LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER









BARBARA S. JACOBS MSN, RN-BC, NEA-BC Chief Nursing Officer

I am so grateful for all of you and the courageous work you have done since our first patient was diagnosed with COVID-19 in March 2020. I hope you will always remember with pride how nurses never stopped providing the care needed every day for many hundreds of people. Our annual report will tell just a part of the story of the exceptional care given each day.

The world changed for every one of us both at home and at work through this time. As situations required, we changed processes and protocols using the best information we had. We recognized through this time that we needed to give more attention to the disparities in healthcare and we accelerated our work in this regard. We demonstrated our strength as a team and we will continue to look for innovative new ways of providing care. It will be essential that you are a part of defining the future of nursing and patient care.

So, thank you for working every day to help us to provide skilled and compassionate care to our community. We will all have amazing stories to tell as we remember these years in the future. You should know that your work has been truly remarkable.

Thanks,





TRANSFORMATIONAL LEADERSHIP



KAREN MCCAMANT

MSN, RN, ACNS-BC, NEA-BC Certificate Holder, Fundamentals of Magnet Director, Professional Nursing Practice and Magnet



The World Health Organization had declared that 2020 would be the International Year of the Nurse and Midwife well before COVID-19 became part of our everyday life. After almost a year of nurses battling the pandemic around the globe, WHO decided that 2021 would be a continuation of that special year. The year was intended to be a celebration of nurses and the care they deliver. The irony is that because of the pandemic, everyone everywhere saw clearly just how essential nurses truly are: essential to the team in finding innovative solutions to new challenges; essential to each other for understanding and support; and, most importantly, essential to the patients and families suffering not only from COVID, but from all the usual healthcare challenges. Through it all, nurses continued to come to work, to stay positive, and just get it done.

Nursing shared governance remains a cornerstone at Anne Arundel Medical Center, and that was never more true than during the height of the pandemic. Compared to many other hospitals around the country, we were unusual in that we resumed our council work early in the pandemic after only a two month hiatus. This was thanks to Barbara's tremendous support, and her recognition that council work is an important part of THE work. All of you rallied to keep us moving forward during an unprecedented time, finding new ways to run meetings and again, to just get it done.

I hope the pages that follow serve as reminder of your amazing accomplishments over the past two years. Magnet hospitals are viewed around the world as setting high standards for nursing excellence through leadership, exemplary professional practice, and new knowledge and innovation. As you read on, you will see many measures of your success, including more than 30 Quality Improvement projects submitted to the showcase in 2020. All of this makes clear that our nursing motto is true: at AAMC, nurses are —

Powered by knowledge. Inspired by Caring.





LH-AAMC Nursing Strategic Priorities FY22 – FY24

QUALITY COMMUNITY WORKFORCE FINANCE





- Improve the patient experience as measured by patient satisfaction survey
- Develop and implement strategies to ensure the majority of the units outperform NDNQI or internal benchmark for nursing sensitive indicators most of the time
- Implement adaptive processes, procedures and innovative care models for safe and effective response to changing clinical environment (Covid/ Surge, etc)

- Patient Throughput meet or exceed Maryland Median for ED 1b (door to bed) and reduce inpatient length of stay
- Develop innovative strategies to reduce ED Diversion
- Support Age Friendly initiatives to meet the care needs of aging population
- The majority of the units outperform national benchmarks for the majority of NDNQI Nurse Satisfaction goals
- Employ innovative strategies to reduce nursing turnover
- Enhance recruitment efforts and hiring processes to reduce vacancies
- Set annual goals to increase certification rates and rate of nurses with BSN or higher

- Meet budgeted financial expectations
- Collaborate with other healthcare organizations regionally, nationally and internationally in the development of excellent and healthy nursing practice environments
- Continue expansion of open heart/cardiac programs
- Continue expansion of behavioral programs



Anne Arundel Medical Center General Information Summary Statistics

Nurses at LH AAMC embody the motto "Powered by Knowledge. Inspired by caring." Never has this been truer than during the last two years of the COVID-19 pandemic, when nurses and others worked so hard to keep the hospital up and running, delivering great care, and upholding our mission of enhancing the health of the people and communities we serve despite an unprecedented and overwhelming global crisis. So let's take a peek at our nursing workforce, and ask, "Who are the nurses who work at LH AAMC?"

