



MedStar Health

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May 8, 2026

MSMHC 4th Annual Nurses Week Professional Development Conference

Elevate, Empower, Excel



Kristin Wright, MSN, RN, NPD-BC, Nickcole Price, MSN, RN, CPAN, CAPA, Jackie Dalsanto MSN, RN, CEN & Laura Ogle, DNP, CENP, CNE, CEN

»»» ELEVATE

Raise our practice,
our profession, and each other.



»»» EMPOWER

Inspire confidence,
support growth, and create impact.



»»» EXCEL

Strive for excellence
in everything we do.



Stronger Together- Leading the Way.

 *Happy Nurses Week!*

Welcome Address

Laura Ogle, DNP, CENP, CNE, CEN
Director of Nursing Professional Development



MedStar Southern Maryland Hospital Center

- **Mission**

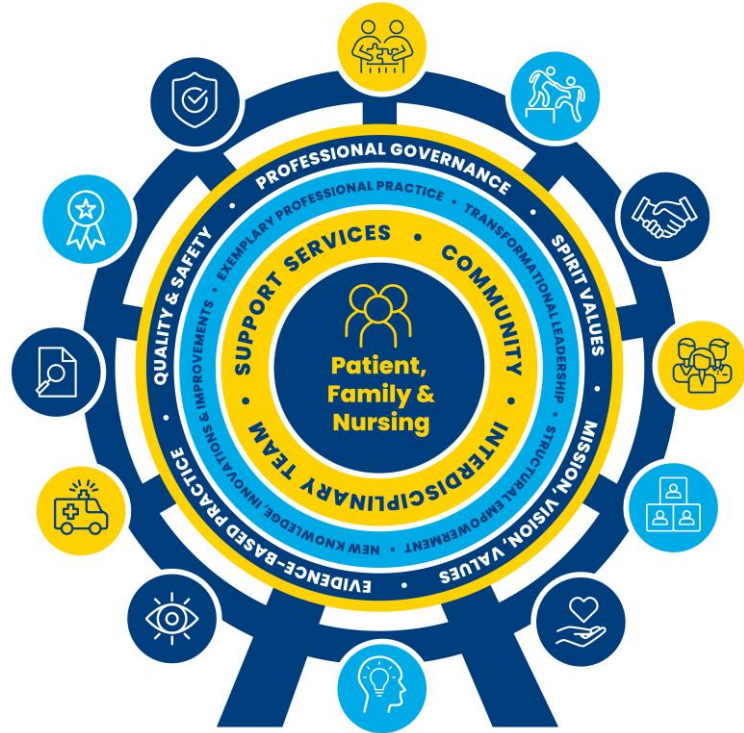
- To deliver compassionate, evidence-based care through collaboration and innovation; elevating clinical practice and empowering our teams to achieve exceptional outcomes for the community we serve.

- **Vision**

- To be our community's trusted provider of compassionate, patient-centered care where nursing and clinical excellence drives exceptional outcomes and care teams thrive in a culture of shared purpose.



Professional Governance Model



Our patients, families, and nursing personnel are at the center of our practice.

We care for them with assistance from our support services, community, and our interdisciplinary teams.

We use exemplary professional practice, transformational leadership, structural empowerment, and new knowledge, innovations, and improvements, as the structure to our practice.

Our guiding lights are quality & safety, professional governance, SPIRIT values, evidence-based practice, and our mission, vision, and values.

Safety Moment

Lisa Henson, BSN, RN
Operating Room Clinical Nurse



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Opening Remarks

**Karen Wyche-Latham, DNP, NEA-BC, CENP,
FAONL**

Vice President and Chief Nursing Officer



MedStar Health

Conference Overview & Learning Experience

Kristin Wright MSN, RN, NPD-BC



Conference Overview

- Agenda
- CE Credits
- Vendor Passport
- Lunch Buffet
- Engagement Activity/Prizes



4th Annual MSMHC Nursing Professional Development Conference: Elevate, Empower and Excel

Date: May 8, 2026

Speaker(s) Name/Title: Loida "Arias Gomez", BSN; Oladipo Akinngbe-gbenga, BSN; Karen Brown, BSN; Jacquelyn Dalsanto, BSN; Shilton Etah, BSN; Jameica Evans, BSN; Nicole Franklin, BSN; Kathryn Knill, BSN; Shirley Onyeukwu, BSN; Stephan Riddle, DNP.

Speaker(s) Disclosure Information: No relevant financial relationships to report.

