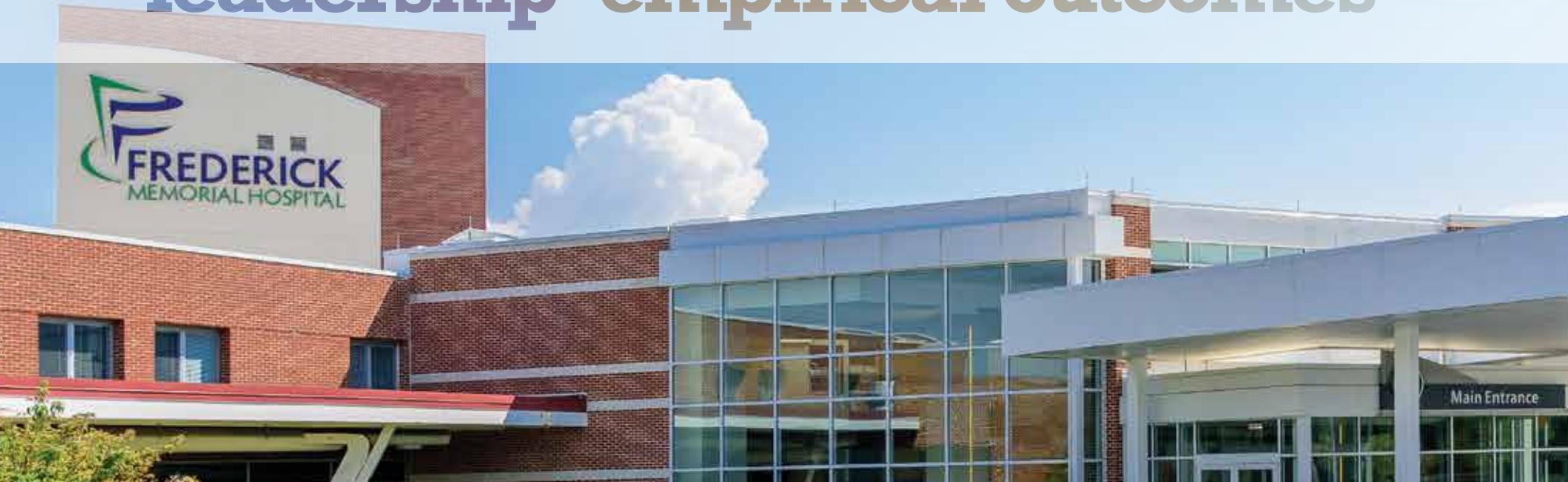


**nursing excellence structural  
empowerment exemplary  
professional practice new  
knowledge, innovations, and  
improvements transformational  
leadership empirical outcomes**



Frederick Regional Health System  
**NURSING REPORT 2018**

# Superb Quality. Superb Service. All the Time.

At Frederick Regional Health System, we want the community to be as confident about the care we provide as we are. That's why we routinely and voluntarily invite independent agencies to review our programs and services. In recent years we have earned numerous accreditations and accolades, including the following:

- Frederick Memorial Hospital has earned The Joint Commission's Gold Seal of Approval and is recognized by The Joint Commission as a Top Performer on Key Quality Measures® for achieving excellence in performance on its accountability measures during 2012 for heart attack, heart failure, pneumonia, and surgical care



- Designated by the Maryland Institute of Emergency Medical Service Systems (MIEMSS) as a Primary Stroke Center
- Awarded a Stroke Center Bronze Performance Award by the American Heart Association
- Designated by the Society for Chest Pain Centers as an Accredited Chest Pain Center with PCI



- Awarded the Silver-level Beacon Award by the American Association of Critical-Care Nurses' (AACN)
- Certified in Cardiac Rehabilitation and Pulmonary Rehabilitation by the American Association of Cardiovascular and Pulmonary Rehabilitation
- Awarded a Joint Commission Certificate of Distinction in the management of Pediatric Asthma
- A National BlueCross and BlueShield Association Blue Distinction Center of Excellence for Knee and Hip Replacement Surgery
- A designated Aetna Institute of Quality for Total Joint Replacement and Spine Surgery



- Accredited by the Commission on Cancer



- An Accredited Member Center of the American Academy of Sleep Medicine



- HIMSS Analytics Stage Six Hospital

- Accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories in Adult Transthoracic Echocardiography



- Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories in Extracranial Cerebrovascular, Peripheral Arterial and Peripheral Venous Testing



- Accredited by the Undersea & Hyperbaric Medical Society



- American College of Radiology (Imaging) – CT, Mammography, MRI, Nuclear Medicine, Ultrasound



The excellent results we have earned from these third-party evaluators bear witness to the quality and training of our staff, the safety of our facilities, the efficiency of our policies and procedures, and the overall excellence of the care we deliver throughout Frederick Regional Health System.



*Frederick Regional Health System President and CEO Thomas Kleinhanzl.*

# FRHS Nursing Vision

Aligned with the organization's vision: *Superb Quality. Superb Service. All the Time.*

## FRHS Nursing Philosophy

We believe the clinical practice of nursing is built on a scientific base. As an essential component of the interprofessional team, nursing is committed to an environment that fosters evidence-based practice, critical thinking, and adoption of innovations that enhance patient outcomes.

We believe nursing has the responsibility to educate ourselves and others. We believe in the importance of expanding our knowledge and expertise as well as sharing this growing body of knowledge with our diverse community.

We are committed to fostering an environment that promotes respect, diversity, positive communication and collaboration among all members of the patient/family/healthcare team.

We are committed to excellence in nursing by creating a culture of inquiry lifelong learning that integrates evidence-based practice, research, and professional development.

We believe the gifts of hope, confidence, and safety that our nurses offer patients and families can only come from a workforce that feels hopeful, confident, and safe. Joy in work is an essential resource for the practice of nursing.

## FRHS Nursing Mission

To be leaders in providing compassionate, quality, evidence-based care focused on the unique individual needs of our patients and their families.

## FRHS Nursing Motto

Committed to Excellence.

*In the following pages, we will take a look at the many ways Frederick Regional Health System is creating a supportive culture of nursing excellence and building a strong foundation for high quality, innovative patient and family centered care.*

# A Note from our Chief Nursing Officer

Dear Friends and Colleagues,

I am pleased to present you with this nursing report that showcases some amazing accomplishments at Frederick Regional Health System. As the only healthcare system in the fastest growing county in Maryland, FRHS continues to be in a period of exciting change and growth.

The one constant at the heart of our health system is our dynamic team of professional nurses who provide our patients and their families with exceptional care. The role that nurses play is critical in the delivery of excellent patient care. How nurses communicate and collaborate with physicians and other team members lays the foundation for creating a patient and family-centered environment.

Our nurses are innovative and knowledgeable clinical experts who drive evidence-based practice and quality patient care outcomes. Nurses span roles across the entire system in specialties such as emergency medicine, medical-surgical, surgery, oncology, pediatrics, cardiology, obstetrics, neuroscience, intensive care, performance improvement, primary care, infectious disease, home health, hospice, education, informatics, advanced practice, case management, behavioral health, wound care, leadership—and the list goes on.

Surrounding each nurse is an entire team of individuals who make FRHS a great place to work, and where patients receive excellent care.

We have created an empowering environment at FRHS that is rich in opportunity and personal satisfaction so our employees can contribute and grow. We are proud of our organization and all of our team members. It is with sincere appreciation that I thank you all for your contributions to nursing and our health system.

Sincerely,



Cheryl Cioffi, DNP, RN, ANP-BC, NEA-BC

Chief Operating Officer and Chief Nursing Officer



# Transformational Leadership

At Frederick Regional Health System, 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 (Hoffart N, Woods CQ. Elements of a nursing professional practice model.

The FMH Professional Practice Model visual framework is illustrated at right:

**CORE VALUES:**

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

**STANDARDS OF BEHAVIOR:**

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

**SHARED GOVERNANCE:**

Nursing Councils  
Transformational Leaders  
Interprofessional Committees  
Open Communication  
Empowerment

**EVIDENCED BASED PRACTICE/RESEARCH:**

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

**QUALITY OUTCOMES:**

Core Measures  
RN Satisfaction  
Patient Satisfaction  
Nurse Sensitive Indicators  
Community Outreach

**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:

### 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.

Dignity & Respect

• Collaboration

## Patient & Family Centered Care

• Information Sharing

### Participation in Care Decisions

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

## The Patient & Family Centered Care Award

This award provides an opportunity for our patients, families and employees to honor a staff member of Frederick Regional Health System 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.

## Congratulations to the winners of our Patient and Family Centered Care Award



Thank you, Stephanie, Dr. Shamim, Dr. Kulkarni, Alison, and Becky!  
Winners of the Patient and Family Centered Care Award.



FREDERICK  
MEMORIAL HOSPITAL



Thank you, Lisa!  
Winner of the Patient and Family Centered Care Award.



Thank you Katie, Mary Jo, Tiffany, Michael, Stephen, Michael, Kelly, Barbara, Linda, and Fiona!  
Winners of the Patient and Family Centered Care Award.



Thank you, Katherine!  
Winner of the Patient and Family Centered Care Award.



Thank you, Lisa!  
Winner of the Patient and Family Centered Care Award.



Thank you, Dottie!  
Winner of the Patient and Family Centered Care Award.



Thank you, Sandra!  
Winner of the Patient and Family Centered Care Award.



Thank you, Vickie!  
Winner of the Patient and Family Centered Care Award.

## A Roadmap for Success: Our Strategic Plan

Our strategic plan includes powerful initiatives for implementing the Institute for Healthcare Improvement's Triple 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.

### **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 onboarding 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.

**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.



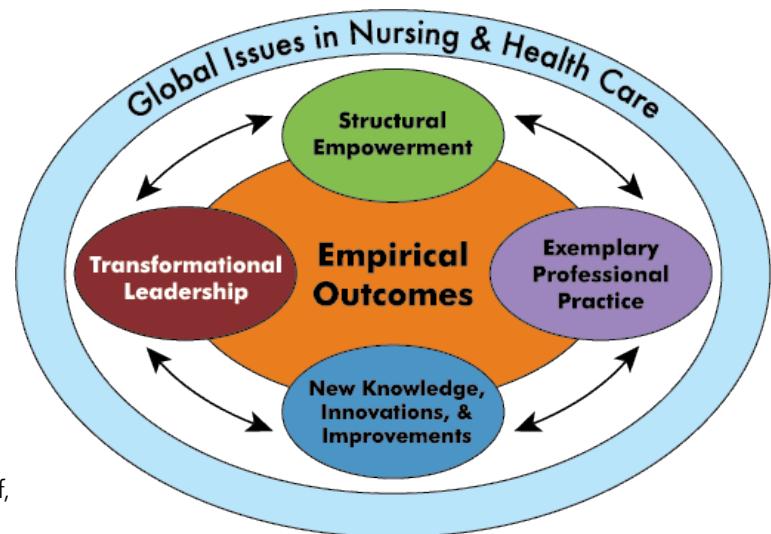
## FMH Journey to Magnet

**OFF TO A GREAT START** The most prestigious and highest credential for nursing excellence and quality patient care is the American Nurse's Credentialing Center's Magnet designation. We are off to a great start to craft narratives and collect evidence for the Magnet Recognition® application! The goal is to submit all application requirements on August 1, 2019. A Magnet Steering Team has been hard at work identifying the best examples of how nursing has developed and implemented a culture of excellence at FMH. It has been a heartwarming and rewarding process to share and collect information about all of the impressive initiatives and problem solving completed by our nursing staff, from a wide variety of areas around FMH.

