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:

- **Joint Commission Gold Seal of Approval** for achieving high marks in the industry’s most comprehensive evaluation.
- **Joint Commission Recognition as a Top Performer on Key Quality Measures®** in Heart Attack, Heart Failure, Pneumonia, and Surgical Care.
- **Joint Commission Certificate of Distinction** for the management of Pediatric Asthma.
- **Premier Top Performing Hospital** for achievements in the Quest® Initiative.
- **Certified Member Designation** in MD Anderson Cancer Network®, a program of MD Anderson Cancer Center.
- **Accreditation with Distinction** for Advanced Wound Care and Hyperbaric Medicine.
- **Designation as Primary Stroke Center and an Accredited Chest Pain Center with PCI.**
- **Certification in Cardiac Rehabilitation and Pulmonary Rehabilitation.**
- **Accreditation of Radiology** for CT, Mammography, MRI, Nuclear Medicine, and Ultrasound.
- **National Hospice Association’s Citation of Honor** for Pain & Palliative Care Services.
- **Center of Excellence Recognition** for Hip and Knee Surgery from National BlueCross and BlueShield.
- **Accreditation of Echocardiography Laboratories** in Adult Transthoracic Echocardiography.
- **Institute of Quality for Total Joint Replacement and Spinal Surgery Designation** from Aetna.
- **Accreditation of Vascular Laboratories** in Extracranial Cerebrovascular, Peripheral Arterial, and Venous Testing.

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.
FMH Receives Healthgrades® Recognition

Recently, FMH was recognized by Healthgrades®, the nation’s leading resource for comprehensive information about physicians and hospitals, with the 2016 Distinguished Hospital Award for Clinical Excellence™. This distinction places Frederick Memorial Hospital in the top five percent of the country’s nearly 5,000 non-federal hospitals for clinical performance.

As one of the 260 recipients of the Distinguished Hospital Award for Clinical Excellence, Frederick Memorial Hospital stands out for overall clinical excellence across a broad spectrum of care. During the 2016 study period, FMH showed superior performance in clinical outcomes for patients in the Medicare population across at least 21 of 32 of the most common inpatient conditions and procedures.

**Cardiac**
- One of Healthgrades America’s 100 Best Hospitals for Coronary Intervention™ for Two Years in a Row (2015-2016)
- Recipient of the Healthgrades Coronary Intervention Excellence Award™ for Three Years in a Row (2014-2016)
- Named Among the Top 5% in the Nation for Coronary Interventional Procedures for Two Years in a Row (2015-2016)
- Named Among the Top 10% in the Nation for Coronary Interventional Procedures for Three Years in a Row (2014-2016)
- Five-Star Recipient for Coronary Interventional Procedures for Three Years in a Row (2014-2016)
- Five-Star Recipient for Treatment of Heart Attack for Two Years in a Row (2015-2016)
- Five-Star Recipient for Treatment of Heart Failure for Eight Years in a Row (2009-2016)

**Critical Care**
- Recipient of the Healthgrades 2016 Critical Care Excellence Award™
- Named Among the Top 10% in the Nation for Critical Care in 2016
- Five-Star Recipient for Treatment of Sepsis in 2016
- Five-Star Recipient for Treatment of Respiratory Failure in 2016

**Neurosciences**
- Recipient of the Healthgrades 2016 Stroke Care Excellence Award™
- Named Among the Top 10% in the Nation for Treatment of Stroke in 2016

**Pulmonary**
- Recipient of the Healthgrades 2016 Pulmonary Care Excellence Award™
- Named Among the Top 5% in the Nation for Overall Pulmonary Services in 2016
- Five-Star Recipient for Treatment of Chronic Obstructive Pulmonary Disease in 2016
- Five-Star Recipient for Treatment of Pneumonia for Nine Years in a Row (2008-2016)

**Gastrointestinal**
- Five-Star Recipient for Treatment of GI Bleed for Three Years in a Row (2014-2016)

**Labor and Delivery**
- Five-Star Recipient for C-Section Delivery in 2015
Nursing Philosophy
We believe the essence of nursing practice is caring. Caring is defined as a science and an art that is deliverable, teachable, researchable, and accomplished with wisdom, knowledge, compassion, and competence.

Nursing Vision
Frederick Memorial Hospital, where patients know they are cared for in the center of nursing excellence.

Nursing Mission
To be a leader in providing compassionate, quality care focusing on the unique needs of our patients and their families who guide our nursing care. We are committed to fostering an environment that promotes respect, positive communication, and collaboration among all members of the patient/family/healthcare team.

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,

It is a privilege and honor 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. One thing that hasn’t changed is that, at the heart of our health system, you will find a 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. As demonstrated in this report, 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 continuously strive to create an empowering environment at FRHS that is rich in opportunity and personal satisfaction, where individuals 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. Enjoy the report!

Sincerely,

Cheryl Cioffi, DNP, RN, ANP-BC, NEA-BC
Senior Vice President of Patient Care Services and Chief Nursing Officer

Cheryl Cioffi
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 provides a framework that supports us in our everyday practice. It reflects our belief that superior patient care is based on partnerships between nursing and other clinicians, patients, families, and the community. To ensure the highest level of excellence in our nursing program, we are pursuing Magnet Recognition® from the American Nurses Credentialing Center.

This model illustrates the framework and foundation of our nursing practice at FMH and shows all the components that shape our practice and contribute to the delivery of nursing excellence:

- Patients and families are at the center of everything we do.
- Dignity and respect, collaboration, the sharing of information, and the involvement of patients and families in decision-making are the core values of patient and family centered care.
- The six hands represent the diverse mosaic of individuals whose combined knowledge, collaborative style, and clinical skills compose and strengthen our patient and family centered care delivery model.
- 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.