Learning Objectives:

- Elevate nursing practice by examining innovative projects, evidence-based initiatives, and research findings presented through spotlight and podium sessions.
- Empower nurses to lead change by applying shared knowledge, clinical insights, and professional experiences to improve patient outcomes and care delivery.
- Excel in professional growth by identifying strategies for clinical excellence, leadership development, and career advancement highlighted by expert speakers and peers.
- Integrate current nursing research and quality improvement initiatives into daily practice to support safe, effective, and patient-centered care.
- Recognize the impact of nursing leadership, scholarship, and collaboration on advancing the profession across clinical, academic, and operational settings.
- Apply key takeaways from the keynote presentation to inspire resilience, innovation, and excellence in nursing practice.

Commercial Support for this activity has been provided by: No commercial support has been provided.

The following Planning Committee Members have no relevant financial relationships with ineligible companies to disclose:

List non-conflicted planning committee members here:

The following Planning Committee members have reported all relevant financial relationships with ineligible companies:

Please include the planning committee members and their relevant relationships as they are listed on the MedStar Financial Disclosure form. If none, delete this section.

All relevant financial relationships have been mitigated.
Accreditation



In support of improving patient care, MedStar Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation

This activity is approved for **4.75** ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Evaluation and Transcript

You must complete an online evaluation at the end of this course to receive continuing education credit.

After completing the evaluation, your CE credits will be available in your MedStar Health CE transcript on CloudCME™ on the **next business day**. CloudCME™ is a web-based continuing education portal where users can access their transcript anywhere, anytime, as well as register for MedStar Health conferences. Healthcare provider demographic information from all MedStar entities has been uploaded to CloudCME™ to facilitate a single sign-on system.

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Choose one of the two login options below.

1. **MedStar Employees:** From your SiTELMS account under the Main Menu, select **CloudCME**. This will automatically log you into your CloudCME account.
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 - Select **Transcript**.
 - On the left side, adjust the **Filter by Date** fields to the desired time period.
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- Frostburg State University
- Grand Canyon University
- Lippincott
- Luminary Scrubs
- Maryland Nurses Association
- Medstar Center for Wellbeing
- MedStar Clinical Advancement Program Table



Keynote Address

Stephan Andrew Riddle, DNP, RN, NPD-BC, CCRN
System Senior Director, Nursing Professional Development





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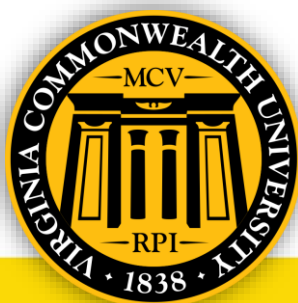
May 8, 2026

Planted with Purpose

Elevate, Empower, Excel!



S. Andrew Riddle, DNP, RN, NPD-BC, CCRN



Getting to know you!

Andrew Riddle, DNP, RN, NPD-BC, CCRN
Senior Director, Nursing Professional Development