**OVERVIEW OF THE APPLICATION COMPONENTS** During the next year, we have nurses from nearly every unit and level working in small groups to write a portion for the Magnet application. There are 88 portions of the application and the majority requires a narrative and demonstrable improvement in outcomes; these are portions known as Sources of Evidence (SOE). The SOEs address four main components: (1) Transformational Leadership, (2) Structural Empowerment, (3) Exemplary Professional Practice, and (4) New Knowledge, Innovations and Improvements.

The narratives, evidence, and outcomes that we submit in the Magnet application document will be examples of our accomplishments, primarily from the past 48 months of submission. This is a time for nursing's hard work and accomplishments to shine! These narratives will address the multitude of ways in which FMH nurses collaborate with levels of nursing leadership, partner with multiple disciplines, implement evidence based changes, ensure coordination of care, lead quality improvement activities, address unit level staff needs, volunteer in the community, develop patient education, and many more.

**THE APPLICATION AND APPRAISAL PROCESS** After the Magnet application is officially submitted on August 1, 2019, we can expect a period of application review by the Magnet appraisers. This application review may take a few months. If approved, we will receive advance notice of a planned site visit. We anticipate this site visit in 2020. The Commission on Magnet Recognition will review the final report submitted by the appraisal team and notify FMH of their decision. The Commission designates Magnet Recognition for a period of four years and then we would re-apply for designation to continue. As you can see, this is quite an extensive journey, but one in which we strongly believe we will achieve together!



## Nurses Have a Voice: Shared Governance

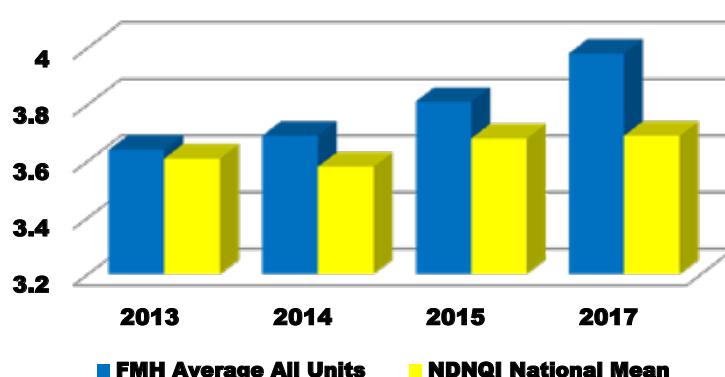
Frederick Regional Health System provides nurses at all levels of the organization with a structure for shared leadership, participative decision-making, and the ability to affect change. We have a collaborative professional nursing workforce that is focused on achieving exceptional quality outcomes, professional nursing practice, and a healthy work environment.

The Shared Governance Councils provides a forum for the development and support of nursing personnel within each respective department or unit. The council members represent the opinions of the majority to shape professional nursing practice and provide excellent patient care within a positive work environment. The councils utilize evidenced based practices and regulatory requirements to guide decisions.

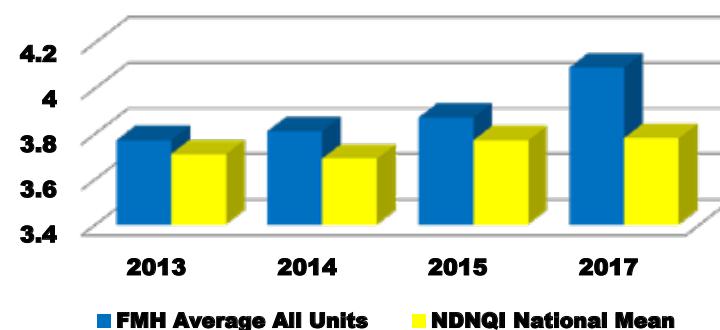


### EMPIRICAL OUTCOMES

#### RNs Have a Part in Decision Making



#### RNs Voice In Planning Policies And Procedures For Our Unit



# Structural Empowerment

Frederick Regional Health System's 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.

## Clinical Ladder Program: Rewarding Advanced Skills & Experience

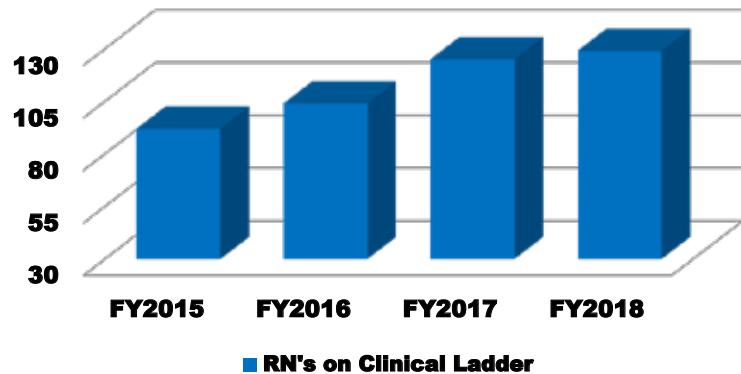
Our Clinical Ladder Program is designed to support excellence in nursing through the creation of professional development for bedside nurses. The Ladder provides opportunity for upward mobility to bedside nurses by allowing nurses to demonstrate their growth in clinical practice and leadership over a series of levels. Nurses can progress from RN I through RN IV.

The Clinical Ladder provides a way for nursing practice to evolve over time by giving nurses a chance to grow professionally while remaining at the bedside with their patients. Based on Benner's Model of Novice to Expert, each level calls for greater demonstration of clinical expertise and leadership abilities. The ladder benefits everyone involved, from patients to nurses to the health system in general, because it supports clinical nurses with an opportunity for development, which translates into better patient outcomes.

The Clinical Ladder is based on the accrual of points through active participation in different categories designated to facilitate engagement in the program. The Clinical Ladder is designed to accommodate the varied needs and lifestyles of the FMH nursing population.

### EMPIRICAL OUTCOMES

#### RN's on Clinical Ladder



## Celebrating Our Nurses: National Nurses Week

We work every day to create a supportive workplace that attracts excellent nurses and encourages them to remain here. We set aside a week in May to celebrate and recognize all of our nurses for the extraordinary things they do day in and day out, every day of the year—because nursing is not just what we do; it's who we are.

Since 1982, National Nurses Day has been observed on May 6. The final day of National Nurses Week is May 12, which is the birthday of British nurse, Florence Nightingale (1820-1910), whose pioneering work during the Crimean War earned her the title Founder of Professional Nursing.



## Nurses of the Year

One of the highlights of our annual celebration of Nurses Week is the naming of our Nurse of the Year. Every year, a wide field of candidates is nominated for this prestigious honor by their colleagues. They represent many different departments and specialties with a wide variety of expertise, and every one of them epitomizes what it means to be an excellent nurse. All the nominees have made an impression on those around them and set a higher standard for the practice of Nursing.

**2018** May 10<sup>th</sup> was our annual Nurse of the Year celebration and it was bigger and better than ever! This was the second year where we celebrated both a direct care and indirect care registered nurse. Nominees were chosen by their unit's peers, reviewed by their Manager, and then their Unit Practice Council wrote up and approved the nomination which was based on FRHS' R.E.S.P.E.C.T. (standards of behavior) domains of quality and service. Each unit's nomination was forwarded to the Nursing Professional & Educational Development [NPED] council for voting. Sixteen members of the NPED council reviewed all 31 nominations and graded each on the seven R.E.S.P.E.C.T. domains using a 5 point likert scale to determine the direct and indirect nurses of the year.

**DIRECT CAREGIVER: EMILY DELAUTER, RN 3A** Emily is an invaluable preceptor, exhibiting true knowledge and pride in her work, never cutting corners and always following up on interventions. She models collaboration between teams to improve the overall productivity of 3A. She demonstrates peer to peer accountability by freely sharing information in a timely and a non-punitive manner. Emily engages with every one of her patients in an unbiased and compassionate manner. She will take the time to sit with a patient to hear their whole story and thoroughly explain interventions and how they will affect the patient's care. Emily will frequently volunteer to take the challenging patient assignment, desiring to find a way to resolve what may be causing a conflict. Emily leads by example and would not ask anyone to do anything she was not willing to do herself. *Congratulations, Emily, and thank you for what you do in providing excellent care to our patients.*

**INDIRECT CAREGIVER: SHARON CHILTON, CLINICAL SPECIALIST, OR** Sharon is the epitome of excellence, professionalism and nursing leadership. She surpasses expectations when planning clinical experiences, teaching TeamSTEPPS, presenting at national conferences and as an integral member of the FMH Special Pathogen Team. As a clinical expert, all the units of the Perioperative department rely on her expertise, opinion and guidance. Sharon is fearlessly committed to the highest ethical standards, creating a culture of empathy, safety and professionalism throughout the OR. As chair of the Safe Surgery Initiative committee, she uses her active listening skills to facilitate constructive discussions allowing members to objectively analyze and identify opportunities for improvement. Sharon makes the FMH team a better one for all of our patients. She embodies Superb Quality, Superb Service, All the Time. *Congratulations, Sharon, and thank you for what you do in providing excellent leadership in nursing.*



*Frederick Memorial Hospital's 2018 Direct Caregiver and Indirect Caregiver Nurses of the Year Emily Delauter, RN from 3A (left) and Sharon Chilton, CNS from OR (right) with Senior VP and CNO Cheryl Cioffi (center).*

**2017** The Nursing Professional and Educational Development Council (NPED) members had the honor of selecting the 2017 FMH Nurse of the Year from the eighteen excellent candidates nominated by their nursing colleagues. 2017 was the first year in which two winners were selected: a direct caregiver and an indirect caregiver.