“We are always asking ourselves: How is our professional practice model working in everyday practice? Does the way we practice really make a difference? How do we know if we’re improving the lives of those we serve? When we see the significant decrease in patient falls and track that we have gone more than a year without a central line infection, we know the answer.”

—Jamie White, PhD, RN Director, Professional Development and Nursing Quality
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, and environments to meet the patient population needs and Frederick Regional Health System’s 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 culture for an excellent patient experience

STRATEGIES:
- Utilize patient experience councils for best practices and measuring and reporting results.
- Meet or exceed all patient satisfaction targets by using evidence based solutions (AIDET, communication boards, handoffs, scripting, discharge information).
- Promote a shared understanding of service expectations among nursing team.
- Develop consistent process for recognizing frontline staff successes in customer service outcomes.
- Ensure departmental action plans are targeted to positively impact the priority items on each unit for patient experience.

“It is relatively easy to lead people where they want to go; the transformational leader must lead people to where they need to be in order to meet the demands of the future.”

—American Nurses Association
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.
• 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 in all areas.
• 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, and develop an open and transparent financial culture

STRATEGIES:
• Ensure Nursing Division staffing resources are used to the best of their potential.
• Understand GBR 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.

“If you don’t know where you are going, any road will get you there.”

—Lewis Carroll, British Writer
1832-1898
Putting the Triple Aim into Practice
Like all of us in healthcare today, Frederick Regional Health System is driven by a three-part goal known as the Triple Aim. Developed by the Institute for Healthcare Improvement, the Triple Aim calls us to focus on three things: enhancing our patients’ experiences and outcomes, improving the health of the populations we serve, and reducing the per capita cost of care.

Improving the patient experience We have launched system-wide initiatives to enhance the experience and outcomes of our patients by focusing on providing a higher level of patient and family centered care than ever before. Through a stronger partnership, better communication, and a more open dialogue, we are working to ensure that patients have the education and support they need to participate fully in their own care.

Better Population Health We are shifting the emphasis from looking at our outcomes with just one patient at a time to evaluating our success with entire populations. These populations are often geographic regions such as nations or communities, but they can also be other groups such as employees, ethnic groups, disabled persons, or those with a specific condition or chronic disease.

Reducing the Per Capita Cost of Care Acute and intensive care are costly to everyone. In addition, a significant majority of individuals prefer staying out of the hospital altogether whenever possible. To allow people to stay healthier and out of the hospital, we are working hard to identify healthcare issues and encourage their resolution before they become a crisis and need to be managed in an acute healthcare setting.

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.

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

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.
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 evidence based practices and regulatory requirements to guide decisions.
On Our Way Toward Magnet Recognition

In the future, health systems will not just be asked “What do you do?” and “How do you do it?” The most important question will be is, “What difference have you made?”

The Magnet Recognition Program® is a proven roadmap to excellent patient and family care. It places a strong focus on measuring the actual improvements we are making toward achieving excellent clinical outcomes and patient satisfaction scores with our patients, and it ranks nurse satisfaction as well.

Earned by demonstrating quality, excellence, and innovation in professional nursing practice, the Magnet designation is the highest designation achievable through the American Nursing College and is considered to be the ultimate credential for nursing quality.
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. Since the Clinical Ladder is designed to accommodate the varied needs and lifestyles of the FMH nursing population, all RNs are expected to participate in the Clinical Ladder.
Celebrating Our Nurses: National Nurses Day and 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.

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.
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.

2016  Perianesthesia Clinical Nurse Specialist Margaret “Peggy” McNeil, PhD, RN, APRN, CNS, CCRN-K, CCNS, NE, BC, FAAN, Colonel, U.S. Air Force Nurse Corp (Ret.) was selected as our 2016 Nurse of the Year in recognition of her exemplary nursing practice, tireless service, and the respect she has earned from nurses, doctors, and staff. A Fellow of the American Academy of Nursing, Peggy chairs our nursing research council, champions evidence-based practice initiatives, provides research consultation, and conducts research.

2015  Robin Ibex, BSN, RN from Same Day Surgery and Post-Anesthesia Care Unit was named our 2015 Nurse of the Year in recognition of her exemplary nursing skills, her sound judgment, and strong work ethic. Constantly sought after by her peers to share her expertise, Robin is highly respected by her coworkers, the ancillary staff, and the physicians.

2014  Katie Dietrich, BSN, RN from 3-A earned top honors in 2014 as our Nurse of the Year in recognition for her commitment to lifelong learning, as evidenced by her constant efforts to enhance her clinical and leadership skills. A previous recipient of our Resident Preceptor of the Year award, Katie’s positive attitude makes her an inspiring colleague and a respected member of any team.
Patient and Family Centered Care Awards

We believe that the best care for our patients happens when hospital staff and families work in partnership following the principles of patient and family centered care. Our Excellence in Patient and Family Centered Care award provides an opportunity to recognize and honor providers who demonstrate an outstanding commitment to patient and family centered care.

Nurse Manager Heidi Connor, MSN, MBA, RN (photo, right) was recognized after a grateful patient took the time to send us a letter praising her for exemplary care during his recent illness. In his nomination form, Heidi’s former patient thanked her for “constantly doing the things necessary to keep me alive and reassuring both me and my family the entire time...she was an angel to me.”