Of the more than 900 professional nurses who deliver care directly to patients and their families:

- 38% are board certified in at least one nursing specialty
- 69% hold a bachelor's degree or higher
- More than 40 nurses are currently studying for a bachelor's degree

Among nursing leadership:

- 82% hold national specialty certification
- 73% hold a Master's in Nursing
- 21% hold a master's in a healthcare-related field
- 6% hold either a PhD or a DNP



Barbara Jacobs at Anne Patterson's Retirement Party



Vaccine Clinic Nurses with LH AAMC President Sherry Perkins

Nursing Sensitive Quality Indicators Magnet Snapshot

These tables demonstrate how in spite of the overwhelming challenges presented by the COVID-19 pandemic, nurses at LH AAMC continue to deliver excellent, high quality care to every patient, every time. The stringent Magnet eligibility requirements of outperforming national benchmarks for most nurse sensitive quality indicators on most units for most of eight consecutive quarters. This is an extremely high bar under normal conditions; yet LH AAMC exceeded expectations even during the heights of pandemic surges.



Magnet 2-Year Snapshot Report: Q4 CY2019 - Q3 CY2021

Clinical Indicator (Report all 4) NDNQI: Teaching Status Benchmark	4Q CY19	1Q CY20	2Q CY20	3Q CY20	4Q CY20	1Q CY21	2Q CY21	3Q CY21	Quarters Out- perform
Falls with Injury	8/13	5/13	12/13	9/14	9/14	7/14	9/14	13/14	5/7
HAPI Stage 2	8/11	6/11	6/11	8/11	8/11	8/11	8/11	8/11	7/7
CLABSI	9/10	8/11	9/10	7/10	11/11	7/9	9/11	8/10	7/7
CAUTI	5/9	7/10	5/09	9/10	7/10	8/10	8/10	8/10	7/7

OUTPT Clinical Indicator (Report 1 of 2) NDNQI: Teaching Status Benchmark	4Q CY19	1Q CY20	2Q CY20	3Q CY20	4Q CY20	1Q CY21	2Q CY21	3Q CY21	Quarters Out- perform
Total Falls	11/17	11/17	13/16	13/17	13/16	13/16	12/16	11/16	8/8
Injury Falls	12/17	12/17	14/16	15/17	14/16	13/16	13/16	11/16	8/8

Patient Satisfaction

Ensuring a high quality experience for patients and their families always presents a challenge in the healthcare setting, but never more so than during the COVID-10 pandemic, which has necessitated nearly constant revision of normal daily procedures and processes. Remarkably, nurses in both inpatient and outpatient settings far exceeded Magnet eligibility requirements, by outperforming national benchmarks nearly all of the time on all of the units.

Patient Satisfaction Domain Press Ganey Benchmark (Inpatient)	4Q CY19	1Q CY20	2Q CY20	3Q CY20	4Q CY20	1Q CY21	2Q CY21	3Q CY21	Quarters Outperform
Care Coordination	10/13	13/13	11/12	12/14	11/14	10/14	12/14	11/14	9/9
Careful Listening	8/13	8/13	11/13	7/14	11/13	9/14	9/14	13/14	9/9
Courtesy/Respect	10/13	9/13	11/13	9/14	11/14	12/14	11/14	12/14	9/9
Pain	10/12	7/12	5/11	8/12	10/11	10/11	8/12	10/12	8/9
Patient Education	11/13	9/13	11/13	12/14	10/14	10/14	10/14	10/13	9/9
Pt. Engagement/ Pt. Centered Care	12/13	11/13	11/13	12/14	11/14	11/13	10/14	9/14	9/9
Responsiveness	9/13	11/13	10/13	10/14	10/14	10/14	10/14	10/14	9/9
Safety	10/13	9/12	11/12	9/13	12/14	10/14	9/14	12/14	9/9
Service Recovery	8/11	6/11	5/10	7/11	8/11	9/10	6/10	9/11	8/9

