Powered by knowledge. Inspired by caring.
With this FY’16 Nursing Annual Report, we celebrate Nursing at Anne Arundel Medical Center, reflect on our many accomplishments over this past year, and look forward to the future.

Providing excellent care to our patients, their families, our community and each other remains our priority. We have several notable achievements to celebrate this year:

Å AAMC became the first healthcare organization in Maryland to receive the Organizational Patient Safety Certification from the Maryland Patient Safety Center — an indicator of our commitment to delivering the best quality care to our patients.

Å We received the Stroke Gold Plus Achievement Award from the American Heart Association/American Stroke Association — the highest award given to stroke programs nationally.

Å Our dedication to environmental responsibility resulted in becoming one of the top 50 Greenest Hospitals in America by Becker’s Hospital Review.

After our Magnet® designation in 2014, AAMC moved on to a monitoring and evaluation phase. I am proud of the data we have collected on nurse satisfaction, patient satisfaction and nurse-sensitive clinical indicators. None of this would have been possible without the commitment and collaboration of our excellent nursing team.

The stories and data highlighted here demonstrate our nurses’ commitment to AAMC, the nursing profession and our patients and families. But they are just a small fraction of the thousands of compassionate connections nurses make every day — in our hospital and in our community, which are equally significant.

We continue to build on our legacy of caring — one that rests on our foundation of patient- and family-centered care. I am so very thankful for what you do each day and proud of what we have achieved.

In good health,

Victoria W. Bayless
President and CEO
Anne Arundel Medical Center

As nurses, we often focus on the future. At the beginning of each work day, we look at our to-do list and we must focus on the tasks ahead — after all, there are patients who need care, families with questions, and a co-worker down the hall who could use a hand. It seems there is always something coming up that needs our current attention. All this activity makes it difficult, at times, to reflect back on what we have accomplished.

This is one of the reasons I value our AAMC Nursing Annual Report. It points us back to the projects and partnerships that defined our last year’s work and laid the foundation for the current year. It helps us celebrate our amazing successes and reminds us of the excellent work we strive for, for patients, families, our community and each other.

In this edition of our Nursing Annual Report, there is much to celebrate: the standardization of bedside shift report across the hospital, which one patient called, “a gift”; the care we provide our community through the Bay Area Transformation Partnership; nursing professional development, with nurses who are climbing the Clinical Ladder, becoming certified in their specialty, and earning their BSN degree or higher; and so much more.

As we look back over the past year, we can see that AAMC nurses are making a difference in community members’ lives and each others’ lives. Thank you for the work you do that has made these achievements possible and propels us forward.

What does the future hold? Our Nursing Strategic Plan on page 13 outlines the very specific areas of focus for the coming year. We will continue to work with one another and our community to achieve continued excellence in nursing.

With gratitude for all you do,

Barbara S. Jacobs
Chief Nursing Officer
Anne Arundel Medical Center
Two-Year Magnet® Anniversary Celebrating Outstanding Performance

The Commission on Magnet® Designates Magnet® Recognition for Nursing Excellence for a period of four years. In order to maintain Magnet® designation, an organization must remain in compliance with the components and policies of the American Nurses Credentialing Center Magnet® Recognition Program.

After designation, the organization moves into a monitoring and evaluation phase, which includes the submission of the two-year Interim Monitoring Report (IMR).

This report includes:
- Nurse Satisfaction Survey Data: Most recent eight quarters of unit-level nationally benchmarked data.
- Patient Satisfaction Data: Most recent eight quarters of unit-level nationally benchmarked data.
- Nurse-Sensitive Clinical Indicator Data: Most recent eight quarters of unit-level nationally benchmarked data.

AAMC’s data for the two-year IMR is outstanding and continues to demonstrate nursing excellence.

Nurse Satisfaction Data

AAMC participated in the National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey in April 2016. Thanks to members of the Professional Nurse Council who championed the RN Satisfaction Survey at the unit level, AAMC had an average unit response rate of 95 percent and an overall response rate of 88 percent, with 966 out of 1,119 eligible nurses participating in the survey.

The IMR includes four categories from the RN Satisfaction Survey. These categories include RN-to-RN Interaction, Nursing Administration, Professional Development Opportunities, and Interprofessional Relationships.

AAMC’s goal is to meet the Magnet® standard of excellence, which states that more than 50 percent of the units participating in the survey will outperform the national benchmark for at least three out of four Magnet® categories.

Twenty-seven AAMC units participated in the survey. Therefore, in order to meet the Magnet® standard of excellence, at least 15 units at AAMC must have outperformed the national benchmark for at least three out of four categories.