Vascular Access Nurse Christie Schubel (photo, below left) was recognized for “her empathy, and the time she provided to a patient and his family.” While accessing a port for a patient, his doctor arrived to discuss the patient’s prognosis and options for treatment. According to her nominator Dolly Sullivan in the Nursing Professional Development Office, “You know how the saying goes, ‘You were there for a reason?’ I believe Christie was meant to be there for this family.”

Nurse Katie Gaidurgis from 3-G (photo, below right) won for the poem she wrote to her staff about using the new communication boards located in patients’ rooms.
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.

Preceptor Program

Our nurse preceptors are teachers and mentors for the newest members of our nursing team. Exceptional role models for our nurse residents, all our preceptors consistently receive positive feedback for their hard work, support, and encouragement. Annually, we accept nominations from our current nurse residents for Preceptor of the Year.

2014 Preceptor of the Year: Kevin Dant

“From day one, Kevin was there to show me exactly what I needed to know to get oriented to 3B. Kevin was very proactive in finding opportunities for me to perform skills on my checklist. The thing that Kevin did to help me the most was gradually step back and let me work more independently as we went through orientation. He was still always accessible if I had any questions, and he always checked my documentation to make sure it was accurate and completed per protocol. This helped me learn to think more independently while having someone to guide me through and make suggestions on how I could improve my productiveness. The entire orientation process was outstanding, and I felt completely prepared for my first shift on my own thanks to Kevin who is an outstanding and enthusiastic teacher and mentor.”

—Jeremy Ritenour, Nominator

2015 Preceptor of the Year: Karen Saguban

“Karen was very patient with me during my orientation, eagerly answered all my questions and sought out opportunities for me to learn more. She is very knowledgeable of the specific care our patient population on 3A needs. Karen has continued to cheer me on and be supportive of me in my new role even after I switched to nights and she was no longer my preceptor. Always cheerful and willing to help, Karen is an excellent role model and someone I am proud to call my coworker and friend.”

—Lauren Baker, Nominator
Nurse Residency and Pipeline

Our Nurse Residency Program provides clinical and educational support to Registered Nurses entering the field of nursing as new graduates, as well as to nurses making a significant change in specialties within the profession. Through mentoring and education, the program fosters the professional development of our nurses and supports quality patient care and outcomes. Our Nursing Residency program also includes a “nursing pipeline” to help prepare new nurses for job openings within Frederick Regional Health System. Our pipeline nurses work 32-40 hours per week under the supervision of a Registered Nurse Preceptor for up to six months, with an opportunity for extension upon recommendation from their preceptor and nurse manager.

Periop101

Periop101 is a 6-month orientation to the Operating Room that consists of online instruction and clinical preceptorship from an experienced OR nurse. Because the perioperative setting is an area where there is a tremendous emphasis on patient safety, PeriOp 101 includes numerous opportunities to explore human factors and communication theories. The fundamentals course provides a well-defined foundation of perioperative nursing concepts, and gives students basic information about aseptic technique and teamwork.

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 $3,000 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.
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.

**ADVANCED REGISTERED NURSE PRACTITIONER**
Cheryl Cioffi
Kristine Guerin
Cathryn Holman
Sarah Hooper
Phyllis Jones
Terri Kemmerer
Kathleen Kissane
Mike Marchone
Heather Orndorff
Maggie Ramkissoon
Camille Reese
Patricia Rice
Diane Ruckert
Teresa Sittely
Kathryn Troupe
Diane Walker
Mandy Yinger

**NURSE EXECUTIVE ADVANCED BOARD CERTIFIED**
Lila Beauleau
Cheryl Cioffi
Erika Linden
Margaret McNeill

**CERTIFIED NURSE LEADER**
Sharon Chilton

**CERTIFIED NURSE MANAGER AND LEADER (CNML)**
Shirley Kase

**CERTIFIED CLINICAL NURSE SPECIALIST**
Martha Gurzick
Marianne Hiles
Karen Kane
Shelley Kaplan
Margaret McNeill
Michelle Milly
Sara Rogers
Mandy Yinger

**CERTIFIED CASE MANAGER (CCM)**
Janice Babe
Joyce Hartzel
Shelley Kapp
Catherine Kenworthy

**CERTIFIED CRITICAL CARE RN (CCRN)**
Susan Archer
Norma Bard
Lauren Bate
Rebecca Burall
Beth Cipra
Colleen Cook
Janet Culton
Marie Greffen
Kelley Griffin
Chris Hillman
Amanda Leal
Margaret McNeill
Debbie Meadors
Anne Morrissey
Dana Remsburg
Kelli Shoemaker
Patricia Sprankle
Kathryn Troupe
Susan Windsor

**CERTIFIED CASE MANAGER (CCM)**
Julie Aitken
Jan Drass
Terri Kemmerer
Kathleen Kissane
Camille Reese

**CERTIFIED CRITICAL CARE RN (CCRN)**
Susan Baldwin
Jan Drass
Terri Kemmerer
Kathleen Kissane
Camille Reese

**CERTIFIED DIABETES EDUCATOR (CDE)**
Susan Baldwin
Jan Drass
Terri Kemmerer
Kathleen Kissane
Camille Reese

**CERTIFIED EMERGENCY NURSE (CPEN)**
Molly Atkis
Norma Austin
Katie Culler
Joyce Erwin
Joshua Gibson

**CERTIFIED PEDIATRIC EMERGENCY NURSE (CPEN)**
Martha Gurzick
Suzanne Jacobson
Lara McKnew
Jennifer Regan
Sara Rogers
Mary Jo Scangarello
Kathryn Troupe

**CERTIFIED PEDIATRIC EMERGENCY NURSE (CPEN)**
Norma Austin

**PROGRESSIVE CARE CERTIFIED NURSE (PCCN)**
Luann Bender
Luisa Buntin
Tara Collins
Debra Disbrow
April Fogle
Katie Hall
Laura Hassett
Dana Hutchison
Kathi Johnson

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“Last year, we offered our nurses the opportunity to become certified in Med/Surg nursing at no charge to them. Forty nurses took the exam, and 36 earned specialty certification—an impressive 90% pass rate! I am so proud of the nurses who took advantage of this professional development opportunity. It is truly an indication of the amount of dedication our nurses have to our patients and to our organizational goals.”