**DIRECT CAREGIVER** Ashley Jordan, RN from 2C, was named the 2017 FMH Direct Caregiver Nurse of the Year. Ashly is a Master's prepared nurse and is an RN IV on the FMH Nursing Clinical Ladder. She has earned her medical-surgical certification and most recently was certified in chemotherapy. Ashly's peers recognize her as a phenomenal team player and an incredible asset to the team. She is a natural born leader and teacher. Ashley loves mentoring students and orientees and has been precepting nearly every shift. She is always finding way to build others up and celebrating the hard work done by the team on her unit.

**INDIRECT CAREGIVER** NPED was pleased to announce Cynthia Russell, Perioperative Systems Liaison, as the 2017 FMH Indirect Caregiver Nurse of the Year. As the Perioperative Systems Liaison, Cindy is extremely knowledgeable regarding the research and theoretical framework of informatics nursing and the clinical practice of nursing. Cindy demonstrates exceptional leadership as a nurse and as a member of interprofessional teams. She eagerly takes on new challenges in a supportive and professional manner that makes her a pleasure to work with. Cindy does whatever it takes to get the job done and done well. Cindy is respected by her co-workers, ancillary staff, and physicians.



2017 Direct Caregiver Nurse of the Year Ashley Jordan, RN 2C (center) with FRHS President and CEO Tom Kleinhanzl (left) and FMH Senior VP and CNO Cheryl Cioffi.



2017 Indirect Caregiver Nurse of the Year Cynthia Russell, Perioperative Systems Liaison (center) with FRHS President and CEO Tom Kleinhanzl (left) and FMH Senior VP and CNO Cheryl Cioffi.

## Professional Development

Professional Development is a lifelong process, and we want our nurses to enjoy the journey! At Frederick Regional Health System, we are proud of the opportunities we offer to help expand nursing practice and the realization of personal and professional goals. Our Nurse Residency, OR Residency (PeriOp 101), and Preceptor programs reflect our commitment to assist new nurses as they refine their clinical and critical thinking skills. The combination of in-depth education and clinical precepting enables us to attract and retain new nurses who are equipped for success.

Whether you are a new graduate or an experienced clinician, we are proud to offer scholarships and generous tuition reimbursement, the opportunity to earn continuing education credits and specialty certifications, and a clinical ladder that allows nurses to gain and be rewarded for clinical practice experience.

### **Nurse Residency Program a Success Because of the Continued Commitment from our Preceptors**

Nurse Residents receive a rich and rewarding clinical orientation as part of their one year residency. Nursing preceptors provide a depth of knowledge, patience, and leadership to enrich the professional growth of Nurse Residents. To highlight their achievements, the residents nominate Resident Preceptors of the Year.



*2016 Preceptor of the Year Kathy Carey, Nursing Resources (right) with Senior VP and CNO Cheryl Cioffi.*



*2017 Preceptor of the Year Kari Thacker, 4B (right) with Senior VP and CNO Cheryl Cioffi (left).*



*2018 Preceptor of the Year Laura Hassett (right) with Senior VP and CNO Cheryl Cioffi (left).*



2016 Nurse Residents



2017 Nominees for Preceptor of the Year



2018 Nominees for Preceptor of the Year

### Nursing Pipeline

Frederick Memorial Hospital is committed to nursing excellence. The need to nurture and assist new nurses as they develop and refine their clinical skills and critical thinking is very important. The "Nursing Pipeline" program within the Nursing Resources Department provides an opportunity for nurses to join FMH and prepare for job openings within the system. Pipeline nurses (recent nursing graduates) will work alongside and under the supervision of a Registered Nurse Preceptor (who has completed the preceptor classes) throughout the entire orientation to enhance clinical skills.

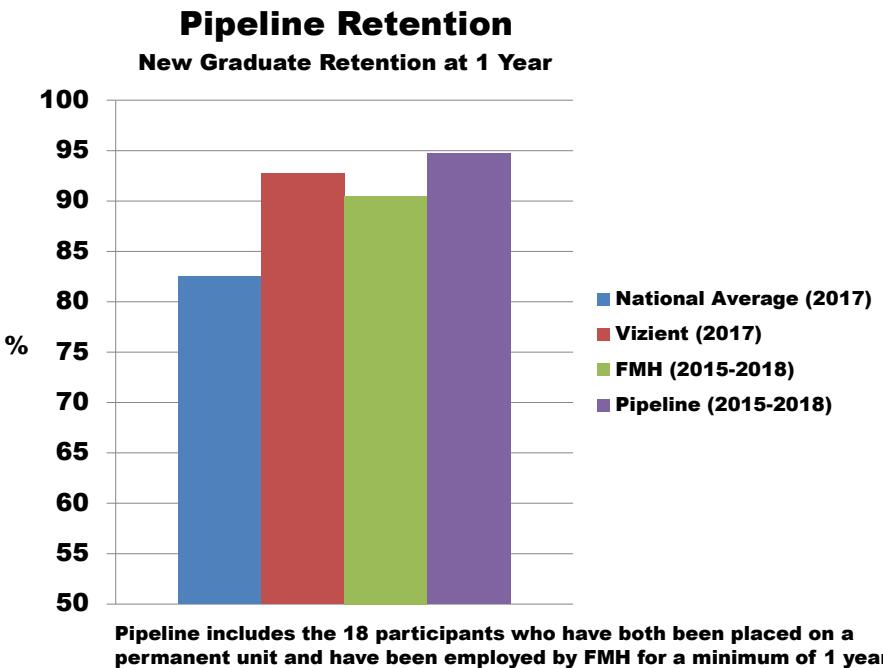
The program requires applicants to hold a minimum of baccalaureate preparation and current licensure as a Registered Nurse in Maryland or other recognized compact state. Pipeline is a temporary position lasting no longer than six (6) months and is not benefits eligible.

The orientation consists of a 16 week curriculum with an opportunity for extension if mutually agreed by the clinical preceptors and manager.

- Schedules will be based on the assigned clinical preceptor.
- Candidates should be prepared to float throughout the hospital with their preceptor.
- Clinical schedules should always follow the clinical preceptor work schedule and offer 32-40 hours per week of proctored clinical experience.
- As applicable vacancies present within the inpatient nursing units, positions will be posted initially for internal applicants.
- All RN's in the pipeline are encouraged to apply.
- If hired into a position before the conclusion of orientation, their orientation time would finish with the clinical preceptor on the unit they will call home.
- If at the end of their orientation they have not secured a unit-based position, they could be placed on long term FMLA vacancies, unit-based vacancies, etc. This will allow further monitoring and continued development of their skills while filling vacancies.

This program has successfully trained 22 new nurses currently working for FMH.

### EMPIRICAL OUTCOMES



## Nurse Residency

The primary purpose of the Nurse Residency Program is to provide clinical and educational support to newly licensed Registered Nurses entering the profession as new graduates and through their first year of practice at FMH. BSN prepared new graduate Nurses hired into the innovative Nursing Pipeline program are also supported by the Nurse Residency Program. Nurses who are making a significant change in specialty within the profession may also be invited to participate. The Nurse Residency Program is 12 months in length and complements nursing orientation with focuses on the professional role, leadership, and patient outcomes.

Our program utilizes a nationally known residency program that is adopted as a model for the State of Maryland. We work in partnership with local academic partners and other hospitals as part of the Maryland Nurse Residency Collaborative. Only 3 such state collaboratives exist in the US. These collaborations and national residency program ensures the delivery of an evidence based curriculum and interactive exercises. This transition to practice program integrates didactic experiences, simulation, mentoring, and clinical instruction to foster the development of the FMH nurse.

The Nurse Residency program is designed to support quality patient care and outcomes, improve critical thinking skills, promote clinical nursing leadership practice, and foster research-based evidence into nursing practice, and decrease nursing turnover rates. Team dynamics, confidence and nursing satisfaction are improved as a result of the continued support provided to resident nurses during their first year.

## Scholarships, Tuition, and Professional Development Reimbursement

Another way we support our employees to become the best they can be is by providing financial assistance for RNs working toward their advanced nursing degrees, including BSN, MSN, and Doctorate. Full-time, eligible employees who have completed approved classes with qualifying grades can be reimbursed for tuition, registration, and laboratory fees up to \$4,500 per year. We also offer Nursing Professional Development Reimbursement to assist with the professional and educational development of Registered Nurses. Appropriate use of the program includes reimbursement for conferences, continuing education, and professional organization memberships that are relevant to a nurse's current position.

RESIDENCY PROGRAM	PIPELINE PROGRAM
ADN, BSN Preferred <i>Promissory note to complete within 5 years</i>	Minimum BSN Required
Accept 2 year position on a unit. <i>Primarily MED/SURG/TELE</i>	No commitment required
Benefited, 0.9 FTE	Emergency Relief, 36-40 hours/week
1-2 preceptors on average	2-3 preceptors on average
1 unit with 4 hours of share time on unit on specialty unit of their choice	<b>Minimum</b> of 8 units <i>Medical, Surgical, Oncology, Observation</i>
Tiered orientation process <i>1 patient for set time, then 2, then 3, etc.</i> <i>Full patient assignment avg. 8-10 weeks</i>	Full patient module by Week 4
Average Duration of Orientation: 12 weeks	3-6 months <i>Average duration of orientation on permanent unit-6 shifts</i>

### FRHS Green Team

In 2010 the need for coordinated environmentally sustainable practice program was identified at Frederick Memorial Hospital. It was at that time an interdisciplinary team came together to form FMH's Green Team. The Green Team's mission is to provide quality healthcare in a sustainable, safe and caring, efficient manner while limiting its carbon footprint.

The Green Team is facilitated by Suzanne Jacobson, RN (Emergency Dept.) with interdepartmental support of time and energy from Bonnie Baust, RN (OR), Regina Bindas, RN (3B), Kerry Callan (Materials Management), Maria Crocker (Pharmacy), Alexandra Fisher (Emergency Department), Shanda Matthias, RN (ARC), Don Moody (EHS/Leadership Team), Roslyn Morrissey (Nursery), Deborah Nelson (ARC), Ellen Nicodemus, RN (Peds), Christina Sones (IPAC), and James Vance (EHS).

Impactful progress has been made at the main campus as well as in the community, focusing on waste reduction, recycling, hospital operations and sustainable food initiatives. Green Team membership has grown to thirteen members working to build sustainable culture throughout FRHS.

Green Team accomplishments include participation in initiatives that improved efficiency of waste reductions, segregation, and recycling.