AAMC achieved outstanding results for the IMR with 15 of 27 units outperforming the national benchmark for at least three out of four categories in the RN Satisfaction Survey.

Patient Satisfaction Data

Patient satisfaction data for the IMR is analyzed by looking at four different Magnet® categories. Each category is evaluated individually over eight quarters of data.

The IMR includes four categories from Patient Satisfaction including: Pain, Courtesy and Respect, Care Coordination, and Patient Education.

The Magnet® standard of excellence is that for each category, more than 50 percent of the units must outperform the national benchmark at least five out of eight quarters, showing that the majority of the data outperforms the national benchmark the majority of the time.

Nurse-Sensitive Clinical Indicators

Nurse-Sensitive Clinical Indicator data for the IMR is analyzed by looking at six different indicators. Each indicator is evaluated individually over eight quarters of data.

The IMR includes four inpatient indicators including: Falls with Injury, Central Line-Associated Blood Stream Infections (CLABSI), and Catheter-Associated Urinary Tract Infections (CAUTI). The IMR includes four outpatient indicators — Falls with Injury, Hospital-Acquired Infections (HAIs), and Catheter-Associated Urinary Tract Infections (CAUTI). The IMR includes one ambulatory/outpatient indicator — Falls with Injury.

The Magnet® standard of excellence is that for each indicator, more than 50 percent of the units must outperform the national benchmark at least five out of eight quarters, showing that the majority of the data outperforms the national benchmark the majority of the time.

AAMC achieved outstanding results for the IMR in each patient-sensitive indicator with excellence being greater than 50 percent.

1. Pain: 56 percent — 14 out of 25 units outperformed at least five out of eight quarters.
2. Courtesy & Respect: 63 percent — 10 out of 16 units outperformed at least five out of eight quarters.
3. Care Coordination: 61 percent — 16 out of 23 units outperformed at least five out of eight quarters.
4. Patient Education: 65 percent — 19 out of 29 units outperformed at least five out of eight quarters.

The Magnét® standard is that the core measure must outperform the national benchmark at least five out of eight quarters. AAMC achieved outstanding results with outperformance in all eight quarters.

Two years as a Magnet® designated facility is something to celebrate. However, this level of performance and excellence in RN satisfaction, patient satisfaction and nurse-sensitive clinical indicators is truly remarkable. AAMC’s professional practice model defines what the care AAMC nurses provide every day and the resulting excellence in nursing quality, patient satisfaction and the practice environment.

AAMC achieved outstanding results for the IMR in each patient-sensitive indicator with excellence being greater than 50 percent.

1. Falls with injury: 92 percent — 11 out of 12 units outperformed at least five out of eight quarters.
2. HAPI stage 2 and above: 93 percent — 11 out of 12 units outperformed at least five out of eight quarters.
3. CLABSI: 100 percent — 11 out of 11 units outperformed at least five out of eight quarters.
4. CAUTI: 75 percent — seven out of 10 units outperformed at least five out of eight quarters.

Ambulatory Outpatient Falls with Injury: 96 percent — 15 out of 16 units outperformed at least five out of eight quarters.

The IMR also includes an organizational core measure, which is evaluated over eight quarters. AAMC reported seven quarters of data for the core measure VTE-1: Venous Thromboembolism Prophylaxis and, due to the retirement of this core measure, one quarter of PC-03 Antenatal Steroids.

The Magnet® standard is that the core measure must outperform the national benchmark at least five out of eight quarters. AAMC achieved outstanding results with outperformance in all eight quarters.

"What bedside shift report does for patients and family members is promote patients’ communication needs and wants, along with their recovery plan. What I encountered during the bedside shift report was care and concern for my mother’s health. For instance, my mom did not like ice — this was shared with the incoming nurse, my mom needed pudding to take her pills — this was shared, mom had a restless night’s sleep — this was shared. I remember how scared my mom and I were after her amputation, as we had no idea what the stump would look like when the bandage was taken off. The nurses took the time to draw a picture for us.

"Mom and I appreciated knowing her daily schedule, whether she was going for x-rays or a physical therapist was visiting and knowing what procedures had taken place so that we could ask the doctor the right questions. All of this information regarding her care, whether medical or not, is what patient and family members need to hear. Lastly, and probably the most important for the family members to know, is the recovery plan established in the hospital so that the patient and his or her family go home prepared with the outcome of a speedy recovery."

Bedside shift report aligns with AAMC’s care delivery model, Patient- and Family-Centered Care (PFCC), and incorporates the core concepts of dignity and respect, information sharing, participation and collaboration.