—Sarah A. Morgan, RN, CMSRN
Clinical Specialist, 3G (MedSurg)
Department of Professional and Clinical Development
Percent of RNs with National Certification

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<th>Year</th>
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CERTIFIED POST-ANESTHESIA NURSE
Lynn Chucoski
Kathy Kline-Cochran
Janet Kopp
Steve Maue
Debbie Meadors
Vickie Mills
Janet Montes
Anne Morris
Mollie Radonovich
Kelly Sabol
Jacqueline Scire
Jane Susi

CERTIFIED AMBULATORY PERIANESTHESIA NURSE
Susan Gross

CERTIFIED OCCUPATIONAL HEALTH NURSE
Barbara Christoff

CERTIFIED SEXUAL ASSAULT NURSE EXAMINER
DeLynda Brown
Lynn Cavagnaro
Julie Hansberger

CERTIFIED INFECTION PREVENTION AND CONTROL
Joyce Rhinehart

CERTIFIED NURSE OPERATING ROOM
Cristy Bates
Bonnie Baust
Kevin Braithwaite
Carolyn Brown
Tracy Brown
Judy Buhrman
Andrea Burrier
Sharon Chilton
Deborah Fetsko
Rebecca Mathsen
Francoise Micheletti
Mary Miller
Nancy Mitchell-Hoffman
Chuck Snodderly
Dolly Sullivan
Nina Volz

CERTIFIED ONCOLOGY NURSE
Jessica Auge
Natalie Bonsby
Mona Guiffoi
Jamie Heflin
Carol Mastalerz (Advanced)
Jane Misula
Kim Nelson
Patricia Rice
Judith Trentini
Theresa Vetter-Habighorst
Chrrissy Wiles

CERTIFIED BREAST PATIENT NAVIAGATOR
Gwen Fry

CERTIFIED WOUND SPECIALIST (CWS)
Suzanne Hilton
Shay Jordan
Jennifer Kliphouse
Shay Ward

CERTIFIED WOUND, OSTOMY AND CONTINENCE NURSE (CWOCN)
Suzanne Hilton

CERTIFIED OASIS SPECIALIST NURSE (COS-C)
Tracy Asbury
Holly Davis
Kathy Kyle

CERTIFIED INSTITUTIONAL REVIEW BOARD (IRB) PROFESSIONAL
Margaret McNeill

CERTIFIED GASTROINTESTINAL NURSE
Ellen Garst

CERTIFIED NURSE-MIDWIFE
Ashely Slade

CERTIFIED HEART FAILURE NURSE
Kathryn Troupe

CERTIFIED BREAST CARE NURSE
Chrrissy Wiles

CERTIFIED CARDIAC REHABILITATION PROFESSIONAL (CCRP)
Hema DiMaggio

STROKE CERTIFIED REGISTERED NURSE (SCRN)
Naomi Everett
Fostering a Healthy, Compassionate Culture
Our nurses are dedicated to providing compassionate, quality care focusing on the unique needs of our patients and their families. Fortunately, the nursing leaders at Frederick Regional Health System understand that in order to promote optimal healing in our patients, we must promote health in ourselves and in our relationships with one another. Therefore, we are committed to fostering an environment among our nurses that promotes respect, positive communication, and collaboration with our patients, families, and members of the healthcare team.

Employee Wellness Program
To help make the workplace conducive to healthy choices and support well-balanced lifestyles, Frederick Regional Health System offers a free program called For My Health. For My Health provides a proactive way to become educated about health and wellness, prevent injury or disease, and help reduce the cost of healthcare in the future. In addition to offering practical tools to help employees get or stay well and fit, there are many other programs available including health risk appraisals, biometric screenings, educational and on-line programs, events, activity-based programs, and one-on-one or over-the-telephone wellness coaching.

Employee Health Clinic
Employees can conveniently receive care for routine illnesses (strep throat, bronchitis, sinus infections, UTIs, and conjunctivitis), minor wounds, burns, and sprains from a nurse practitioner at our Employee Health Clinic.

Disruptive Workplace Behavior: Zero Tolerance
One group of behaviors that erodes a culture of respect is called “lateral violence.” Defined as “deliberate harmful behavior demonstrated in the workplace by one employee to another,” the American Nurses Association (ANA) has identified it as a significant issue in the nursing profession. Examples of this disruptive or inappropriate behavior include intimidation, bullying, insults, humiliation, gossip, constant criticism, and angry outbursts. Less overt examples of lateral violence include favoritism, unfair work assignments, inappropriate or unfair evaluations, sarcasm, snide comments, withholding information, or holding a grudge.

Workplace abuse that goes unchecked often results in low morale, increased absenteeism, and high turnover among the nursing staff. At Frederick Regional Health System, we consider it our responsibility to educate our nurses about the high cost of lateral violence in the workplace and to do all we can to make sure the culture we provide our nurses is one of encouragement, support, and respect.