- Expanded access to recycling containers increased waste diversion at a rate of 3-4%/year and recycling increasing from 10% in 2012, to 30% in 2018 of total waste placing us in the top 50% nationally of similar hospitals for management of this waste stream.
- Diversion of hospital waste to include reusable sharps containers, reprocessed devices, recycling batteries, and expired supplies donations diverting nearly 400 tons of waste in 2018.
- Efficient Red bag segregation has reduced Rotoclave activity by 85-90%, reducing water use, energy and expense.
- Continued utilization of software to track waste, energy, and other hospital operations to guide team in sustainable process efficiency and green program development.



*Front row L to R: R. Morrissey, K. Callan, C. Peterson, S. Jacobson, M. Crocker*

*Back row: S. Matthias, B. Baust, C. Sones, T. Gerwig, D. Nelson, A. Fisher, D. Moran (Frederick County Recycling), E. Nicodemus.*

Other Green Team activities supporting FMH's commitment to our community and environment include:

- Earth Day recognition activities since 2011 that include courtesy confidential paper and electronic waste disposal for employees and promotion of Drug Take Back Day.
- Partnering with Hood College's Frederick Food Security Network in the Hood/FMH Resource Garden 2017 and 2018 with more than 2,500 lbs of vegetables donated to Frederick community organizations such as Frederick Food Bank and Frederick Rescue Mission in the last 2 years.
- Recognition of Buy Local Challenge promoting purchasing of fresh vegetables from local farmers. Additionally participated in 2<sup>nd</sup> Street and Hope Wednesday night community dinner contributing vegetables from Hood/FMH garden for meal preparation.
- Partnering with Frederick County Recycling to identify and improve recycling processes at FMH.
- World Food Day 2018 canned food collection event donating a full pallet of goods to the Frederick Food Bank.
- Facilitating the completion of the MD Department of Environment Annual Business Recycling Reporting Survey.
- Sustainable culture building events with quarterly green challenges, including Ornament Challenge (ornament entries to be made with recycled materials) yearly since 2011 and recipe challenges for Earth Day, Buy Local Challenge, and 2018 World Food Day reflecting healthy eating promotion in line with LiveWell Frederick 5-2-1-0 initiative.

## Advancing Practice Through Credentialing

We believe in lifelong learning. That's one reason we encourage and support our nurses to advance their practices through certifications in Med-Surg, OR, Critical Care, Oncology, Pediatrics, Emergency, Neonatal Intensive Care, Orthopedics, and other specialty areas. Nursing certification validates that a nurse has attained advanced knowledge and skills in a specific area of expertise.



Every March 19th, Frederick Regional Health System joins other medical facilities worldwide to celebrate the achievement of nurses who have gone the extra mile to obtain or maintain their specialty certifications. We are extremely proud to employ more than 200 nurses who hold certifications in their specialty areas.

Patricia Abate CMSRN, RN-BC	Cristy Bates CNOR	Megan Breeden CMSRN	Sheena Castro CCRN	Vanessa Constant CMSRN
Carrie Amoriell CMSRN	Bonnie Baust CNOR	Stephanie Brennan CMSRN	Sharon Chilton CNL, CNOR, NHDP-BC, RNFA	Colleen Cook CCRN
Susan Archer APRN-CNS, CCRN	Lila Beaulieu NE-BC	Ashley Brown CMSRN	Lauren Cholet FNE-A	Dottie Corbett RNC-NIC
Sara Aubertin CNOR	Tressa Bell FNE-A/P, SAN-E-A	Carolyn Brown CNOR	Lynn Chucoski CPAN	Charli Crawford CPN
Jessica Auge OCN	Luann Bender PCCN	Amanda Bruce CMSRN	Patricia Chuey CHPN	Tonya Crone RNC-MNN
Norma Austin CEN, CPEN	Heather Benjaminson CMSRN, PCCN	Pamela Buhidar RNC-OB, VA-BC	Carolyn Ciervo RNC-NIC	Jennifer Crook CLNC
Janice Babe ACM-RN, CCM	Rebekah Bentz CMSRN	Judy Buhrman CNOR	Cheryl Cioffi ANP-BC, NEA-BC, FACHE	Donna Crow WCC
Barbara Baldwin IBCLC	Regina Bindas CMSRN	Rebecca Burlall CCRN	Dara Claxton OCN	Katie Culler CEN
Susan Baldwin CDE	Jacklyn Bocchetti RNC-OB	Martine Burns CMSRN	Karen Coghill RN-BC	Jan Culton CCRN
Ashley Balsley ACM, CCP	Natalie Bonsby OCN	Jennifer Burrier CMSRN	Ashley Coleman CPN, RN-BC	Karen Dacey IBCLC
Cassandra Balzer CMSRN	Angela Borges PCCN	Dana Burriss CMSRN	Molly Collette RN-BC	Kathleen Daniels IBCLC
Norma Bard CCRN	Peter Bradford CPHQ	Christie Bussard CPN	Tara Collins PCCN	Cheryl Daniluck CMSRN
Carol Barker CPHQ	Pat Brand CPHQ, HACP	Iralys Buttrum CCRN	Katherine Sue Conklin RNC-NIC	Kevin Dant CMSRN

Lori Davies C-EFM, RNC-OB	Elizabeth Dunk VA-BC	Joshua Gibson CEN	Laura Hassett PCCN	Dana Hutchison PCCN
Ruth Davis RNC-NIC	Kelli Earle CCRN	Maureen Goggin IBCLC	Grace Hauver CMSRN	Lauren Huzzy CCRN, RN-BC
Angela Day CMSRN	Leroy Eckenrode ACM-RN, CCP	Victoria Granai De Guzman CMSRN	Jamie Heflin OCN	Renee Hyrkas PCCN
Stephanie Dedecker RN-BC	Marissa Edelin PCCN	Kaci Graux-Scites RN-BC	Jackie Henderson CMSRN	McKenzie Isaac CMSRN
Kristin Deely AGACNP-BC	Joyce Erwin CEN	Marie Greffen CCRN	Pauline Henry CMSRN	Suzanne Jacobson CEN
Stephanie DeLauder CMSRN	Carey Evans CPHQ	Kelley Griffin CCRN	Marianne Hiles ACNS-BC, RNC-LRN	Theresa Jardeleza CPN
Carlo DeLeon CMSRN, NP-C	Naomi Everett CWS, SCRN	Carrie Grimes CMSRN	April Hiller RNC-MNN	Ashley Jewell CMSRN
Danell Derocher RNC-MNN	Kim Fabry CPN	Nadene Grissen RNC-OB	Chris Hillman CCRN	Julia Jones CMSRN
Christina DeRosa CPXP, FACHE, NEA-BC	Kavitha Fernando RNC-MNN	Kim Grossnickle CMSRN	Suzanne Hilton CWOCN, CWS	Ashley Jordan CMSRN, OCN
Kimberly Deshazor CMSRN	Brittany Fleming CMSRN	Mona Guilfoil CRNI, OCN	Mary Hogan RNC-OB	Sophy Kamau CMSRN
Hema DiMaggio CCRP, OCN	Marlee Flook CMSRN	Martha Gurzick CCNS, CEN	Tiffany Holcomb PCCN	Shelley Kaplan AGCNS-BC, PCCN
Jean Dinterman OCN	April Fogle PCCN	Katie Hall PCCN	Cathryn Holman CPNP	Shelley Kapp CCM
Cristelle Dipita CMSRN, PCCN	Lorrie Folmar RNC-NIC	Ingrid Halvorson AGGACNP-BC	Elisabeth Holter CN-BN	Terri Kemmerer CDE, CRNP
Debra Disbrow OCN, PCCN	Jill Fritsch CMSRN	Lori Harper CMSRN, OCN	Pam Holtzinger AFN-BC, CEN, FNE A/P, SANE-A, SANE-P	Barbara Kester CMSRN
Akoko Djadou CCRN	Debra Fuller OCN	Stephanie Harrison CMSRN	Angie Hooper RNC-NIC	Elizabeth Kinley CPHQ
Michele Drapeau-Clem RNC-NIC	Marybeth Gammill CPN	Michelle Hartley CMSRN	Sara Hooper ANP-BC	Kathy Kline-Cochran CPAN
Jan Drass CDE	Ellen Garst CGRN	Kristen Hartwig CPN	Barbara Hrabowski CPHQ	Jennifer Kliphouse CWS
Jodie Drum IBCLC	Lisa Gerwig RNC-OB	Joyce Hartzel CCM	Shayna Hughes RNC-OB	Sam Knight CMSRN

Kaity Konapelsky CPN	Lori Lingg RN-BC	Kristen McKenna PCCN	Rosalyn Morrissey RNC-NIC
Janet Kopp CPAN	Kelly Llewellyn FNP-BC	Margaret McNeill APRN-CNS, CCNS, CCRN-K, CPAN, NE-BC, NHDP-BC, TCRN	Kimberly Moser CMSRN
Jen Kramer NEA-BC	Brittany Lookingbill CCRN	Sarah McNicholas IBCLC	Laura Moser WCC
Lyndsey Kramm CNOR, FNE-A	Michelle Lor PCCN	Debbie Meadors CCRN, CPAN	Jenn Mostowski RNC-OB
Liene Krasta CMSRN	Theresa Magri CPHQN	Missy Messinger CNOR	Katherine Murray NEA-BC
Deborah Kundu RNC-NIC	Susan Manny CPN	Candice Michael RNC-OB	Linda Naddeo CHPN
Susan LaDue CMSRN	Mike Marchone ANP-BC	Gail Miglio CHPN	Kim Nelson OCN
Debra Laferte PCCN	Virginia Marrone CCHM, HACP	Michelle Miller AGCNS-BC, CMSRN, MHDP-BC	Stephanie Nestor RNC-NIC
Kathryn Landis-Bogush HACP, PCCN	Gail Martin CMSRN, PCCN	Monica Mills RNC-MNN	Chloe Nichols FNE-A
Christopher Lang CMSRN	Kim Masser CCP, CRNI	Vickie Mills CPAN	Ellen Nicodemus CPEN, CPN
Dana Lapier PCCN	Shanda Matthias HACP	Eleonora Mirano CMSRN	Kalli Norris PCCN
Amanda Leal CCRN	Barbara Mattson OCN, RN-BC	Jane Misulia CHPN, OCN	Anne Obrique CMSRN
Natalie Lebherz CMSRN	Steve Maue CPAN	Nancy Mitchell-Hoffman CNOR	Debra O'Connell CPHQ
Megan Lee CMSRN	Tracy McCauley OCN	Janet Montes CPAN	Gbemisola Ogundeyi CMSRN
Lisa Lewis RNC-NIC	Leisa McDaniels CCRN, CHPN, CWOCN	Tracy Montgomery FNE-A	Heather Orndorff CRNP, NNP-BC
Cathy Ligsay CPN	Diane McFarland NEA-BC	Stacey Moore PCCN	Denise Owen RN-BC
Jessica Ligsay CPN	James McGarvey CMSRN	Sarah Morgan CMSRN	Julie Paez RNC-OB
Erika Linden NE-BC, RNC-OB	Amanda McGee RNC-NIC	Anne Morris CPAN	Maggie Ramkissoon ACCNS, ACRNP
			Robert Rauch CCRN