In March 2016, AAMC nurses participated in bedside shift report re-education classes. Why the need for education on bedside shift report? Standardizing bedside shift report across the hospital promotes patient safety and quality care by emphasizing patient and family engagement, addressing pain first and promoting consistent goal and expectation setting. The result is safer care handoffs and the patient and his or her family engaged in their care.

As a leader in PFCC, AAMC has an active patient and family advisor program. The advisors have been instrumental in the bedside shift report journey and have shared with us that patients want to be involved in bedside shift report — they even want to be woken up to participate, if necessary. According to their feedback, patients feel safer after participated in bedside shift report. Advisors have also participated by helping with some of the bedside shift report classes, exiting unit huddles to thank the staff for doing bedside shift report and helping to develop educational materials on bedside shift report for our patients.

Approximately 150 bedside shift report nurse coaches throughout the hospital helped with the training sessions and sign-offs. These coaches included staff nurses, educators, charge nurses, managers, directors and even our chief nursing officer, Barbara Jacobs, MSN, RN-BC, NEA-BC, CCRN-K. After attending, nurses said they learned “the importance of bedside shift report” and “to talk with the patient, not about the patient.”

There are many benefits for patients, families and nurses. The nurses experience improved teamwork, greater accountability between nurses, faster reports and decreased patient call bell use. The patients and families feel more knowledgeable about the patient’s situation and plan of care. One mother shared, “… because of the nursing handoff, I felt our daughter was safe.”

As we focus our attention on improving handoff communication, the results are positive. Our new cordless scanners show how our nurses are engaging in bedside shift report more than 90 percent of the time.

We have also seen how our patients are more satisfied with the quality of our nurse communication through improved patient satisfaction scores.

This is an exciting time at AAMC and nurses are leading the way to safer patient care. Bedside shift report is an always event at AAMC.
Patients Share their Gratitude

Patients and their families often express their thanks for the care they received by writing letters, sending emails or posting thank-you messages on social media. Sometimes, there is one special nurse who made a difference in the patient’s stay, and sometimes it’s a whole unit. We love sharing these! Here is a sampling of the letters we’ve received this year.

After surgeries, a cancer patient writes a letter of thanks to physicians, nurses and staff: “This hospital is a gift to us all.”

A young mom’s letter of thanks to the Cardiac Rehab team: “One day I was a marathon runner and the next, I was undergoing cardiac cath.”

A letter of thanks from an Heart and Vascular Unit patient’s family: “From triage to discharge, everyone was professional, excellent and kind.”

An AAMC volunteer becomes a patient and thanks ACE staff for “kindness and care.”

Caring for Each Other

Medical Surgical Unit Improving Wellbeing and Nurse Decision Making

The Medical Surgical Unit (MSU) 2016 Wellbeing scores showed that staff did not feel like their opinions counted or that they were recognized in the last seven days. Staff discussed the need to see unit nursing leadership on a regular basis and have the opportunity to voice their opinions. The MSU nursing leadership team of Justin Bowser, MS, RN, clinical nursing director, Maryann Julian, BSN, RN, RN-BC, unit charge nurse, and Mary Cohn MSN, RN, RN-BC, clinical nurse educator, discussed the implementation of unit huddles to improve wellbeing and decision making.

In April 2016, the MSU began daily huddles led by Justin Bowser to:

- Encourage celebrations.
- Complete an end-of-the-week review for timely and accurate information regarding unit areas of focus and achievements.
- Implement an innovation section on the huddle board to capture staff solutions for identified problems or opportunities for excellence.
- Communicate organizational updates for all staff.

Daily huddles on MSU resulted in improved Wellbeing scores and resulted in excellent nursing satisfaction with decision making.

Wellbeing

- Significant improvement in staff feeling that they are recognized: increase from 3.06 in 2015 to 3.42 in 2016.
- Improvement in staff feeling that their opinions count: increase from 3.41 in 2015 to 3.43 in 2016.

RN Satisfaction

- The April 2016 survey had an 88 percent unit response rate (36 out of 41 nurses completing the survey). MSU at AAMC scored 3.71, outperforming the national benchmark of 3.54.
The DAISY Award is a nationwide program that recognizes and celebrates the extraordinary clinical skill and compassionate care given by nurses every day. Since our first DAISY Award in 2010, AAMC has celebrated 15 exceptional nurses. Nominations for each nurse are made by a patient or colleague, and each is a role model for compassionate, excellent, patient-family-centered care. Traditionally, DAISY nurses are surprised during their shift by their family, friends and colleagues. Bartha Jacobs, MSN, RN, BSN, FAAN, COCN, AAMC’s chief nursing officer,extends her congratulations and presents the winner with the DAISY plaque. Collegues and nominators also contribute gifts and share stories about their relationship with the DAISY nurse.