“Before we care about quality, we have to care about our work. And before we care about our work, we have to take better care of ourselves.”
—J. Bryan Sexton, PhD
Relaxation Rooms
Compassion fatigue is a serious problem for caregivers. According to the online Journal of Issues in Nursing, this particular type of exhaustion affects our emotional wellbeing, physical health, and job satisfaction. Left unchecked, it can spread throughout the workplace, decreasing productivity, increasing turnover, and reducing the quality of patient and family care provided. To help make demanding days more manageable, our nurses are encouraged to step away briefly during their shifts to take a few much-needed moments for themselves. Our Relaxation Rooms have softer lighting, comfortable chairs, aromatherapy diffusers, green plants, and soothing music to help create a restorative environment.

Pet-a-Pooch
Hospitals and other healthcare facilities have a long tradition of using therapy dogs to help patients. There's plenty of evidence pointing to the powerfully positive effect that animals can have on the sick, elderly, and isolated. Recently, the benefits of bringing specially trained dogs into acute care settings to interact with staff are gaining significant attention. We believe finding ways to encourage staff to step back from the pressure of their jobs, even for a few minutes, is good for everyone. We regularly bring specially trained dogs into the hospital for our staff to pet and play with for a few minutes out of their busy days.

Reducing Our Carbon Footprint
The FMH Green Team guides the hospital’s efforts to provide quality healthcare in a manner that is also efficient and sustainable. Impressive progress has been made at the hospital’s main campus, as well as at our various satellite locations. One of the Green Team’s efforts resulted in a 55% reduction in the production of regulated medical waste between 2013 and 2015. Another project under the team’s leadership reduced the amount of paper sent to the local landfill last year by 22 tons. One particularly popular event is an on-campus seasonal Farmer’s Market organized for the staff. Other team-sponsored activities include a Drug Take-Back Day, confidential paper and electronic waste disposal, Master Gardener presentations, and healthy cooking demonstrations.

“I know that therapy dogs have been very beneficial in relieving the anxiety and isolation that patients sometimes feel, but I had no idea how energizing and centering just petting a dog could be for staff on a draining day. It was pretty amazing.”

–Dolly Sullivan
RN, BSN, MS, CNOR

Members of the FMH Green Team develop initiatives to help the hospital fulfill its vision while limiting its carbon footprint.
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

“I think both nurses and doctors realize that both professions are essential to high-quality patient care. Each has their role in the healthcare team, and they should each be watching out for the other, just like any other high-functioning team. On occasion, in the heat of the moment, people can forget that—we’re all here to remind each other of that every day. And our survey scores (both nursing and physician surveys) show that it’s working.”

—Dr. Manuel Casiano
Senior Vice President, Medical Affairs and Chief Medical Officer
Bedside Shift Report Means More Interactive Care

Engaging patients in their own healthcare leads to improvements in safety, quality, and personal satisfaction. That’s why, at Frederick Memorial Hospital, the critical change-of-shift nursing report is now taking place at the bedside—where the patient’s and family’s input is both sought after and encouraged.

According to Michael McLane, Director of Med/Surg Nursing and Behavioral Health, bedside shift report gives staff going off shift an opportunity to personally introduce patients and their families to the oncoming team. “We are finding that bedside shift report builds trust in the care process, demonstrates teamwork among the staff, and helps put our patients’ minds at ease that everyone involved in their care is on the same page,” says McLane. “And at its core, that’s what true patient-centered care is all about.”

High Risk Rounding

Improving the patient experience takes teamwork, and nursing leadership is dedicated to providing our staff with clinical resources and opportunities for effective collaboration. Nurses who are concerned about a patient, or just want a second set of eyes to assist with problem solving or safety issues, can call for a consultation with our High Risk Rounding team.

Typically, the High Risk Rounding team sees patients who are being monitored for drug use, have incapacity issues or questionable safety situations with families, have Emergency Petitions from the ED, or who present security or other risks. In addition to a hospital supervisor, the team includes representatives from the Risk Management, Security, Behavioral Health and Service Excellence departments. Using a multidisciplinary approach, the High Risk Rounding team assesses these patients and recommends process improvements to ensure their safety, as well as the safety of visitors and staff. Recent changes resulting from the team’s evaluations include revised procedures for admitting and documenting patients identified as security risks, infrastructure changes to improve safety, and a process to alert dietary staff of the need for plastic silverware for suicidal patients.
Multidisciplinary Rounding

When patients are admitted to FMH, their care is overseen by physicians who are uniquely trained to manage the needs of hospitalized patients. Called “hospitalists,” these expert physicians use a strategy called Multidisciplinary Rounding to coordinate care among everyone involved in their patients’ care. Like bedside shift reporting, multidisciplinary rounding is another tool Frederick Memorial Hospital’s nursing staff is using to improve the quality, safety, and patient experience of care.

During Multidisciplinary Rounding, the hospitalist reviews each patient’s needs with everyone on his or her care team. What are this patient’s care priorities, and who is taking the lead on which items? What goals do we have for this patient before they can go home? What support does the patient need after discharge?

FMH Director of Med/Surg Nursing and Behavioral Health Michael McLane credits this collaborative strategy with improving the quality of patient care, reducing the length of their hospital stay, and preventing gaps and delays in care that can often result in readmission.

“At FMH, we are working hard to create a culture of true collaboration, where shared decision-making and open communication is the norm, not the exception. Such a culture has been shown to improve clinical outcomes and increase patient satisfaction, while creating a work environment in which nurses and other members of the healthcare team are supported and empowered.”