Katrina Reggio  
CMSRN  
Trish Reggio  
RNC-OB  
Dana Remsburg  
CCRN  
Sandy Replogle  
RN-BC  
Kim Rhoderick  
RNC-OB  
Patricia Rice  
ANP-BC, APNG, OCN  
Jeremy Ritenour  
CMSRN  
Missy Roberts  
RNC-NIC  
Sara Rogers  
ACCNS-AG, CEN  
Michele Romsberg  
RNC-OB  
Meredith Rubeling  
CMSRN  
James Rucker  
CPN  
Diane Ruckert  
ANP-BC  
Brenda Ruopoli  
CEN  
Cindy Russell  
INS RN-BC  
Kelly Sabol  
CPAN  
Shey Sanders  
RNC-MNN  
Amy Sarr  
CCRN

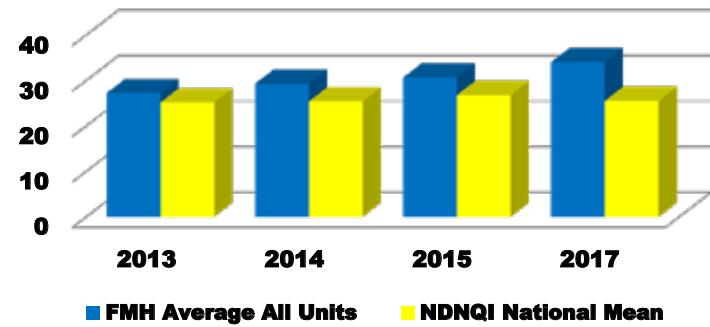
Victoria Schlak  
CPHQ  
Reinette Schneider  
RNC-OB  
Lindsay Schrader  
CMSRN  
Karen Schrecengost  
CPN, FNE A/P  
Jennifer Schroeder  
CNOR  
Christie Schubel  
CRNI, VA-BC  
Jacueline Scire  
CPAN  
Robin Seidel  
PCCN  
Josie Semelsberger  
CMSRN  
Cathy Sier  
CMSRN  
Marie Silard  
CPN  
Jen Simmons  
RNC-NIC  
Deb Sines  
OCN  
Mary Singleton  
OCN  
Catherine Skelly  
CCM  
Kim Smith  
IBCLC  
Chuck Snodderly  
CNOR  
Jennifer Southers  
CMSRN

Sarah Sowers  
CCRN  
Megan Sparks  
RN-BC  
Meghan Speiser  
RNC-OB  
Karen Steinberg  
CPN  
Teresa Stitely  
CNM  
Patricia Stivell  
RN-BC  
Stephanie Stone  
CWOCN, CWS  
Dolly Sullivan  
CNOR  
Jane Susi  
CPAN  
Caitlyn Swartz  
SCRN  
Kyra Szugye  
CMSRN, SCRN  
Lori Taylor  
CMSRN  
Abaynesh Teklehaimanot  
CMSRN  
Kari Thacker  
CMSRN  
Stephanie Thorpe  
CMSRN  
Judith Trentini  
OCN  
Brittany Tritsch  
CMSRN  
Jennifer Southers  
CMSRN

Kathryn Troupe  
AAHFN, ACNP-BC, ANP-BC,  
CCRN, CEN, CHFN, GNP-BC  
Katherine Vann  
CMSRN, OCN  
Bethany Varner  
CPN  
Michelle Verbus  
CMSRN  
Theresa Vetter-  
Habighorst  
OCN  
Marie Villanueva  
RNC-NIC  
Nina Volz  
CNOR  
Ketsoudachan Vongnaraj  
CMSRN  
Diane Walker  
FNP-BC  
Brianne Walsh  
CPN  
Daniel Wanki  
CMSRN  
Emmanuel Wanki  
CMSRN  
Rita Warner  
CMSRN  
Sherryl Watkins  
CMSRN  
Brandy Weishaar  
CMSRN  
Travis Wertz  
CCRN  
Jamie White  
NEA-BC

## EMPIRICAL OUTCOMES

### Percent of RNs with National Certification



■ FMH Average All Units ■ NDNQI National Mean

Mary White  
CMSRN

Christine Wiles  
CBCN, OCN

Lynn Willard  
CMSRN

Susan Windsor  
CCRN

Kelly Wissinger  
PCCN

Kristina Wright  
CEN

Mandy Yinger  
ANP-BC, CCNS

Diana Yurich  
CPN

## Annual Nursing Graduations

The Nursing Professional and Educational Development Council (NPED) hold an Annual Nursing Graduation Party that recognizes FRHS nurses who have recently earned advanced degrees. Dr. Cheryl Cioffi, Chief Nurse Officer and Chief Operating Officer provided the keynote address and emphasized the importance of lifelong learning.



Honored 2017 graduates with Senior Leadership.



Members of the NPED Council congratulate 2017 graduates.



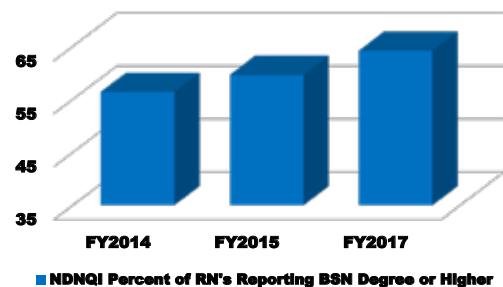
Honored 2018 graduates with Senior Leadership.

## The Nightingale Pledge

Before God and those assembled here, I solemnly pledge;  
To adhere to the code of ethics of the nursing profession;  
To co-operate faithfully with the other members of the nursing team  
and to carry out faithfully and to the best of my ability  
the instructions of the physician or the nurse  
who may be assigned to supervise my work;  
I will not do anything evil or malicious and I will not knowingly give  
any harmful drug or assist in malpractice;  
I will not reveal any confidential information  
that may come to my knowledge in the course of my work  
And I pledge myself to do all in my power to raise the standards  
and prestige of the practical nursing;  
May my life be devoted to service and to the high ideals  
of the nursing profession.

## EMPIRICAL OUTCOMES

### Percent of RN's Reporting BSN Degree or Higher

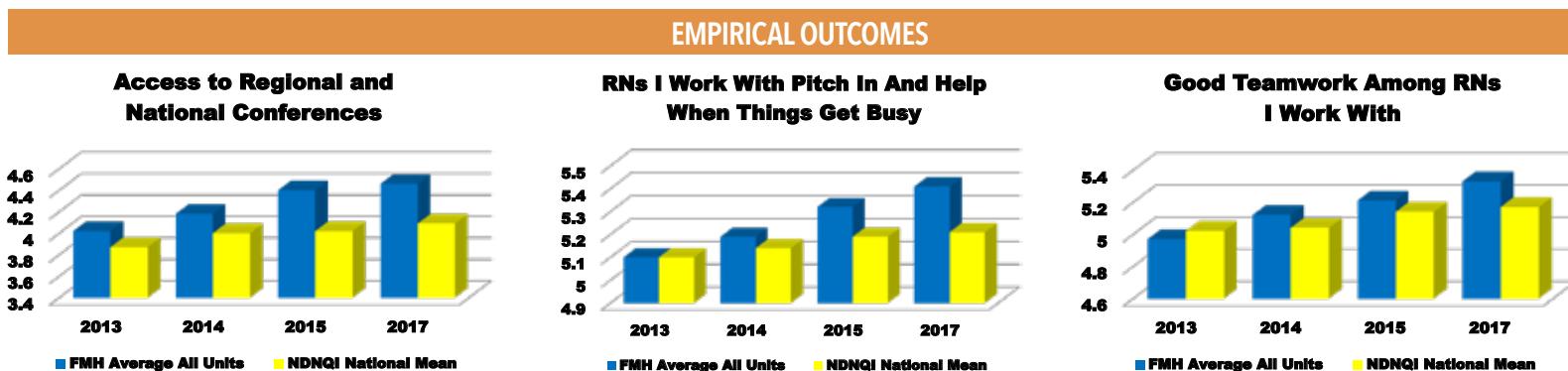


# Exemplary Professional Practice

The essence of an organization seeking Magnet recognition is exemplary nursing practice. This includes a thorough understanding of the role of each nurse within the organization and a commitment to understanding the application of that role in how our nurses interact with patients, families, communities, and the multidisciplinary team.

## Our Nursing Satisfaction Scores Above National Mean

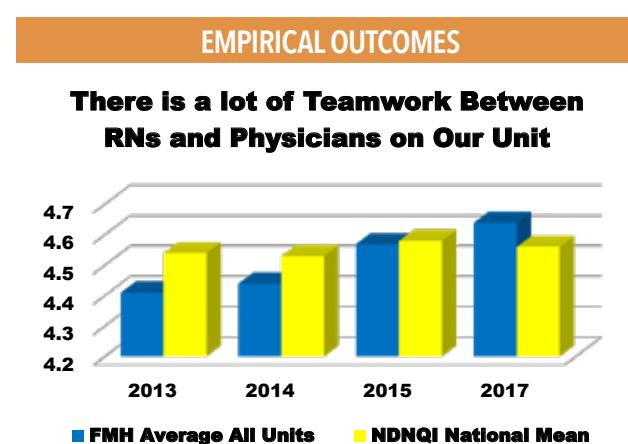
The National Database for Nursing Quality Indicators (NDNQI) issues an annual questionnaire to nurses working in the healthcare field. Data from this survey is used by councils and staff nurses to suggest changes to enhance the nursing environment and increase patient and staff satisfaction.



## Excellent Nurse-Physician Relationships

Our Chief Nursing Officer Cheryl Cioffi and Chief Medical Officer Dr. Manuel Casiano have worked at improving nurse-physician relationships in a number of ways:

- Education regarding the pressures and needs of each group, so that each understands what the other's environment is like
- Working to establish fixed or long-term physician assignments on units, so that the nurses and doctors can get to know each other better
- Multidisciplinary rounds, so that questions and concerns can be addressed at a standardized time
- Mandatory Team/STEPPS training for all new nurses and physicians



## Nurses in the Legislative Arena

Marianne Hiles, MSN, APRN-CNS, RN, ACNS-BC, RNC-LRN, Clinical Nurse Specialist who works in the Family Center received the 2018 Maryland Nurses Association (MNA) Rosalie Silber Abrams Legislative Award on November 1, 2018 at the association's 115<sup>th</sup> annual convention.