This fiscal year, ten deserving AAMC nurses became DAISY Award recipients. Adrienne Holmes, BSN, RN, OCN, outpatient infusion nurse and mentorship coordinator, and Tina Raab, BSN, RN, NCIC, labor and delivery nurse, were two of them.

Eduardo Vazquez, a retired police officer, nominated Adrienne Holmes after she cared for him through a period of hopelessness during his cancer treatments. Here is an excerpt from his letter.

I had fought evil and stood for good all my life, but the fight had gotten the best of me. I had no hope and my body had failed. She was in the room receiving my treatment when Adrienne, who had been taking care of me since I was first diagnosed, noticed something was wrong with my demeanor. When she asked me, I had to tell her that I was feeling tired and I was ready to go. She immediately went into action. She did not let me go to the bathroom until theamenity team arrived. Adrienne is an extraordinary care provider.Amy and I will never forget walking into the room and seeing Tina. She was the most kind and compassionate, giving care for abuser and beyond giving my wife medication. At some point I had to walk to my car to get some clothes for myself and I will never forget walking into the room and seeing Tina. She was there for me when no one else knew what to do or say. She couldn’t change or erase what had happened, but Tina was there for my wife when no one else knew what to do or say. She was there to help my family. She was the only one who knew what to say or do.

In the spring of 2015, after two miscarriages, Greg and Leah became pregnant again. Tina was amazing. She was so kind and compassionate, giving care for abuser and beyond giving my wife medication. At some point I had to walk to my car to get some clothes for myself and I will never forget walking into the room and seeing Tina. She was there for me when no one else knew what to do or say. She couldn’t change or erase what had happened, but Tina was there for my wife when no one else knew what to do or say. She was there to help my family. She was the only one who knew what to say or do.

Tina was robust at thirty-nine weeks into 38 weeks. My wife had mentioned this to Tina and Tina asked if she could be her primary nurse for delivery. I had walked into the room and saw an exasperated look on her face as she walked in with her head down. She told me that her nurse had given her a break and walked with her. She couldn’t change or erase what had happened, but Tina was there for my wife when no one else knew what to do or say. She was there to help my family. She was the only one who knew what to say or do.

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Tina Raab, BSN, RN, NCIC, holds hands. Dairy, en she completes her DAISY Award with her parents, Greg and Leah Meyer, and the labor and delivery team.

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The Mother Baby Unit (MBU) nursing team understands that everything a newborn experiences affects their brain development, and therefore continually seeks opportunities to integrate evidence-based practice (EBP) at AAMC. Changes in newborn bathing practices were prompted by recommendations from their professional nursing organization, the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), to delay a baby’s first bath until at least eight hours after delivery, as well as evidence regarding the benefits of immersion bathing versus sponge-bathing.

Benefits of waiting at least eight hours for baby’s first bath and immersion bathing include:

- Improved temperature control for newborns.
- Increased time to initiate successful breastfeeding after birth, which supports exclusive breastfeeding until time of discharge.
- Increase in amount of family bonding time following birth.
- Decrease in crying of newborns during bathing.
- Increased family involvement in bathing.

This work was led by MBU clinical nurse educator, Mary Hantske, MSN, RN, RNC-OB, through a Bedside Scientist Grant.

This change in practice on MBU involved finding a bedside tub that met infection control standards, addressing staff concerns about the length of time the process would take, and ensuring staff felt confident bathing newborns in the tub. Patient care technicians perform the majority of newborn bathing, so their feedback and collaboration was vital throughout the process.

After the implementation of immersion bathing, outcomes were impressive:

- The average hours of age at bath showed improvement from 9 hours for sponge-bathed newborns to 13 hours for immersion-bathed newborns.
- There was a significant difference between sponge-bathed and immersion-bathed newborns’ post-bath temperatures.
- There was an improvement in breastfeeding rates at time of discharge between sponge-bathed and immersion-bathed newborns. The rate of exclusive breastfeeding at the time of discharge for sponge-bathed newborns was 58 percent and for immersion-bathed newborns, 68 percent.
- Staff report that patients and families express great satisfaction with immersion-bathing at the bedside, and regard it as an opportunity to assist with bathing, take pictures and ask questions so they can be prepared to bathe their newborn at home after discharge. As stated by staff nurse Jessica Lewis, RN, RNC-MNN, this example of translating evidence into practice has achieved positive outcomes and “truly put the family at the center of our care.”