Patient Satisfaction Domain Press Ganey Benchmark (Ambulatory)	4Q CY19	1Q CY20	2Q CY20	3Q CY20	4Q CY20	1Q CY21	2Q CY21	3Q CY21	Quarters Outperform
Care Coordination	12/12	10/12	11/12	11/13	11/13	11/12	10/12	9/12	9/10
Careful Listening	11/12	10/12	11/12	11/12	12/12	10/11	11/11	10/12	9/10
Courtesy/Respect	11/12	9/12	12/12	12/12	11/12	11/11	9/11	7/12	9/10
Pain	11/11	10/11	10/11	10/11	9/11	9/10	9/10	8/8	9/10
Patient Education	11/12	9/12	11/12	11/12	10/12	11/11	11/11	9/11	9/10
Pt. Engagement/ Pt. Centered Care	4/5	4/5	4/5	5/6	6/6	5/5	5/5	N/A	9/10
Responsiveness	7/7	6/7	7/7	7/7	7/7	7/7	7/7	7/7	9/10
Safety	11/11	10/11	9/10	8/10	9/10	9/10	9/10	9/10	9/10

^{*} Denominators vary as some units have too few responses to benchmark

2021 NDNQI RN Satisfaction Survey with Job Satisfaction Scales

The ANCC Magnet® Program requires hospitals to demonstrate outperformance on most nursing units against national benchmarks in RN satisfaction across at least four out of eight of the following domains:

- Foundations for Quality of Care
- Adequate Staffing
- Professional Development Opportunity
- Nursing Administration





Labor & Delivery nurses delivered nearly 6000 Babies in 2021

To meet this eligibility requirement, direct care clinical nurses must be surveyed within thirty months of submission of application documents, and only the most recent survey results are accepted. At LH AAMC, this meant asking nurses who had already endured over a year of practicing in challenging pandemic conditions, to stop and evaluate the quality of their work environment. Amazingly, 64% of them actually did.

In the spring of 2021, 610 AAMC nurses responded to the NDNQI RN Satisfaction Survey. While there was variation across the organization, nurses overall expressed satisfaction across a number of categories, including Foundations for Quality of Care, Professional Development Access and Opportunity, and Nursing Administration.

Celebrating the Extraordinary Skill & Caring of AAMC Nurses





The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care delivered by nurses every day. Founded by the Barnes family in the wake of their 33 year old son's death in 1999, DAISY is an acronym for Diseases Affecting the Immune System. At AAMC, nurses have been nominated for the DAISY award by patients and their families, as well as colleagues and physicians. AAMC has participated in DAISY since 2010, and honored more than fifty nurses with the award.

In 2020 and 2021, AAMC honored clinical nurses with the DAISY Award. In addition, Eve Sage, Clinical Director of GSU/JSU and Devra Cockerille, Clinical Director of ACE receive DAISY Leader Awards.

AAMC 2020-2021 DAISY Award Winners

Daisy Honoree	Unit
Stacey Coombe	MSU
Brenda Alexander	Oncology
April Wainwright	L&D
Taylar Chalk	Oncology
Rienne Kresta Yvegeny Yator	ED
Lane Stewart	Oncology
Karla Thornton	Emergency Department
Andrea Kassel	······ MBU
Rachel Purdie	Oncology
Patty Andrews	OPIV
Sara Bell	Observation
Angela Tremper	ACE
Katelyn Birmingham	4 Medical
Dorcas Njenga	······ICU
Sarah McGroarty	Observation
Holly Recca-Strong	HVU
Courtney Sitar	L & D
Heidi Smith	ACE
Jessica Ring	GSU
Christina Rose (PCT)	Emergency Department







The Story of the Starfish Award

An old man walked up a shore littered with thousands of starfish, beached and dying after a storm. A young man was picking them up and flinging them back into the ocean. "Why do you bother?" the old man scoffed. "You're not saving enough to make a difference." The young man picked up another starfish and sent it spinning back to the water. "Made a difference to that one," he said.

You Make A Difference Every Day.

This award is for Patient Care Technicians who provide extraordinary care to patients during their stay throughout the healthcare system. Compassionate care is the heart of this award.