The award is given to a MNA member who has made a significant contribution on behalf of nursing in the legislative arena on the federal, state, or local levels. These contributions can encompass a broad range of activities but must demonstrate a favorable reflection of nursing's interests, especially those of the MNA.

The award recognizes Marianne's efforts in 2018. She lobbied for needed changes to HB 1744 – Child Abuse and Neglect – Substance-Exposed Newborns – Reporting before its passage in the House of Delegates.



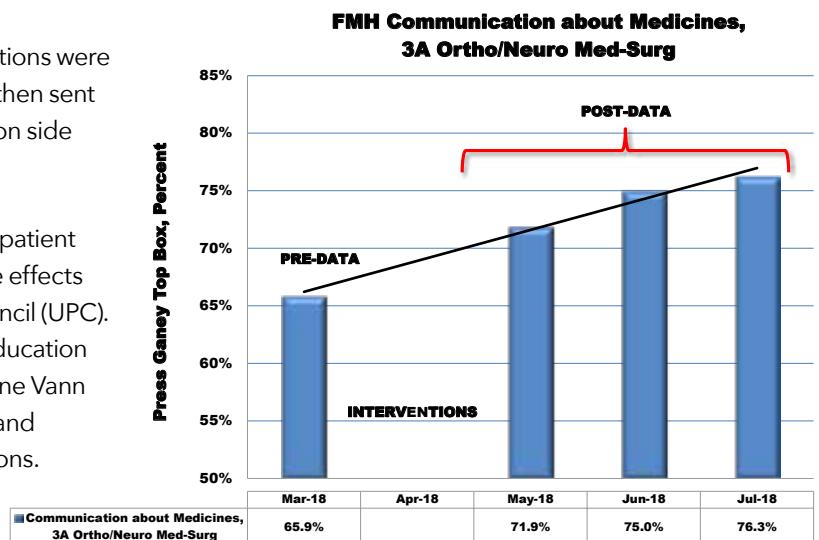
## Nurses Develop Tool to Educate Patients on Medication

A stated goal at Frederick Memorial Hospital is for our patients to be educated about their medications and their side effects.

Cheryl Daniluck, RN queried the 3A staff regarding which medications were commonly used by joint patients and also by neuro patients. She then sent the list of medications to pharmacy to determine the most common side effects associated with the drugs.

The intervention, a one page information sheet, was created with patient education related to medication side effects. The medication side effects handout was reviewed and approved by the 3A Unit Practice Council (UPC). Cheryl then shared this with the Patient Satisfaction and Patient Education Council (PSPEC). Staff supported the implementation and Katherine Vann found the correlation between the medication side effect sheets and increase scores on 3A related to Communication About Medications.

### EMPIRICAL OUTCOMES



## Palliative Care for Pediatric Patients

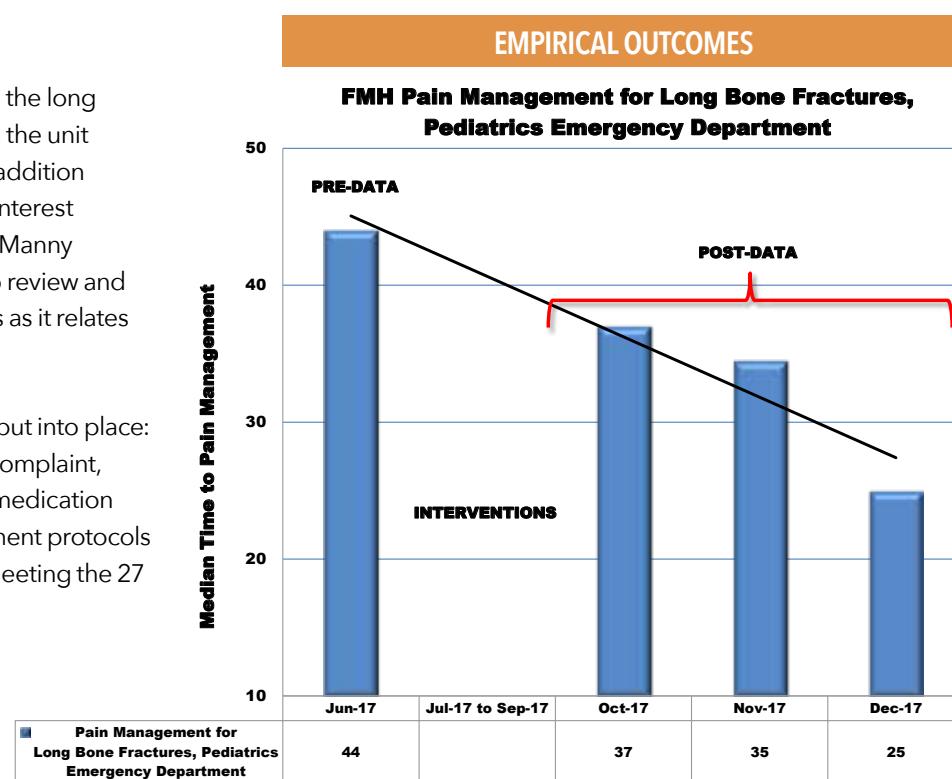
The Hospice team was informed by the NICU that a baby would be born with a diagnosis of Trisomy 18. The baby survived longer than anticipated and while the parents knew that ultimately this condition would be terminal, it was their wish that all life saving measures be taken in the hospital and also to take the baby home. The nursing team involved formed a strategy that would ethically and safely meet the needs of the family. The Hospice team met with the interprofessional team to establish a plan of care for an anticipated discharge to home of an infant born with diagnosis of Trisomy 18. The parents were informed, accepting of the plan and willing to meet with the hospice.

Hospice Nurse Navigator Leisa McDaniels, MSN, RN, CHPN coordinated discharge planning efforts, including equipment that would be needed, supplies, and chart review. Due to the collaborative efforts of the nurses and members of the interprofessional team involved, a safe discharge plan was developed and all supplies, staff, and resources were identified much before the anticipated discharge of a very complicated case.

## Long Bone Pain Management

In July of 2017, the Pediatric Leadership Team shared the long bone pain management core measure and data with the unit practice council (UPC) and the direct care nurses. In addition to raising awareness, Suzy Manny, RN expressed an interest in helping the department meet the 27 minute goal. Manny reviewed charts and collaborated with Leadership to review and update the department's treatment protocols/orders as it relates to pain management.

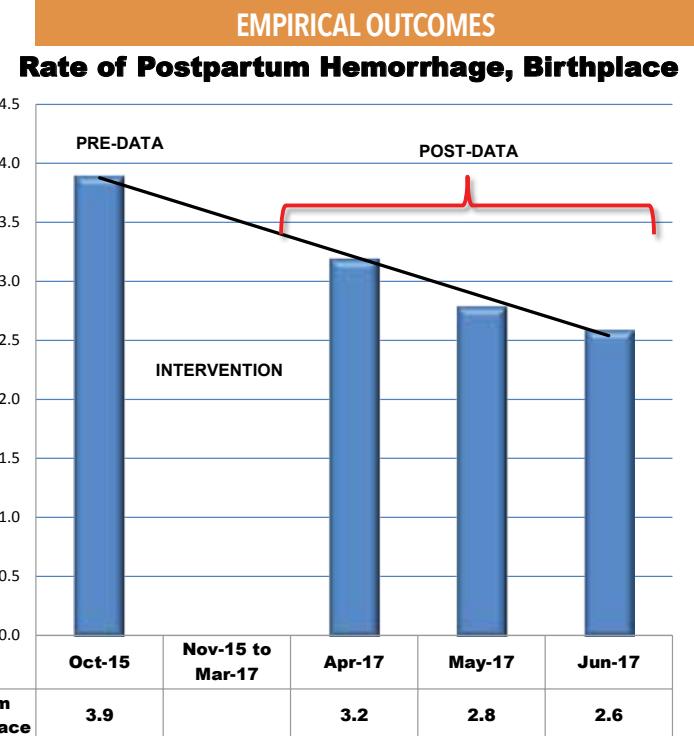
In August of 2017, the following interventions were put into place: focused attention to "extremity injuries" in the chief complaint, so nurses could immediately assess and administer medication timely, education on the updated Pediatric ED treatment protocols and peer feedback to both those meeting and not meeting the 27 minute goal in an effort to identify obstacles.



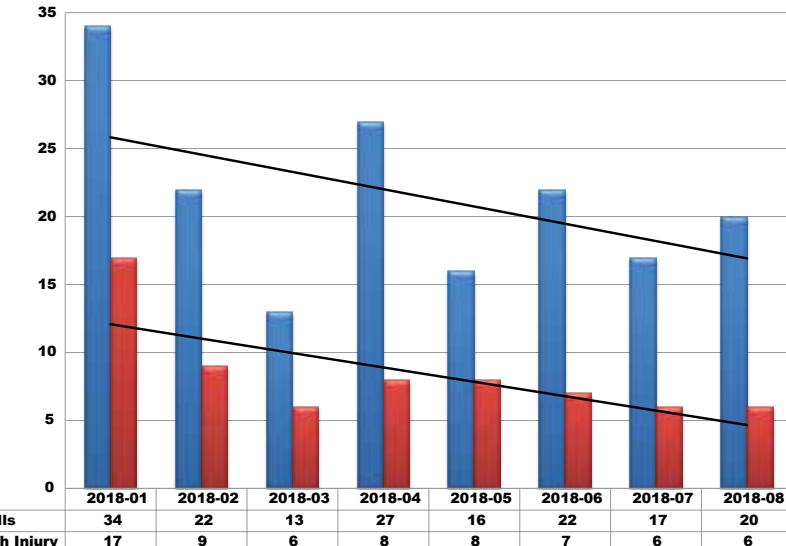
## Postpartum Hemorrhage

In October 2015, an obstetrical (OB) hemorrhage taskforce of clinical nurses was formed to study postpartum hemorrhage (PPH) in the Birthplace of Frederick Memorial Hospital. The taskforce sought to develop and implement evidence-based practice changes to decrease the rate of PPH in the Birthplace. After conducting an evidence-based literature search, taskforce members decided to develop and implement a comprehensive plan to recognize obstetrical hemorrhage in the postpartum period, to establish a plan of readiness to intervene when maternal hemorrhage arises and to respond quickly to prevent further negative outcomes.

The development of a nurse-led taskforce and implementation of evidence-based changes in nursing practice resulted in a decrease in the rate of PPH in the Birthplace from 3.9 in October 2015 to 2.6 in June 2017.