Ebony Lucas, PCT, bathes one of AAMC’s littlest patients with Jill Hunter, BSN, RN, on the Mother Baby Unit.
1,256
Registered Nurses

SUPPORTING FORMAL NURSING EDUCATION IN FY’16

$639,047 in Tuition Reimbursement
(Numbers includes all PCTs and RNs receiving Tuition Reimbursement for Nursing Education)

$433,423 in Project Advance Funds
$90,000 in Nursing Scholarships

59.2% of our nurses have a BSN or higher nursing degree
40.2% of our nurses have national certifications
33% of our nurses are on the clinical ladder

NURSES ADVANCING IN THEIR EDUCATION

121 nurses are MSN or higher
61 non-BSN nurses working toward BSN or MSN

Quality and Evidence-Based Practice

Presentations and Publications

Matthew LeBlanc, BSN, RN
Cancer Prehabilitation
Oncology Nursing Society Congress, 2015. (Podium)

Matthew LeBlanc, BSN, RN
Cancer Rehabilitation Overview for Patient Navigators
Maryland Patient Navigator Annual Meeting and Training, 2016. (Podium)

Matthew LeBlanc, BSN, RN
Integrating Cancer Prehabilitation and Rehabilitation into High-Quality Survivorship
AONN+ Navigation and Survivorship Conference, 2015. (Podium)

Matthew LeBlanc, BSN, RN
Screening Patients for Rehabilitation Needs in a Community Hospital Cancer Center
AONN+ Navigation and Survivorship Conference, 2015. (Podium)

Cathaleen Ley, PhD, RN
Using Journal Clubs to Move Research Evidence into Practice to Improve Patient Safety
Maryland Patient Safety Conference, 2016. (Poster)

Rita Linnenkamp, MSN, RN, and Karen N. Drenkard, PhD, RN, NEA-BC, FAAN
Coordinating Care: Shifts in Perspective
Nursing Administration Quarterly, pages 122-129, April 2016. (Publication)

Rita Linnenkamp, MSN, RN, Holly Greever, MSN, RN, and Sherry Perkins, PhD, RN
Innovative Magnet Program Director: Role of Two Staff Nurses
ANCC National Magnet Conference, 2015. (Podium)

Charlotte Wallace, MS, RN, and Matt Mallach
Integrated Pest Management: Partnership & Tools to Implement a Model Program
CleanMed Conference, 2016. (Podium)

Quality and Evidence-Based Practice

14 page

100.0%
of our nurses have a BSN or higher nursing degree
92.3%
of our nurses have national certifications
86.2%
of our nurses are on the clinical ladder

Quality and Evidence-Based Practice

15 page

89.6%
of our nurses have a BSN or higher nursing degree
81.4%
of our nurses have national certifications
75.3%
of our nurses are on the clinical ladder

Presentations and Publications

Brandy Brown, BSN, RN-BC, Donna Dowling Cordrey, BSN, RN, TNCC, and Lorraine Huber, MSN, RN-PNP, CNOR, and Ellen Rice, PhD, MPH, RN
Reflections on Ethics: Making Ethics Come Alive in Nursing Today
MNA Annual Convention, 2015. (Podium)

Katherine Ernst, Sarah McComb, PhD, RN, and Cathaleen Ley, PhD, RN
Nursing Shift Report: Perspectives on the Handoff and the Effects on Nursing Care

Barbara Jacobs, MSN, RN-BC, NQA-BC, CCNE-K
Informing Context - The Patient Perspective Panel
FACTS-Care Annual Conference, 2015. (Podium)

Kathleen Groody, MSN, RN, CCRN, CWN, and Heidi Rayner, MSN, RN
Enhancing the Critical Care Clinical Experience
University of Maryland Nursing Leadership Institute Fellowship Program, 2016. (Podium)

Matthew LeBlanc, BSN, RN
Assessing and Understanding the Rehabilitation Needs of Patients with Cancer
A Rapid-Learning System Pilot
AONN+ Navigation and Survivorship Conference, 2015. (Podium)

Jennifer King, RN, BN, RN, CAN clinical educator for HP-PACU and Michelle Lusby, BSN, RN, CAN, unit charge nurse for HP-PACU, with their poster presented at the American Society of PeriAnesthesia Nurses’ 35th Annual National Conference.
AAMC’s 2016 Nursing Excellence Award winners and nurse leaders — the faces of knowledge and caring.