The reviewers will base their scoring of these nominations on the following criteria:

- Compassionate care to patients and/or families
- Establishing a special connection with patient/family through trust and emotional support
- Exceeding the patient /family expectations or goals
- Education of patient /family

Early in 2021, several Patient Care Technicians spoke to CNO Barbara Jacobs about the possibilities of setting up a separate council. Those PCTs asked that two directors, Devra Cockerille and Justin Bowser, provide guidance to their new council, which held their first meeting in April. Canneka Turner Hall, the lead PCT for this council, was instrumental in getting this work started. One of the first efforts of the council was to develop a program of recognition of extraordinary work by PCTs as noted by other staff, patients or families. The result was the Starfish Award. Just like Daisy recognition for nursing, a group of PCTs review submissions and choose one PCT to receive the Starfish Award.





Elizabeth Monroe, PCT, on ACE received the first Starfish Award in November 2021 for her compassionate care of a patient nearing the end of life. India Gross received her Starfish Award in January 2022.

Observation Unit: AAMC's First Dedicated COVID-19 Unit

Since October 2017, Christie Thibeault has served as manager of Anne Arundel Medical Center's Observation Unit, an outpatient care area in which nurses provide care by following clearly defined treatment protocols. The patient length of stay is usually less than 24 hours as clinicians can follow patient progress and determine whether they need to be fully admitted to the hospital or can be sent home within that time frame.

In March 2020, when the COVID-19 epidemic that began in Wuhan China was declared a worldwide pandemic by The World Health Organization, AAMC began preparing for a large patient surge unlike any seen before. The response strategy included a plan to convert patient units into COVID-19 Specialty Care Areas. In one of the first planning meetings, Christie volunteered that her unit would be the first to convert to a dedicated COVID-19 unit, even though she recognized that she would need to prepare her nurses to care for patients who were different than they had ever cared for before. In addition, spaces near the unit were adapted to increase capacity, allowing the unit to expand from 17 to 23 beds on the hospital's first floor, plus an additional 12 beds on the sixth floor.

Under her leadership, Christie's nurses embraced this pioneering role. Since the first COVID patient arrived at AAMC on March 10, they have cared for hundreds of patients. In so doing, they have learned to manage patients with much higher acuity while also driving new processes and protocols for managing isolation/infection spread; using technology to connect patients to families unable to visit because of social distancing; and even learning to care for patients at unanticipated end-of-life, a situation rarely, if ever, encountered on any observation unit.

Through all of this, Christie supported her staff emotionally with her always pleasant, cheerful demeanor, and positive outlook. Just today, she created a board with patient appreciation letters and photos of her staff, some wearing their PPE on the unit and others smiling with their families. In big colorful letters, with a picture of a rainbow arching over a heart, Christie wrote: BETTER DAYS AHEAD.

EXEMPLARY PRACTICE



Patient Care Secretary Chandra Gantt Keeps OBS Strong



Clinical Educator Christine Schaeffer with Clinical Supervisor Ashley Gick



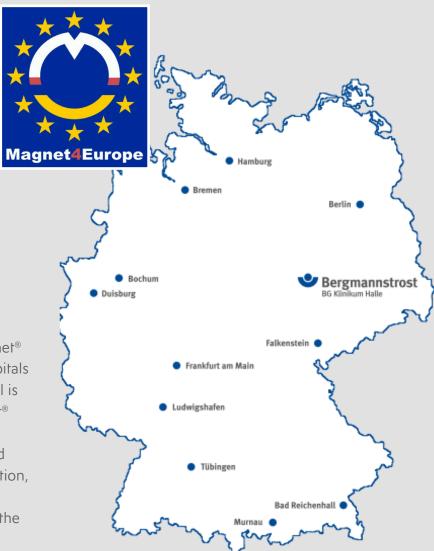
Clinical Director Christie Thibeault with Julie Brozena Student Nurse PCT

Bridging Oceans, Sharing Nursing

We are honored and excited to be part of the ground-breaking new initiative Magnet4Europe, which has been funded by the European Commission. As a Magnet hospital, LHAAMC has been paired with Begrmannstrost, a 580-bed trauma and orthopedic medical center located in Halle, Germany, to help them implement the components of the Magnet model.