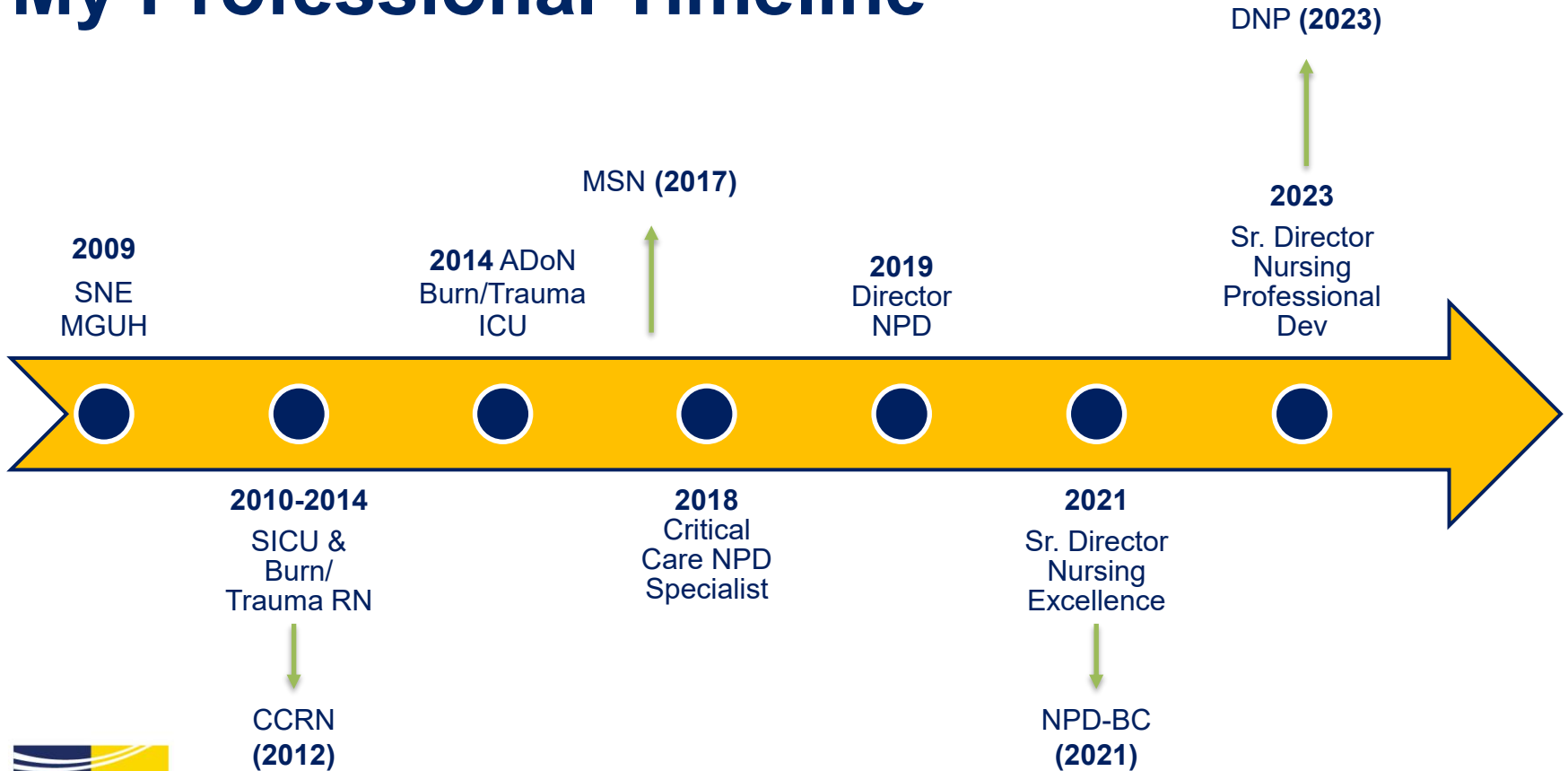


Interests: Travel, Foodie/Restaurant Experiences (all foods!), Learning New Languages, Playing Music, & Fitness

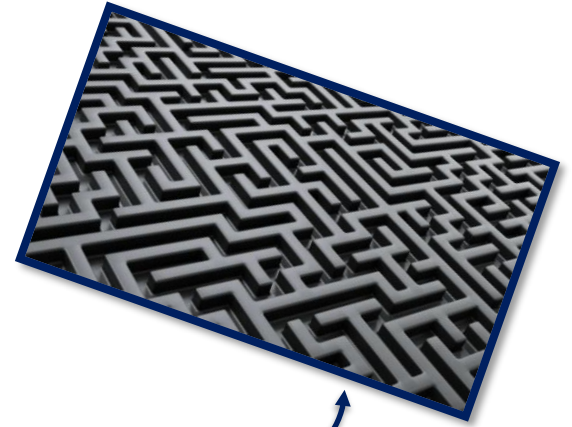
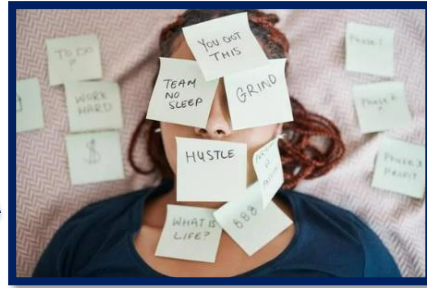
Career Journey: Started at MGUH in 2009 as Student Nurse Extern, and became RN Resident on Surgical ICU at MGUH, transitioned to MWHC Burn/Trauma ICU in 2013, became ADoN in Burn/Trauma, NPD Director, SND Nursing Excellence, and now working at the system level supporting the BEST teams in the enterprise!

Me with

My Professional Timeline



How Did the Success Feel?



How Did I Find my Way Forward?

- Sit with the hard questions!
 - Who am I?
 - Is this the right opportunity for me?
 - Am I aligned with my calling/purpose?
- Lean into support network:
 - Friends
 - Therapy/Mental Health
 - Spiritual Community
 - Colleagues
 - MedStar Center for Wellbeing



The Outcome?



You will not flourish where you're not meant to be planted!



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When was the last time you felt truly aligned – with your purpose, your practice, and yourself?



