of her DNP project virtually at a conference in Iowa, titled "Achieving Individualized Care Plans in a Community Hospital Electronic Health Record".

The Nursing, Quality, Evidence-Based Practice & Research Council (NQERC) meets every fourth Wednesday at 1330. This council provides education and support to nurses on the research and evidence-based practice process thereby ensuring delivery of the highest quality nursing care for our patients. Each unit has a representative and is involved in an EBP initiative.

Each quarter the NQERC hosts a Journal Club after the regular meeting. This quarter we will read and discuss the article titled "Racial bias in pulse oximetry measurement" by Sjoding MW, Dickson RP, Iwashyna TJ, Gay SE, Valley TS., published in the New England Journal of Medicine, 2020;383:2477-8. If you are interested in attending Journal Club please reach out to Dr. Peggy McNeill, MMcNeill@frederick.health.

Volunteers Needed!

Suzanne Jacobson

Hello, Frederick Health Team!

Is that sunny weather out your window turning your thoughts to spring? With temperatures in the 70s predicted for this week, I'm with you!

As many of you know, we have a volunteerrun garden RIGHT HERE on our campus that is co-tended with our neighbors and colleagues over at Hood College. Now, more than ever, the produce we grow in the Hood-FH Resource Garden is deeply needed. COVID has ushered in many unwelcome impacts, and one of them is an increase in food insecurity. As unemployment rises in tandem with pressures on local food banks, our Hood-FH produce will be particularly impactful this year.

This will be our FIFTH season in the Hood-FH Resource Garden, and as always, all produce will be donated to local people, families, veterans and senior citizens in need. This is a wonderful opportunity to volunteer for something truly delicious. We are asking interested employees to sign up for "Plot Teams," so join forces with your colleagues and adopt-a-plot now! Or meet some new folks and add your name to any team with three or fewer people registered. Simply donate 30-60 minutes of your time per week from May- September. All tools, seedlings, etc. will be provided, and the weekly volunteer investment will be fairly minimal when spread across all team members.

Do not delay—help us grow something nutritious that benefits the Frederick community!

Questions? Email sjacobson@frederick.health.

Hood/Frederick Health Resource Garden 2021

The numbers are in!

Thank you 2021 Hood/Frederick Health Resource Garden volunteers for all your time and effort to bring healthy eating to the Frederick Community.

HOOD+FH RESOURCE GARDEN

Veggies Produced in 2021:
444lbs

Volunteer Hours by Hood and Frederick Health Garden Teams: **282**

A Deep Well of Nursing Resilience

Whitney Willet, BSN, RN; Clinical Nurse, Oncology & Hematology/Infusion Center

"It's like a secret society or something", my cousin-in-law would marvel as she caught me wrapping up an engaging conversation with her grandmother-in-law.

On a summer evening in August, family from up and down the east coast would gather to celebrate her son's sixth birthday, a gathering comprised of a smattering of cousins, aunts, uncles and grandparents from both sides of the family. It was the kind of social situation where you vaguely recognize your in-laws' great aunt from Florida and fail in remembering names since your paths crossed several gatherings ago. You mill around, keeping polite, superficial conversation while picking at picnic fare and sipping lemonade, all the while keeping one eye out for your children, running with a gaggle of cousins and new-found friends.

Children tend to mesh so well in these types of social situations; my sons always seem to find playmates at these gatherings with such ease. Over the years, I discovered the children weren't the only ones who found that magnetic pull: the nurses, this "secret society", seemed to find one another and fall into conversation with great enthusiasm & natural ease.

In fact, over the years, I found that one of my favorite people to talk to at these gatherings would be my cousin in-law's grandmother.

Helen was a retired psychiatric nurse who spent the majority of her career in large New York City psychiatric wards. Her career spanned from "One Flew Over the Cuckoo's Nest" era nursing to evidence -based practice of the early nineties. Helen shared stories of spending night shifts as the only registered nurse on a secure psychiatric unit in the early 1960s. She never failed to share some wild tales of deescalating a violent patient or being part of long since abandoned treatment methods. Her stories were fascinating as I imagined 4'11" Helen using her nursing prowess to calm her patients, and hold down such a large unit.

While I think everyone could appreciate such a retelling of a harrowing night shift, nurse or not, I think there was a deeper understanding among the nurses. Helen spent a lot of her career, and coinciding parenting of young children, as a widow. While she could not fully appreciate the perils of online schooling in a pandemic as I couldn't understand her exact circumstances, there's a common thread that binds.

I come from a nursing background with beginnings in inpatient adult leukemia (Med-Surg/IMC/ICU) at a large teaching hospital. As Helen and many nurses before me, I paid the dues of working every major holiday, rotating day and night shifts at an alarming rate and

A Deep Well of Nursing Resilience cont.

taking the assignments of a rookie nurse that are "a good learning experience" in those early years. I think we all experienced some degree of baptism by fire.

We all know the disappointment that comes with spending a Christmas on a busy unit, substituting family gatherings with a breakroom potluck and the company of coworkers. We know about being humbled by the self-pity of working a holiday which pales in comparison to patients who didn't choose to spend their holiday being ill in the hospital.

We know what it's like to have family and friends who simply don't grasp that sleeping all day isn't a form of laziness, but the result of working twelve plus hours through the night. We know the sheer exhaustion that comes with engaging at social events and even our own homes following a string of challenging shifts. We even know the heartbreak of surrendering the care of our sick children to others while we go care for others; the difficulty, yet necessity, of shifting focus; the guilt of counting those precious few "occurrences" and weighing if we should save those in the case of something far more severe in the unforeseen future.

We know what it's like to be with a stranger in their most vulnerable and terrifying moments. We know what it's like to celebrate the victories and mourn disappointments with a patient while also knowing the physiologic intricacies of what brought them to that point. We know what it's like to be part of ushering in new life. We also know the gravity of being the calm, competent presence in the final moments of a person's life; we all know the compartmentalization, denial or grief we utilize to remain an effective nurse in the aftermath.

These often-unspoken commonalities, I'm convinced, are a deep well of nursing resilience. When a coworker recently brought up the topic of nursing resilience, my thoughts drifted to all the hobbies and comforts that fill my time out of work: flower gardening, knitting, reading, listening to podcasts, family time, working on the family farm, hiking and spending time at the beach. My coworkers joked about finding resilience in a big bottle of wine or complete isolation. It was in that moment of gallows humor that my thoughts drifted to Helen. While a bubble bath, a deep tissue massage, an engaging novel, upbeat music, an invigorating run, quiet prayer and restorative meditation are all tools in resiliency, there is real restorative power in one another.

This past spring, I spent several months supplementing the ICU as its capacity was more than doubled during the first COVID surge. Without delving into the intricacies of that time, plainly stated, it was a challenging and exhausting time—exhausting in a physical, emotional and mental sense. Beyond my faith and family, I drew,

A Deep Well of Nursing Resilience, cont.

and continue to draw, my strength from the nursing staff that worked alongside me during those months. We have an intimately shared experience in these historical, unprecedented times. I find simultaneous joy and sorrow in knowing that I haven't traveled such a grief-laden journey alone. When my well-meaning family members try unsuccessfully in comprehending the heartache and victories I've experienced in my nursing life, there are other nurses that have an exceeding understanding.

Not being understood or not feeling seen are the most isolating factors in life. For this reason, I know that it's most important that we lean into the nurses surrounding us in the interest of resilience. Nurses can appreciate the commonalities in clinical knowledge, the shared experiences and the common goal of exceptional patient care. You are seen and understood. I hope you are able to find resilience in the knowledge that you're not alone.

Notes

Frederick Health