Under the leadership of Dr. Linda Aiken, Magnet4Europe is a randomized trial to redesign hospital workplaces to improve mental health, wellbeing, and retention of nurses and physicians, and improve patient safety and outcomes. The workplace intervention is guided by the principles of Magnet® Recognition and involves 1:1 twinning of a minimum of 60 European hospitals with an experienced Magnet® designated hospital. The purpose of the trial is to determine if redesign of hospital work environments guided by Magnet® principles as described in the ANCC Magnet® Manual and in collaboration with an experienced Magnet® designated hospital is feasible, effective, and sustainable in Europe in improving care quality and safety, patient satisfaction, and workforce outcomes. Selected US Magnet hospitals, including AAMC, agree to participate in both the intervention and research components of the initiative.

Originally, the plan was that we would travel to Germany and our twin colleagues would travel here, but COVID changed that. Instead, we have been meeting monthly virtually for the past year, sharing our knowledge while also learning from them. Nurses on our clinical ladder have had the opportunity to meet our international colleagues, as have our nursing shared governance council representatives.



2020 Quality Improvement Showcase Nurse Presentations

Due to the challenges of COVID-19, the annual QI showcase was cancelled in 2021. The showcase returns in March, 2022.

Nurse as Primary Author

Jennifer King, MSN, RN, Kathleen Kang, BSN, DNP, Cathaleen Ley, PhD, RN, & Bridgitte Gourley, DNP, CRNP. Implementation of the STOP-BANG Screening Questionnaire for Obstructive Sleep Apnea (OSA) in Adult Pre-Operative Patients.

Sarah Greenwood, BSN, RN, Pam Garvin, BSN, RN, Cindy Gingrich, MSIM, PMP, CPHIMS, Sally Seen, BSN, RN, Emily Schneider, LCSW-C, & Beth Tingo, MSN, RN, CMC. Shared Care Alerts Statewide: Care Coordination for High Risk Patients.

Sheri Poretz, RN, BSN, CEC, Lydia D'Wynter, MA, CCC-SLP, Devra Cockerille, MSN, RN-BC, & Lanaya Jones, BSN, RN, DNP. Are Hospital Toothbrushes to Blame? The Evolution of Pneumonia Prevention.

Danette Readling, MSN, RN, CMSRN, RN-BC & Jennifer Frantum, RN. An Increase in Oral Care Compliance on the Acute Care for the Elderly (ACE) Unit Decreases Aspiration Pneumonia Rates.

Deb Lacquement, MS, BSN, RN, Jean Murray, RN, MSN, CIC, Clint Welch, BSN, RN, CRNI, Kristi Calder, BSN, RN, & Michelle Carroll, CCMA, CMAA. Quality Improvement in Efficiency & Cost Savings for Tuberculosis (TB) Testing New Hire Candidates.

Christine Hoyer, BSN, RN, CNOR, Susan Johnston, RN, CPHQ, CPHA, Christopher Thompson, ORA, Terri Ridel, BSN, RN, CNOR, Shonda Stewart, BSN, RN, CNOR, & Javida Woodson, BSN, RN. Quality Improvement Project for the Reduction of Foot Traffic in an Outpatient Surgery Center.

Jan Clemons, MS, BSN, RN, Geri Raber, MS, BSN, RN, Heather Hyland, BSN, RN, OCN, & Jessica Cabauatan, BSN, RN. Central Line Associated Bloodstream Infection (CLABSI) Prevention: Unit Processes & Improvement of CHG Bathing Compliance. Rachel Livingston, RN, BSN, Mary Gellerman, RN, BSN, & Eve Sage, RN, MSN. The Impact of expanding the Clinical Supervisor Role on the General Surgical Unit Nurse Sensitive Clinical Indicators & Patient Satisfaction Results.

Christina Junker, DNP, RN. Time for Quiet: Reducing Nighttime Interruptions in the ICU (TURN-IN ICU).

Melanie Lee, MSN, RN, CPN & Christine Gates, RN-BC, CPN. Decreasing Total Turnaround Time in the Pediatric Emergency Department.