—Shelley Kaplan, MSN, RN, CCNS
Clinical Nurse Specialist, 4G
Schwartz Center® Rounds

The Schwartz Center for Compassionate Healthcare’s mission is simple but compelling: to promote compassionate healthcare. Its namesake is Kenneth Schwartz who, at the age of 40, was diagnosed with a terminal illness. During his 10-month ordeal, Schwartz came to realize that what matters most during an illness is the human connection between patients and their caregivers. Several days before his death in 1995, Ken Schwartz established a foundation to encourage “a strong patient-caregiver relationship characterized by effective communication, emotional support, mutual trust and respect, and the involvement of families in healthcare decisions.”

Few understand the complexity and stressors of today’s healthcare system better than nurses. As hospitals are called to do more with less, we sometimes find ourselves unable to focus as much as we’d like on the non-clinical side of care. Many report feeling frustrated and anxious, often without a structured outlet for working through these feelings.

The Schwartz Center Rounds® program offers healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss the social and emotional issues they face in caring for patients and families. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. Caregivers have an opportunity to share their experiences, thoughts, and feelings on thought-provoking topics drawn from actual patient cases. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

In February 2012, I was involved with several difficult cases in quick succession. I saw the excellent care that staff provided to patients under very difficult circumstances, but I also knew that these cases were troubling and emotional experiences for staff. I was left with a conundrum: how do we care for staff?

In March 2012, I attended a workshop that included a brief presentation on Schwartz Center Rounds. I knew immediately that this was the answer to the conundrum I had been carrying inside of me. Fellow workshop attendee Dr. Jim Grissom and I recruited Dr. Eric Bush, and together we began the journey of establishing the program at Frederick Memorial Hospital. A dedicated Schwartz Center Rounds committee has grown over the years, including many nurses who serve regularly.

Since January 2013, we have sponsored 15 of these programs for hospital and medical staff. Each program has a panel of four members who share their direct experience about a case or topic, focusing on what the panel member experienced and felt. The topic is then opened to those who are in attendance—everyone at Schwartz Center Rounds is welcome to share their stories as well. More than 800 hospital and medical staff have attended the programs, and 20 panel members have been from the Nursing department.

We talk about joys, sorrows, struggles, victories, and lessons learned—and in the process, we encourage each other to “stay in the moment with patients” and that “…the smallest acts of kindness have the power to make the unbearable bearable.”

“What makes the unbearable ‘bearable’ is compassion.”

—Kenneth Schwartz, Founder
Schwartz Foundation

“...the smallest acts of kindness have the power to make the unbearable bearable.”

Rev. G. Kay Myers, M.Div., M.S., Ph.D
Director, FMH Pastoral Care.

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Rev. G. Kay Myers, M.Div., M.S., Ph.D
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Expanded Roles & New Responsibilities

As we work together to implement the goals of the Triple Aim, nurses can expect many new opportunities as innovative practice areas emerge and our roles and responsibilities evolve. Nurses will be needed to fill roles such as nurse practitioner, clinical nurse specialist, patient navigator, care coordinator, performance improvement specialist, clinical documentation improvement specialist, and nurse informaticist.

Here are just a few examples of the unique, new roles nurses are currently fulfilling in our hospital and our community:

Rapid Response Team-Quality Champion Nurse

The Rapid Response Team-Quality Champion (RRT-QC) nurses wear yellow tops and blue pants to enhance their visibility to patients and families and to make them immediately recognizable to their colleagues.

Studies show that most cardiac arrests are preceded by abnormal clinical changes. Therefore, recognizing the warning signs of cardiac arrest in patients who are not hospitalized on the ICU or CCU is an important part of keeping our patients safe and on the road to recovery.

When a patient is showing signs of deterioration, our Rapid Response Team-Quality Champion (RRT-QC) nurses bring critical care expertise to a patient’s bedside. Our RRT-QC nurses are ICU nurses who provide 24/7 coverage to all units and are available upon request to assess any patient with complex medical issues or assist with restraint compliance. They round on each shift with the charge nurses of the medical, surgical, and telemetry units to identify patients with subtle signs of clinical deterioration or who may need additional screening for sepsis. Our RRT-QC nurses also assess patients who have recently transferred from ICU as well as all patients who have previously been treated by the Rapid Response Team.

RRT-QC nurses also respond to emergencies such as Code Blue or Code Stroke, serve as clinical resources for difficult IV sticks and other procedures, and visit patients who have recently been placed in restraints to assist with documentation and compliance with standards.

In addition to helping us further our ability to provide quality, patient and family centered care, the creation of the RRT-QC nurse’s role also provides our staff with an additional resource. Nurses report “a heightened sense of security knowing that, in their day-to-day clinical roles and activities, regardless of what shift they are working, additional support is just a rapid response call away.”

Transitional Care Nurses

Care Transitions Nurses provide continuity of care from one care setting to the next. They maintain open communication with the patient and family, as well as other facilities and providers involved in their care, for 90 days following discharge from the hospital. By helping patients self-manage their diseases more efficiently, transitional care nurses play a key role in minimizing and preventing hospital readmissions.
Hospital Emergency Response Team
The Hospital Emergency Response Team (HERT) is a multidisciplinary group with representatives from Nursing and many other disciplines. This group assists with the development and implementation of the FMH Emergency Operations Plans. HERT is currently involved in the Active Shooter education program. To date, over 400 employees have received this training to heighten awareness and promote safety in a potentially dangerous situation.

In addition, HERT is involved in educational aspects of community events, as well as Flu Vaccine distribution, the Frederick Running Festival, and many other functions.

“The HERT team members are a resource to staff regarding emergency preparation activities, and they play a key role in educating those staff members in their responsibility to better prepare our healthcare system for an emergency.”