Wisdom from the Seasons

Life

Vitality

Opportunity



Hope

Rebirth/Renewal

Promise

Beauty



The Journey: Elevate, Empower, Excel



The Journey Map

- Elevate
 - Awareness & growth mindset
 - Where are you in relation to where you want to be?
- Empower
 - Accountability & agency
 - Commit to your path, even if unclear.
 - Own your success!
- Excel
 - Impact & legacy
 - Where are you headed?
 - How will you hold the door open for others?



**Journey rooted in
PURPOSE!**



Elevate



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Elevate

You cannot grow above what you are unwilling to examine.

- Elevating your practice is actually **identity work!**
- Elevation starts with self-awareness and honesty
- Are you practicing at your highest purpose?
- If not, get real with yourself:
 - What is draining you?
 - What energizes you?
 - Where are you surviving vs. thriving?

Are you planted... or are you placed?



Elevate

- Elevation Requires:
 - Reflection
 - Courage to acknowledge misalignment
 - Willingness to grow beyond comfort

Once you elevate your awareness... you begin to reclaim your power!



Empower



Empower

Empowerment is not given – it is claimed.

Empowerment in nursing:

- Advocating – for patients *and yourself*
- Owning your development
- Setting boundaries

Reframing supports empowerment:

- “I have to” → “I get to!”
- “I’m just a nurse” → “I am a critical force in healthcare!”



Empower

What will change about your practice if you truly believe your voice mattered in every room you entered?

- A plant doesn't ask permission to grow toward the light...
- It naturally moves toward what sustains it!



*When you elevate your awareness and empower your voice...
excellence becomes inevitable.*



Excel



Excel

Excellence is the byproduct of purpose-driven practice.

Excellence in nursing IS:

- Skill Consistency
- Critical Thinking
- Presence
- Compassion (for *self* also!)
- Intentionality

Excellence in nursing IS NOT:

- Burnout-driven overperformance
- Self-sacrifice
- A game of comparison

Excellence is what happens when your skills, your values, and your environment are in alignment.



Excel

- Excellence looks different at every level:
 - New to practice nurse → mastering fundamentals
 - Experienced nurse → mentorship, leadership, influence

Where in your life are you performing... but not flourishing?



Purpose & Flourishing

You will not flourish where you are not meant to be planted!



- Not every environment deserves your roots.
- Growth requires:
 - The right environment
 - The right nourishment
 - The right alignment
- It's OKAY to:
 - Outgrow spaces
 - Shift roles
 - Redefine your purpose



Purpose & Flourishing

*Sometimes, the most courageous thing you can do
in your career... is replant yourself!*



What If I am Misaligned?

- Seeking support is **key!**
- Consider speaking to:
 - A therapist or life coach
 - A close friend/confidant
 - Spiritual leadership
 - Professional leadership
 - MedStar Center for Wellbeing
- Get curious about other specialties of practice.
- Return to your career map; consider revising.
- Evaluate other opportunities within MedStar!



“MedStar Nursing will meet you where you need!”

Dr. LynnMarie Verzino, SVP & Chief Nursing Officer, MedStar Health



Take Heart

- Rainy days are a part of our human experience.
- And just like the flowers, sometimes we also need the rainy days to facilitate growth.
- The sun will always shine again!
- You are worth asking for help/assistance on your journey.
- You are **never** alone!



Closing

This spring, I challenge you to ask yourself – am I planted in a place where I can truly flourish?

And if not... do I have the courage to replant myself?

(Spoiler Alert! **Everyone** has the courage.)



Thank you

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Questions?

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Breathe, Refresh, Stretch



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Spotlight

Nicole Franklin, BSN, RN

ICU/IMC Nursing Professional Development Specialist





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May 2026

Elevating Excellence Through TSAM

Reimagining Critical Care Orientation

Nicole Franklin, BSN, RN

Nursing Professional Development Specialist-ICU,IMC,RRT

Agenda

1. Introduction
2. Problem Description
3. Available Knowledge
4. Cognitive Load Theory
5. Methods
6. Results
7. Discussion



INTRODUCTION

- Mitigating the global nursing shortage
- Recruitment of new graduate nurses (NGNs) in acute care
- NGNs patient load = same as an experienced nurse