Christina Allen, CRNP, MSN & Bridgitte Gourley, DNP, RN. Implementation of a Standardized Discharge Care Bundle to Reduce Post-Operative Urinary Tract Infections in Outpatient Urogynecology Surgical Patients.

Jean Murray, MSN, RN, CIC, Daniel Watkins, MSN, RN, Sheryl Poretz, BSN, RN, Alice Harvey, BSN, RN, & Mary Clance, MD, MPH. Screening & Intervention for Hepatitis C Among High-Risk Patients Entering Drug Treatment.

Jeannette Walton, RN, ONC, Kimberly Nicholas, BSN, RN, Christine Schaeffer, BSN, RN, ONC, CJCP, & Cathaleen Ley, PhD, RN. Pre-Operative Teaching to Prevent Post-Operative Falls on the Joint & Spine Unit.

Allison Piquero, BSN, RN, Cathy Moir, RN, Jean Andres, RN, Ann Tabor, RN, Ashley Comproni, Rhoda Raji, MD, Nicolle Bougas, MD, Benjamin Solomon, MD & Marcus Penn, MD. Reducing Labor Induction Delays in Medically Indicated Patients.

Debbie Wasem, BSN, RN, Allison Piquero, Claudia Hays, MD, Ashley Comproni, Josh Sparks, Betsey Snow, Susan Latonick, Georgia Matthews, Monica Jones, MD. Baby Scripts: AAMC's Pregnancy App.

Crystal Asche, BSN, MBA, June Brouse, MSN, RNC-MNN, Claudia Burgett, BSN, RN, Ashley Comproni, Aja Errera, BSN, S. Fassil, M.D., Kaileigh Cronin, BSN, Jess Genrich, Dana King, RN, Susan. Latonick, Amie Staton, BSN, RN, Judy Thomas, S. Shuja, M.D. *Using a multidisciplinary approach to improve patient throughput by increasing communication & setting expectations with the patient.*

Cynthia Sweeney, DNP, RN, Nia Wright, MSN, MHA, RN, CNOR, Cathaleen Ley, PhD, RN, Jessica Miller, MSN, RN, Brittany Manning, MSN, RN, CNOR, Amanda Brady, MSN, RN, CNOR, & Jennifer Emuna, MSN, RN, CNOR. The Benefit of Meaningful Recognition in Promoting a Healthy Work Environment for Operating Room Staff.

Larissa Nietzsche, MT, CIC, Jean Murray, RN, MSN, CIC, & Sheri Poretz, RN, BSN. *Impact of Real Time Education for Inappropriate Clostridioides difficile Testing.*

Darlene Enchill, RN, MSN, Deborah Gibson, RN, BSN, ACM, Susan Mann, RN, Charles Watson, Donna Crane, & Dana Lancaster. Reduction of Health Plan Denials Related to Clinical Documentation Submission.

Daniel Watkins, MSN, RN, Michelle Plucinsky, MS, LCPC, Rebecca Black, MSW, LCSWC, & Marte Birnbaum, MSW, LCSWC. Decreasing Depression in an Inpatient Substance Use Disorder (SUD) Program through Integrated PHQ-9 Screening & Intervention.

Temitope Ajayi, BSN, RN, Michelle Lusby, MSN, RN, CPAN, Bridgette Gourley, DNP, CRNP, Implementation of Virtual Handoff with Standardized Situation, Background, Assessment, Recommendation (SBAR) Tool in the Transition of Care from Post Anesthesia Care Unit (PACU) to the General Surgical Unit.

Bethany McMurtrey, RN, Sharolyn Bush, BSN, SMSRN, MSN, Samantha Read, Carole Groux, Theresa Carter, BSN, CMSRN, Brandi Elzie, BSN, CMSRM, *Improving Responsiveness of Staff Scores on 4 Medical.*

Heather Johnson, BSN, RN & Bridgitte Gourley, DNP, CRNP, Implementation of a Standardized Discharge Bundle in Outpatient Urogynecology Surgical Patients as part of the Enhanced Recovery After Surgery (ERAS) Pathway.