—Lila Beaulieu MBA,BSN,RN,NE-BC
Director of PeriOperative Services
Forensic Nurse Examiners
Led by specially trained nurses, Frederick Memorial Hospital’s Forensic Nurse Examiner program provides compassionate, multidisciplinary care for victims of sexual assault or trauma. Our nurses are on call around the clock, every day of the year to provide one-on-one care at no cost to the patient. In addition to providing medical care and treatment, these nurses have additional skills in injury identification, evaluation, and documentation. Forensic nurses often collect evidence, consult with legal authorities, and occasionally provide medical testimony in court.

After being evaluated for other injuries by an Emergency Department physician, the patient has the opportunity to consent to a forensic examination in a private, secure suite separate from the other treatment areas. During this assessment, the forensic nurse examiner may take photographs of the patient’s injuries and collect evidence to be sent to the crime lab for analysis, provide antibiotic treatment to prevent transmission of sexually transmitted infections, or offer emergency contraception. A patient advocate from Heartly House, Frederick’s organization that provides support for victims of domestic violence, sexual assault and child abuse, stays with the patient throughout the hospital visit and follows up after discharge to assist with any needs the patient may encounter.

Thanks to a grant from the Violence Against Women Act and the Governor’s Office of Crime Control and Prevention, our forensic nurse examiners are able to meet monthly to conduct peer reviews of cases. FMH matches a portion of this grant award to provide the program with necessary supplies and equipment.

“We can all be proud that Frederick Memorial Hospital was an early adopter of best practices for forensic nursing across the nation. In addition, FMH was the pioneer for implementing a screening program to identify patients at risk for domestic violence—a program that has expanded across the state of Maryland. Since its expanded implementation, deaths related to domestic violence have decreased by more than 50% in Maryland. This screening tool is now being adopted as a national model—and it all started at FMH.”

—Pam Holtzinger, MSN, BHA, RN, CEN, SANE-A, SANE-P, FNE A/P
FMH Forensic Nursing Program
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.

Simulation Center
Simulation is a well-known training tool utilized in many industries, including aviation, military war games, disaster preparation, and nuclear power training. Increasingly, medicine and nursing are integrating simulation into the training and education of both new and experienced physicians and nurses.

At FMH, our Clinical Education Center staff has transformed a patient room with training equipment and two patient care mannequins designed for scenario-based clinical training. We have purchased and developed specific content to provide realistic scenarios that focus on building critical thinking and decision-making skills. Prior to the first simulation experience, educators provide an orientation to the environment and equipment and communicate scenario objectives and background information on the “patient” and the clinical situation.

During the simulation experience, the mannequin will have vital signs display on a monitor, voice responses, a variety of cardiac, lung, and abdominal sounds, and palpable pulses. Participants perform patient care skills and practice procedures such as oxygen delivery, tracheostomy care, NGT insertion, injections, ostomy care, and catheterization. Educators provide real-time changes on the monitors based on the nursing interventions and patient responses during the scenario.

Immediately following, participants, educators, and facilitators discuss how well the simulation was executed, communication during the scenario, and opportunities to improve nursing knowledge, skills, and attitudes.
Complete Couplet Care: All the Peas in One Pod

We know that the best place for a stable newborn is with the mother. Skin-to-skin contact between mothers and babies immediately after birth regulates babies’ temperatures, heart rates, respirations, and blood sugar levels. It also allows babies to be colonized with the same bacteria as their mother, minimizing the risk of infection. Along with breastfeeding, this is thought to be important in the prevention of future allergies and some other chronic diseases. Skin-to-skin contact also promotes the mother’s production of oxytocin, a hormone that boosts maternal feelings and a positive mood and may play a role in decreasing the instance of postpartum depression.

In light of these benefits, all newborn care provided in The BirthPlace is done at the mother’s bedside so that mom and baby can remain together. Known as “complete couplet care,” this approach supports breastfeeding success and helps newborns adjust more readily to life outside the womb. New mothers are able to learn feeding, diapering, and other newborn care in the privacy of their own rooms from professional nursing staff.

Doing this successfully requires that all team members, including obstetricians, pediatricians, labor and delivery staff, postpartum nurses, lab personnel, respiratory therapists—even our newborn photographers—work together. We have also developed a new position called the Newborn Admission Nurse so that each baby born in The BirthPlace has a sole provider always available, especially following delivery and during the first two hours of life. This is in accordance with the Association of Women’s Health, Obstetric, and Neonatal Nurses’ staffing guidelines.

In just a year’s time, we are proud to say that our HCAHPS scores have improved, our birth-to-breast times have decreased, and the separation between mother and baby has been minimized to allow for bonding time. As we fine-tune this process, we expect continued positive feedback from patients and their families, staff, and providers.

“To help families get off to the best start possible, we have focused on reducing early elective deliveries, promoting mother-child bonding through skin-to-skin contact, providing our families with complete couplet care, and continuing to expand services in our neonatal intensive care unit.”

– Katherine Murray, MSN, RN
Director, Women’s and Children’s Services
New Level of Care for the Tiniest Patients

The vast majority of women have uncomplicated, full-term pregnancies that result in healthy infants who require very little to no specialized care. But for the relatively small percentage of women whose pregnancies are classified as high risk, or whose babies are born ill or prematurely, having a Level III Perinatal Center for newborn care at FMH provides welcome peace of mind.

Frederick Memorial Hospital has a special arrangement with Johns Hopkins School of Medicine, one of the nation’s leaders in pediatric research and neonatal care, to provide the highest quality of newborn care for premature or very ill infants as young as 24 weeks gestational age. Led by Medical Director Dr. Bharti Razdan, the Johns Hopkins team is made up of physicians and nurse practitioners who specialize in neonatology, the field of pediatrics that focuses on the care of ill and premature newborns.