FMH Inpatient & Outpatient  
All Falls versus Falls with Injury  
Jan 2018-Aug 2018



## Fall Prevention

Frederick Memorial Hospital currently has two dedicated groups who meet regularly to discuss fall reduction and methods to prevent patient harm. The Multidisciplinary Falls Committee has been active for greater than five years and is the author of the current recommendations for Falls Education and the selection of the Morse Fall Scale to evaluate individual patient risk. The Nursing Falls Taskforce is a newly formed group comprised primarily of frontline staff who are taking a deeper dive into evidence based research and practice to help determine additional fall and injury prevention methodologies to implement. Several equipment trials are currently on-going in an effort to continue the successful reduction of patient harm events. Self-releasing seat belts which are compatible with our existing chair alarm hardware are being trialed on the third and fourth floors and preliminary results are very promising. Low beds with floor mats are also being utilized during in-house trials along with individual mats for use beside our existing beds to help prevent injuries and falls.

The graph above right provides concrete data that current interventions have proven to be effective. Both committees are continuing to explore the newest evidence based interventions so that Frederick Memorial Hospital may continue to provide safe, quality care to the patients in our community.

## Camp YesUCan

According to the 2016 Community Health Assessment, we know that asthma is on the rise in Frederick County. Over 40% of our asthma visits at FMH are for these ages of 0-17. It is part of our goals at FMH to help improve the outcomes for this impacted population. One fun method to help us was that this past July FMH held a weeklong camp for children age 7-11 with asthma. We had a multidisciplinary team of nurses, respiratory therapists, providers, pharmacists, dieticians, and community health workers from FMH who helped make Camp YesUCan a wonderful experience for almost 20 children. Over the course of the week campers learned about their asthma while also participating in fun recreational camp activities. Our goal was for the campers to learn how to better manage their asthma so they are symptom free, not missing school and able to participate in activities as their peers do.



## Workplace Safety for Nurses

Here are just a few examples of the unique, innovative ways that FMH is ensuring the workplace safety of our nurses.

### Moral Resilience

Margaret McNeill, PhD, RN, Clinical Nurse Specialist and Nurse Scientist, served on the American Nurses Association Professional Issues Panel on Moral Resilience. The goal was to identify ways to strengthen moral resilience and develop a culture of ethical practice. As a result of this work, the ANA published the Call to Action: Exploring Moral Resilience toward a Culture of Ethical Practice. Moral resilience is an emerging concept proposed as a beginning to alleviate the complex and convoluted psychological symptoms associated with challenging work environments. The call to focus on the cultivation of moral resilience signifies an invitation for individuals, groups, and organizations to work together to transform individual and team distress and the organizational culture to create the conditions in which moral and ethical practice can thrive.

This call to action identifies four promising areas for building individual capacities for moral resilience: ethical competence, ethics in education, self-regulation and mindfulness, and self-care. In addition, the call to action includes specific recommendations for nurse leaders and organizational responsibilities toward fostering a culture of ethical practice. Organizations that have already implemented efforts toward a culture of ethical practice will benefit from guidance on assessment and research initiatives.

Research on moral resilience will require a thoughtful and systematic approach. Further development of research on moral resilience and interventions is necessary and important to identify the potential overlap between resilience and moral resilience. Determining the impact of moral resilience interventions may benefit both the individual nurse and the health care organization as the profession aims to improve mental wellness and safety. Lastly, the call to action includes a robust list of promising solutions across the country implemented to build individual and organizational capacities for addressing the detrimental impact of moral distress and other forms of moral suffering. Work is ongoing at FMH to incorporate the recommendation from the Call to Action to address moral distress and foster moral resilience in the nursing staff.

### A.L.I.C.E. Training

A.L.I.C.E. prepares Frederick Regional Health System staff with a plan on how to proactively handle the threat of an aggressive intruder or active assailant event while considering the unique operational challenges as a healthcare facility. A.L.I.C.E. has become the accepted response versus the traditional “lockdown only” approach. The program emphasizes situational awareness and safety in any setting. The program has been in place for several years and continues with educational sessions at least monthly. There is continued interest in this program with over one thousand participants so far including Staff, Physicians, and FMH Volunteers.

## Staying Safe Program

Staying Safe is a two hour, interactive class that provides Frederick Regional Health System employees with skills to prevent and safely manage difficult or risk behaviors. The focus of the class is on verbal de-escalation, prevention, and early intervention of the difficult behavior. A portion of the class is used to teach and practice physical intervention skills that can be used to keep ourselves and others safe from injury. These skills can be used when staff encounter an individual engaging in risk behaviors and are to be used as a last resort. In 2017-we had 39 participants. The number of participants increased to 45 in 2018.

## RISE : Resilience in Stressful Events

Healthcare workers who experience the stressors of adverse patient and family-related events are less productive, more distracted, and more prone to make errors, and have come to be known as "second victims". A few months ago a small group formed to start to address these needs. A policy was established at that time with a listing of current resources to assist with needs. This policy, HR 910, Critical Event Support Team is available on line. The next goal of our group was to publish a tip sheet, now available to staff, with information about how to deal with the stressors of our work. The focus of this tool is to document the normal reactions people have to these stressors and ways to help manage stress. The impact on these second victims is so closely linked to patient safety that the RISE program was developed by Johns Hopkins and its Armstrong Institute in collaboration with the Maryland Patient Safety Initiative.

The RISE program consists of two one-day workshops: an Implementation Workshop, which was held at FMH in December of 2018, followed after an interval of approximately 4-6 months by the actual Peer Responder Basic Training. The Implementation workshop included over 25 leaders from different disciplines and locations in the Frederick Regional Health System. Peer Responder curriculum includes training, education and activities to prepare Peer Responders to provide support to their fellow healthcare workers as "second victims". A long term goal of this program is to foster a culture in which all employees are resilient and mutually supportive before, during, and after stressful events. This in turn serves to keep patients and families safe.

Healthcare providers often fail to recognize the adverse impact of the stress of work-related traumatic events on their performance. What happens to the caregiver in the immediate hours following an event of this type can turn out to be psychologically catastrophic. However, with appropriate much-needed assistance, the psychological outcome of such an event can be turned around to enhance the caregiver's ability to thrive in their role and be of continued value to the patients they care for, their organization, and their community. FFRS is committed to providing this assistance at the well-being of all employees.



*Crisis Reaction tip sheet.*

# 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 five quality awards and twelve 5-star ratings from Healthgrades®, 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.

## Clinical Education Center Simulation Lab

Nursing Simulation training doesn't end with nursing school. The FMH Clinical Education Center has a simulation lab right here on campus. The Simulation lab consists of two adjoining patient rooms in the back of 2G with 3 manikins of high, medium, and low fidelity. In 2018, 400 staff members have been trained with simulation!

### Our Simulation Stars

**DUNCAN** is our highest fidelity manikin and has had many acute illnesses over the past year including, *Ebola, cardiogenic shock, and sepsis*. Duncan has assisted new intensive care nurses, telemetry nurses, and the Special Pathogen Assessment Hospital team learn valuable critical thinking and hands-on skills. Recently, he went into rapid atrial fibrillation and had an opiate overdose but thankfully the Nurse Residents saved him by initiating the Rapid Response Team! Some of his talents include seizing, sweating, bleeding, and crying.

**SIMONE** is our medium fidelity manikin. She has had six cases of pneumonia last year, and landed herself in the Cath lab twice for a cardiac catheterization! Simone has assisted the Cath Lab interns in their cardiac arrest assessment and critical thinking skills. Nurse Residents in their assessment and interdisciplinary communication skills and CNAs become more familiar with clinical equipment. Simone has a variety of wounds to assess, heart/lung and bowel sounds, and is great for practicing Nasogastric Tube and Foley insertions.

**CODEY** is our low fidelity manikin, but he has a high level of impact. Poor Codey has coded over 100 times and even though we continue to resuscitate him he always ends up losing his pulse again! Codey enjoys traveling all around the inpatient units to help nurses and CNAs practice their role during a Code Blue. He comes with skills reporter software for instant performance feedback and has helped over 300 staff members refine their Code Blue skills.



Of course Duncan, Simone, and Codey can't do it all by themselves. Our Clinical Education Specialists are paramount to maintaining the functionality of the lab. Creating scenarios, facilitating the simulations, and bringing it all home with effective debriefing are just a part of their role in providing Frederick Memorial Hospital's Nursing staff quality education that will lead to quality patient care.

## Ebola/Special Pathogens Assessment Program

Michelle Miller, RN, 3B Clinical Nurse Specialist and Ebola Program Coordinator, planned and led the annual Ebola Assessment Hospital full scale exercise on November 14, 2017, which started at FMH Crestwood. The simulated patient, a hospital employee (Kristie Culler) who volunteered to participate, was brought to FMH via the hospital loading dock by EMS. The patient was placed in the infectious disease transport "isopod" by the nurses on the Ebola Team, Ira Buttram, RN and Don McCoy, RN, and transported to the Temporary Infection Control Unit (TICU) in the back of 2G. These nurses, along with the other exercise participants, donned and doffed their PPE with assistance from team members to include Kathryn Blorstad, RN, Dottie Corbett, RN, Norm Ross, and Jailynne Price, RN. The arrival was coordinated through the ED charge nurse Michelle Dmuchowski, RN and Barbara Hrabowski, RN of Infection Prevention and Control.

Once the team arrived on the unit, managed for this exercise by Peggy McNeill, RN, Perianesthesia CNS, the patient was replaced with a high-fidelity simulation mannequin. Trish Abate, RN from the Clinical Education Center ran the scenario for the drill, which was set up with assistance from Denise Owen, RN. This "Sim Man" helped provide a safe but realistic learning environment for hospital staff, by providing additional opportunity for the staff on how to safely deal with bodily fluids, which are a very real danger when doing routine tasks and assessments as one cares for an infectious and critically ill patient. The nurses performed patient care skills such as starting an IV, drawing blood for labs, and assessing cardiovascular status and perfusion, managing respiratory failure, and care of the deceased. They also carefully packaged up the infectious waste for handoff to the Environmental Health Services team for disposal. Miranda Weaver, RN and Jessica Pecor, RN rotated into the patient room to provide care, all of which was delivered while the staff was in full protective PPE. Jamie White, RN and Erin McKittrick, RN were evaluating the team's performance, and Employee Health nurses Jenny Morgan, RN and Marla Mullen, RN were on hand to ensure the safety of the exercise participants. Dr. Rachel Mandel was the senior leader responsible for the team, while Diane McFarland, RN was the Hospital Administrator on-Call, and arrived on the unit as part of the response.