Barbara McGuiness, MS, RN, Lisa Kirchner, MSN, RN, CCRN-K, Monica Vandegrift, BSN, RN, Jean Little, MSN, RN, PCCN-CMC. Development of a Multidisciplinary Electrolyte Replacement Protocol.

Judeth Davis, BSN, RN, OCN, Madelaine Binner, DPN, MSN, MBA, CRNP-BC, Alyson Figlioli, BS, RN, CBCN, Jacqueline Shanahan, BSN, RN, OCN, Teresa Putscher, BSN, BA, RN, OCN, Kimberly Stewart, BSN, RN, CBCN, & Kip Waite, BA, Oncology Nurse Navigators' Rapid Improvement Event: Improving Processes & Identifying Metrics.

Christie Thibeault, MSN, RN, NE-BC, Samantha Krolikowski, ASN, RN, & Spencer Martin, BSN, RN, Decreasing Observation Unit Discharge Order to End Encounter Time.

Steffanie Dolle, BSN, ONC, Tracie Ackermann, BSN, ONC, Justin Turcotte, PhD, Eve Sage, MSN, CMSRN, & Paul King, MD, Targeted Interventions Facilitate Successful Same Day Discharge Following Hospital-Based Total Joint Arthroplasty.

Brittany Manning, MS, RN, CNOR, Nia Wright, MSN, MHA, RN, & Patty Sherman, MSN, RN, CEN, CHEP, Surgical Preparation & Planning for Mass Casualty Scenarios in a Non-Trauma Medical Facility.

2020 Quality Improvement Showcase Nurse Presentations

Continued

Nurse as Contributing Author

Jacob Schepers; Catherine Music, BSN, RN; C. Michael Remoll, MD, FACEP. Assessing the effectiveness of algorithms to triage Low Acuity Flow Cell patients.

Molly Campion, MS, CCC-SLP, Stephen Cattaneo, MD, Cristina Feather, MD, MHS, Josephine Kweku-Deitz, MD, MPH, Lenny Nyangwara, MS, RRT, Dana Wingert, RT, Simon Haile, RT, Ann Lewis, MS, CC-SLP, Mary Cohn, MSN, RN-C, & Kathy Goody, MSN, RN. Multidisciplinary Collaboration Reduces Clinical Variation of Tracheostomy Patient Care.

Karyl Banks, RRT, Lenny Nyangwara, MS, RRT, Sherell Jeffreys, RRT, Joyce Onken, BSN, RN, CWOCN, & Vicky Tallerico, MSN, RN. Reducing Medical Device-Related Pressure Injuries in ICU.

Rhoda Raji, MD, Benjamin Solomon, MD, Nicolle Bougas, DO, Ashley Piquero, RN, Ashley Moir, RN, Debbie Wasem, RN, Ashley Comproni, BBA, Betsey Snow, RN, & Monica Jones, MD. Reduction of Cesarean Section Rates in Nulliparous, Term, Singleton, Vertex Pregnancies: A Multimodal Approach.

Simon Haile, BA, RRT,-ACCS, Lenny Nyangwara, MS, RRT, & Heidi Baldonado, RN, BSN, CCRN. Reducing Ventilator Days: Interdisciplinary Care, Coordinated Spontaneous Awakening Trials & Spontaneous Breathing Trials.

Jennifer Grover, MMS, PA-C, Christina Wu, MPT, Lil Banchero, RN, Sandra Griffin, MS, RN, Lori Franks, MD, Devra Cockerille, RN, Danette Readling, MSN, RN, & Kristin Hsieh, MPT, AAMC Patient Mobility Program.

Susan Latonick, Ashley Comproni, BA, Merrie Phillips Duke, June Brouse, Tanya Vander Kolk, RN, Jennifer McDonald, & Ifeyinwa Stitt, MD. Remote Blood Pressure Monitoring for the Hypertensive Postpartum Patients.

Rhoda Raji, MD, Joseph Morris, MD, Christine Laky, MD, Benjamin Solomon, MD, Elizabeth Greeley, MD, Nicolle Bougas, MD, Crystal Asche, MBA, MSN, Allison Piquero, BSN, RN, & Jennifer Grover, PA-C, MMS, Standardization of Blood Pressure Monitoring & Medication Administration to Reduce the Risk of Stroke in Hypertensive Obstetric Patients.