Infants in our neonatal intensive care unit are cared for by a multidisciplinary team that includes not only medical providers and nurses, but also a respiratory therapist, social worker, nutritionist, physical and occupational therapist, chaplain and the most important team member—the parents—who all collaborate to provide carefully coordinated care at this earliest, most vulnerable stage of life. When needed, the FMH neonatal intensive care team collaborates with pediatric cardiologists, neurologists, and other specialists at Children’s National Medical Center in Washington DC and Johns Hopkins Hospital in Baltimore with the help of telemedicine. Using technologies like interactive two-way video, smart phones, a high resolution camera, sensitive scope equipment, and other wireless tools, offsite specialists listen to the infant’s heartbeat, lung, and bowel sounds in real time and review diagnostic tests.

“Caring for these babies here in Frederick instead of transporting them keeps our families together at a critical time. It helps the mom and dad to bond with the baby and provides an opportunity for them to participate in the care of their baby. When parents and siblings become a part of their baby’s care immediately, everyone learns together—and the baby benefits from the constant, early, loving contact that only their family can give.”

—Dr. Bharti Razdan, Medical Director, FMH NICU
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.
Nurses Work to Address Heroin Epidemic

People who struggle with drug and alcohol addiction travel a destructive road that ultimately leads them to lose everything— their health, families, relationships, careers, and even their lives. Because Frederick Regional Health System is committed to a comprehensive strategy that helps people live healthier, longer lives, programs that help those with chronic conditions—including drug abuse and alcoholism—are an important part of our mission.

In 2014, the FMH Intensive Care Unit started observing a surge in the number of heroin overdose-related admissions. Patients were younger and did not appear to be longtime addicts. Following a particularly devastating heroin-related death of a young patient, a group of staff from the FMH ICU decided to form a task force. Called “Caregiver Outreach Providing Education,” or C.O.P.E., this multidisciplinary workgroup consists of Nursing leadership and staff from the ICU, ED, Family Center, and Case Management.

C.O.P.E.’s mission is to increase awareness of substance abuse—particularly heroin—in Frederick County. The workgroup seeks out opportunities to create and partner with collaborating agencies. For example, through a partnership with the Frederick County Health Department, the FMH Emergency Department now has a peer recovery specialist embedded at the hospital. In addition to serving as a knowledgeable resource for patients, families, and friends, C.O.P.E. is involved with the Drug Overdose Fatality Review Team, Frederick City Heroin Strategic Task Force, and County Executive Jan Gardner’s Heroin Consortium.
Empirical Outcomes

Frederick Memorial Hospital is focusing on measuring the effect our changes are having on clinical outcomes as a simple and more quantifiable way of demonstrating excellence and creating real and lasting change.

Preventing Patient Falls

The experience of being hospitalized puts adults at further risk for falls because of illness and the newness of the hospital environment. Unfamiliar surroundings, medications, and treatments given in the hospital setting—along with the absence of normal routines and a decrease in activity level—can cause patients to become confused, weak, and unsteady. Even patients who were active and independent at home may require assistance to safely complete simple activities while they are in the hospital, such as getting out of bed or using the bathroom.

At FMH, we understand that a decrease in fall-related injuries does not happen by accident. To keep patients as safe as possible during their hospital stay, we have taken strategic actions to prevent inpatient falls and the downward spiral of reduced mobility and loss of function they entail.
Nurses evaluate each patient’s risk for falling during the admission process. “Please Call, Don’t Fall,” is featured on communication boards in every patient room, and patients are asked to use their remote controls to turn on lights, regulate the TV, and call for assistance. When a patient is identified as being at risk to fall, a placard alerting the staff is placed outside his or her hospital room. Walkers and other mobility devices are available in every room, and all patient areas are kept clutter-free.

Bright yellow non-slip socks are provided to patients at risk for falling to wear out of bed. If a patient wearing the yellow socks is seen walking without support, all hospital staff—the caregivers, housekeeping and kitchen staff, security officers, volunteers, and administrative employees are trained to provide immediate assistance.

Patients identified as being at a high risk for falling are discussed at Quality Huddle daily, and the Charge Nurses round each day to assure fall prevention measures are in place. Our Rapid Response Team-QC nurses also supports our fall prevention initiatives by assessing patients’ room environments initially and following up 24 hours later.
Safe Surgery Initiative
Frederick Memorial Hospital uses quality control, quality assessment, peer review, and performance improvement methodologies to ensure outstanding and safe clinical care to our patients. Because Surgical Site Infections (SSIs) can result in significant morbidity, mortality, and increased healthcare costs, we created an SSI task force to make evidence-based recommendations to our nursing procedures. As a result, we have implemented policy and procedure reviews with strict adherence to standards, focusing on things like correct antibiotic usage, hand-washing compliance, maintenance of the patient’s body temperature, compliance with CHG shower/bath prior to surgery, and the use of Iodine Nasal Antiseptic to suppress MRSA and MSSA during surgery. Prior to surgery, patients receive an education booklet containing information about smoking cessation, nutrition, CHG shower instructions, glucose control, signs of infection, wound care, pain management, FMH contact information, and a day-of-surgery checklist.

One Year CLABSI-Free!
Central line-associated bloodstream infection (CLABSI) rates are an important marker for patient safety. The Center for Disease Control estimates that more than half of CLABSIs may be preventable if hospitals adhered to best practices for central line insertion. Last year, the FMH Vascular Access team completed a full year without a single incidence of a Central line-associated bloodstream infection.
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.