Sharon Chilton, RN, Clinical Specialist for the OR, organized the assessment of the ability of the laboratory to function during an Ebola patient response while keeping lab personnel safe. She worked with Bryant Sigler of IPAC to evaluate the lab process. Susan Graff processed the blood under the lab hood as if the patient were infected with a highly infectious disease.

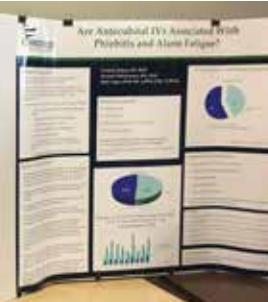
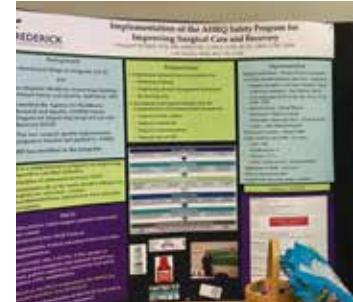
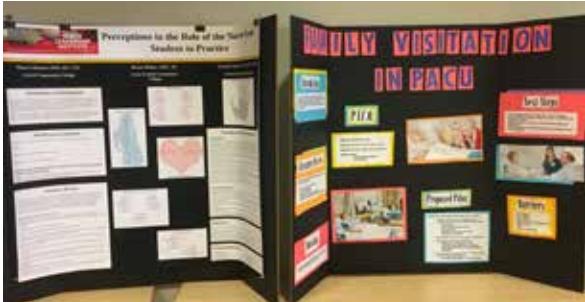
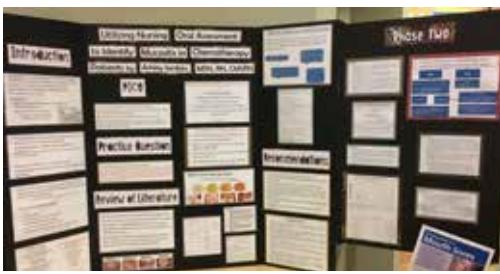
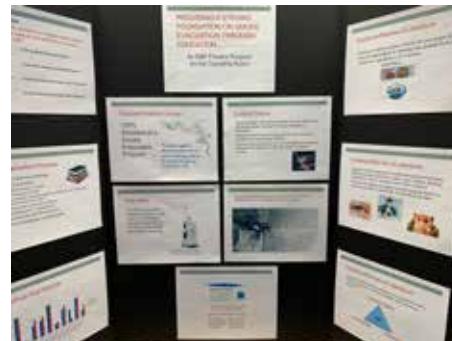
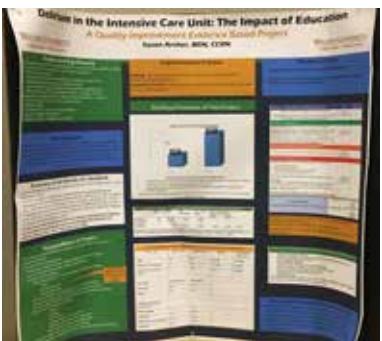
Many other hospital staff participated, from Security escorting the stretcher (Gavin Edwards and Christopher Llewellyn), to EHS cleaning the hallway (Leon Autry, Felix Hopkins, and Aaron Breeden, monitored by Darren Beachley and Jim Vance), to Plant Operations (Donovan Dilling and team). Communications and the Supply Team also contributed. Alexa Brown, Emergency Preparedness Coordinator for FMH, was also highly involved, assisting with coordination of inter and intra-agency communication and planning. Many, many individuals have supported the Ebola initiative from the beginning of the Ebola crisis in Africa.



## Evidence-Based Practice Poster Day

Nurses at Frederick Memorial Hospital provide excellent evidence-based care to patients and families using the Nursing Process (Assessment, Planning, Intervention, Evaluation). The Quality, Evidence-Based Practice and Research Council defines, implements, and maintains standards of clinical nursing practice that are consistent with evidence-based national, regional, and community standards of practice. The Quality, EBP, and Research Council has annual Evidence-Based Practice poster days in November each year.





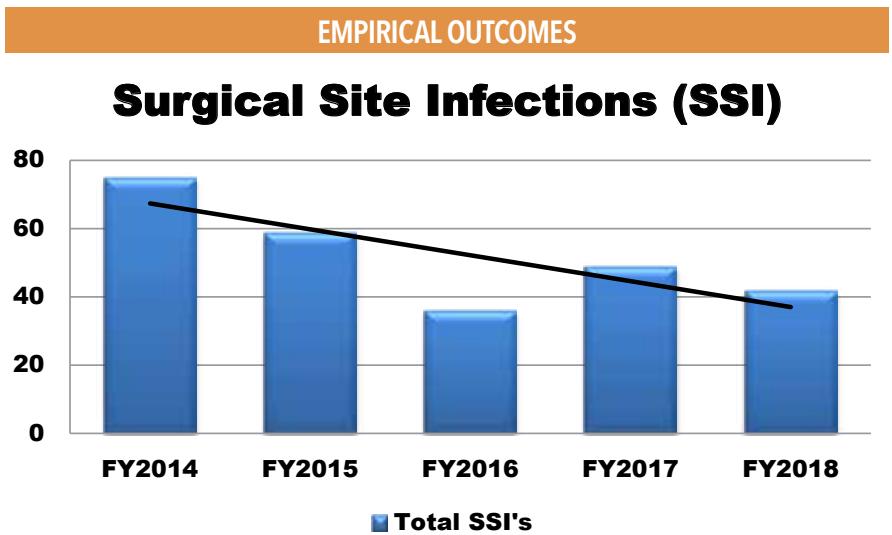
## Safe Surgery Initiative to Decrease Surgical Site Infections

Surgical Site Infections (SSI) continue to represent a significant portion of healthcare-associated infections. The impact on morbidity, mortality, and cost of care has resulted in SSI reduction being identified as a top national priority in the US Department of Health and Human Services Action Plan to prevent Healthcare-Associated Infections (HAIs).

Back in 2013, FMH developed the Safe Surgery Initiative utilizing evidenced based practices (EBP). These practices include:

1. Preoperative antibiotic usage: recommended drug, correct dose, time infused prior to surgery and re-dosing during surgery
2. Temperature control: pre-warming patients and monitoring temperature throughout surgical experience
3. Glucose control: preoperative, intraoperative and postoperative
4. Appropriate hair removal: only clip when necessary
5. Hand washing: entering and exiting each patient area

Improving surgical patients' outcomes has been our goal. With our initial infection rate of 1%, we have decreased the percentage every year. This is achieved by monitoring all of the above and giving every surgeons' office that operates at FMH patient guides to surgery and free CHG bottles for every surgical patient. During monthly multidisciplinary meetings, individual cases are discussed to determine necessary improvements. With consistent practices, standardized patient information, and correct supplies, surgical site infections can be prevented!



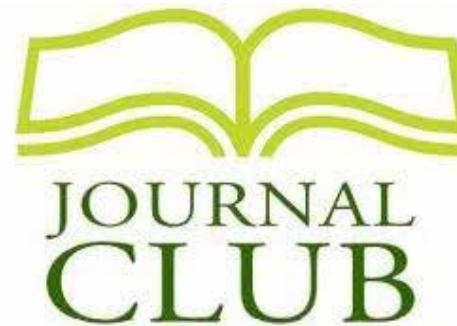
## FRHS Journal Club

The FFRHS Journal Club has been meeting once a quarter for the last few years. Journal Club programs serve to enhance the skills of nurses in evaluating the literature and translating research findings to clinical practice, education, administration, and research. At each session, up to 25 nurses have analyzed a recently published research article. The attendees sometimes also include nursing students. The topics, relevant to our nursing practice, are chosen by the members of the Quality, Evidence-based Practice (EBP), and Research Council. Each participant reads the research article then comes to the session prepared to discuss the scientific merit and clinical application of the research findings.

The subjects of recent Journal Club articles have been:

- The Impact of Health Information Technology on the Quality of Patient Care
- A Cross-Sectional Study of Care Left Undone on Nursing Shifts
- Patient Turnover and Shift Change
- Development of a Tool to Measure Disruptive Patient Behavior
- Secured Texting in Healthcare
- Moral Distress in Nurses
- Transformational Teamwork: Exploring the Impact of Nursing Teamwork on Nurse-Sensitive Quality Indicators

The discussions are lively and informative, and topics are of interest to nurses from all clinical areas. Continuing education credits are awarded while the nurses are expanding their knowledge on how to critique research. This is a critical skill in the EBP process, integral to optimizing nursing care delivery and patient outcomes.



## Pet Therapy Brings Comfort and Healing to Patients and Employees

Wags for Hope is a local non-profit organization of volunteers who enjoy sharing their pets with others. To be a part of the program, dogs must meet strict criteria for health, grooming, and behavior. Studies have shown that interacting with a therapy dog provides patients with physical and emotional benefits. Therapy dogs can assist in patient recovery and family care, but the benefits they bring to the hospital setting don't end there. Wags for Hope's canine crew and their humans are also helping doctors, nurses, and other staff at FMH relieve stress and fight burnout.

Our therapy dogs have been a part of National Healthcare Week and Nurses Week for the past three years. Our clinical staff tells us that just that five minutes of affection from one of our dogs is the pick-up they need to keep going through a long shift with a smile.



# Conclusion

Every day, nurses throughout Frederick Regional Health System have the unique opportunity to affect the lives of the patients we care for in real and meaningful ways. We are innovative, skilled professionals who drive evidence-based practice and quality patient care outcomes across our entire health system. How we communicate and collaborate professionally with physicians and our other colleagues lays the foundation for creating a patient and family centered care environment.

As nurses, we are central to the health system's mission and vision as Frederick Regional Health System continues to expand and innovate with new medical disciplines, advanced surgical capabilities, and state-of-the-art technology. With the continued focus on population health, we will emerge as an even more powerful driving force behind the superb quality care provided to our community.

To demonstrate this passion for quality and safety, our nursing department uses the Pathway to Excellence and Magnet Model Components. As you've read about in the preceding pages, highlights include:

- Certification Reimbursement
- Clinical Experts on Each Unit
- Clinical Ladder
- Continuing Education, RN to BSN Scholarships
- Evidenced Based Resources
- Nurse Residency Program
- Nursing Satisfaction rates above NDNQI National Mean
- Professional Development Reimbursement
- Professional Practice Model
- Shared Governance Model with Active Councils
- Tuition Reimbursement

We are always looking for compassionate, professional nurses to join the nursing ranks at Frederick Regional Health System. To find out more about opportunities available, visit **[fmh.org/careers](http://fmh.org/careers)**.