Brooke Sneeuwjagt, MHA, Ashley Gossard, RN, MSN, BS, Andrew McGlone, MD, & Sarah Haas, MSHA, MBA, Risk Stratification in Primary Care.

Christine Crabbs, MS, Deneen Richmond, MHA, RN, Anastasia Brown, RN, BSN, JD, CPHQ, Sarah Greenwood, BSN, RN, Kamila Frederick, PT, MPT, NCS, Jennifer Grover, PA-C, Carole Groux, LPC, & Bree Bradford, BSN, RN, BC, *Performance Improvement Project on Post-Discharge Follow-Up & Care Transitions*.

Linda Showalter, BS, Alyson Figlioli, BS, RN, & Kimberly Stewart, BSN, The Survivors Offering Support Annual Volunteer Training Was a Huge Success.

2021 Doctor of Nursing Practice Student Presentations

Elizabeth Pavlesich, Walden University. Reducing the Rate of Physical Interventions by Increasing Staff's Confidence When Using Verbal De-escalation Techniques. J. Kent McNew & Pathways.

Kristen Farrell, Salisbury University. Increasing Exclusive Breastfeeding Rates through Nursing Education. Mother Baby Unit.

Mary Rudlolfi, Johns Hopkins University. Early Detection of Delirium in Acute Care for the Elderly. ACE Unit.

Published LH AAMC Nurses

2022

Cathaleen Ley, PhD, RN & Karen McCamant, MSN, RN, co-authored with others, *COVID-19 Related Anxieties: Impact on Duty to Care among Nurses. Nursing Ethics.* (Pending Publication January 2022 issue.)

Cathaleen Ley, PhD, RN, co-author, *Organizational Impact on Health Care Workers' Moral Injury During COVID-19: A Mixed-Methods Analysis.* The Journal of Nursing Administration. (Pending publication January 2022 issue.)

2021

Barbara Jacobs, MSN, RN, co-author, *Rebuilding a foundation of trust:* A call to action in creating a safe environment for everyone. Patient Experience Journal.

Barbara Jacobs, MSN, RN, Karen McCamant, MSN, RN, & Marianthi Hatzigeorgiou. *Cultivating a culture: implementing methods to embrace diversity and inclusion*. Nurse Leader article and poster presentation at AONL Annual Conference.

Barbara Jacobs, MSN, RN & Nia Wright, MSN, MHA, RN, Implementing Methods to Embrace Diversity & Inclusion. Poster Presentation, AONL National Conference, July 2021.

Cathaleen Ley, PhD, RN, co-author, Moral injury and moral resilience in healthcare workers during the covid-19 pandemic. Journal of Palliative Medicine.

Nia Wright, MSN, RN, co-author, Assessing Knowledge, Attitudes, and Beliefs of Nurses about LGBTQ Older Adults. Nurse Education Today.

Cathaleen Ley, PhD, RN, co-author, Moral injury and moral resilience in health care workers during COVID-19 pandemic. Journal of Palliative Medicine.



Steffanie Dolle, RN, BSN, ONC, co-author. *Preoperative Education* for Total Joint Arthroplasty: Does Reimbursement Reduction Threaten Improved Outcomes? Journal of Arthroplasty.

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Nursing Research at LH AAMC



Cathaleen Ley, PhD, RN serves as the Director of Nursing Quality and Research at LH AAMC. She oversees the implementation and evaluation of nursing evidence-based practice projects to improve patient outcomes, as well as conducting multiple nursing research studies. Dr. Ley is adjunct faculty at Johns

Hopkins Hospital School of Nursing and an affiliate faculty member of University of Maryland School of Nursing.



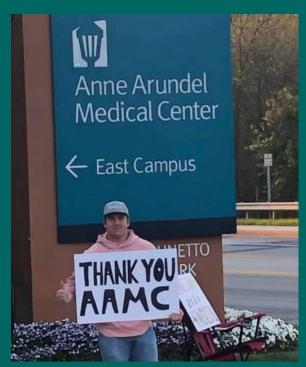


















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