Critical Care Environment

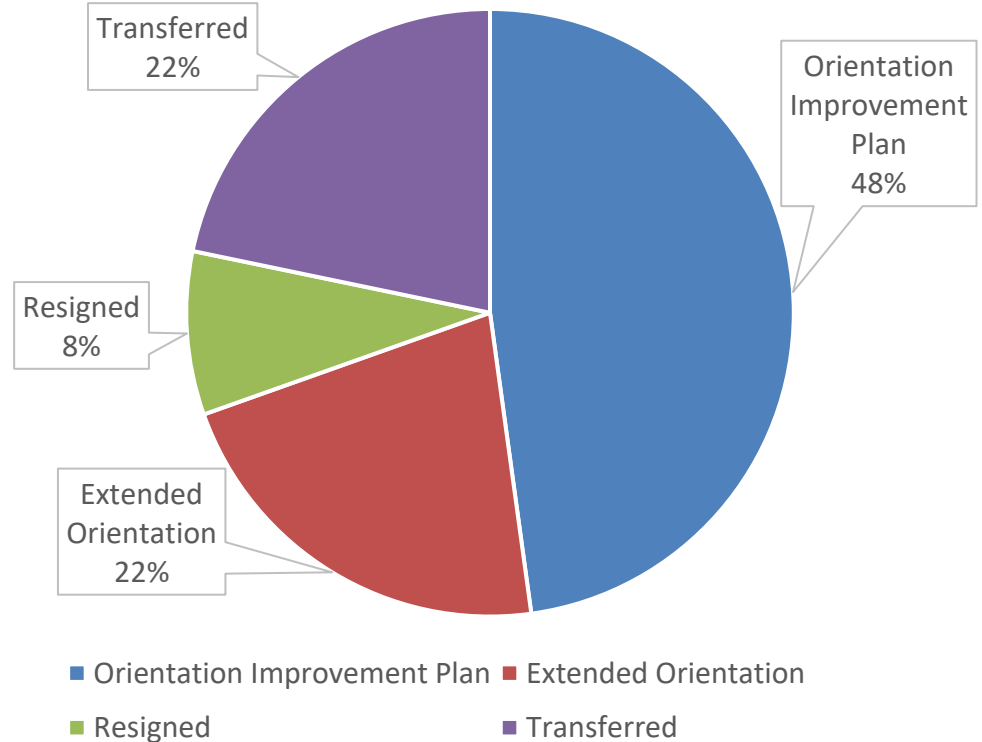
- Up to 30% of NGNs in critical care intend to leave
- Cost of turnover can be as high as 88%
- Must shift from “one size fits all” onboarding structure



PROBLEM DESCRIPTION

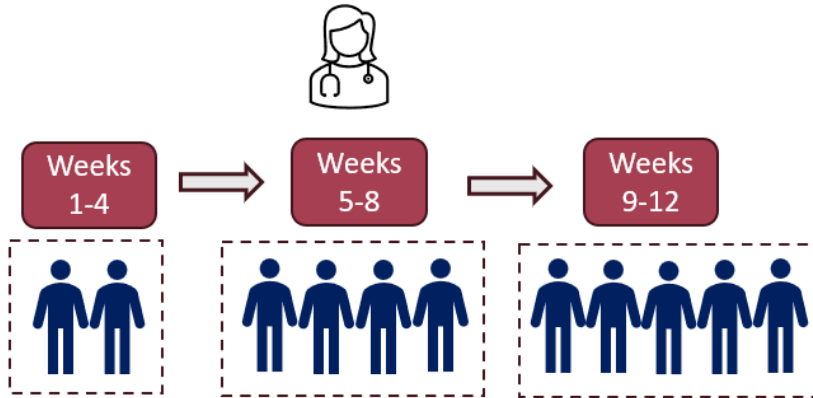
- QI Project
- 30-bed critical care unit
- Complex care hospital
- Patient-layered orientation model
- Total of 19 NGNs over a 1- year period

Orientation Concerns

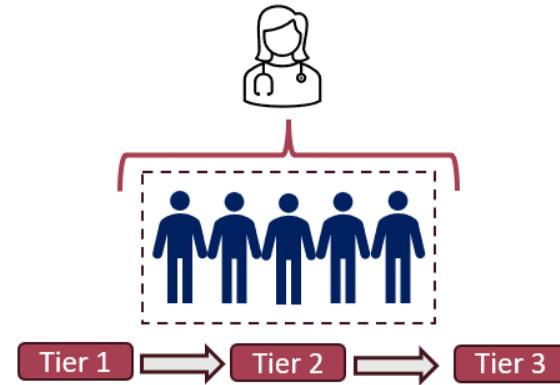


AVAILABLE KNOWLEDGE

Patient-Layered Orientation Model



Task-Layered Orientation Model



COGNITIVE LOAD THEORY



Cognitive Load Theory

- Explains how working memory affects learning and memory
- Aimed at optimizing learning by reducing unnecessary cognitive load
- Helps to simplify complex topics with structured scaffolding



THREE AIMS OF THIS QI PROJECT



Reduce
turnover of
the NGNs



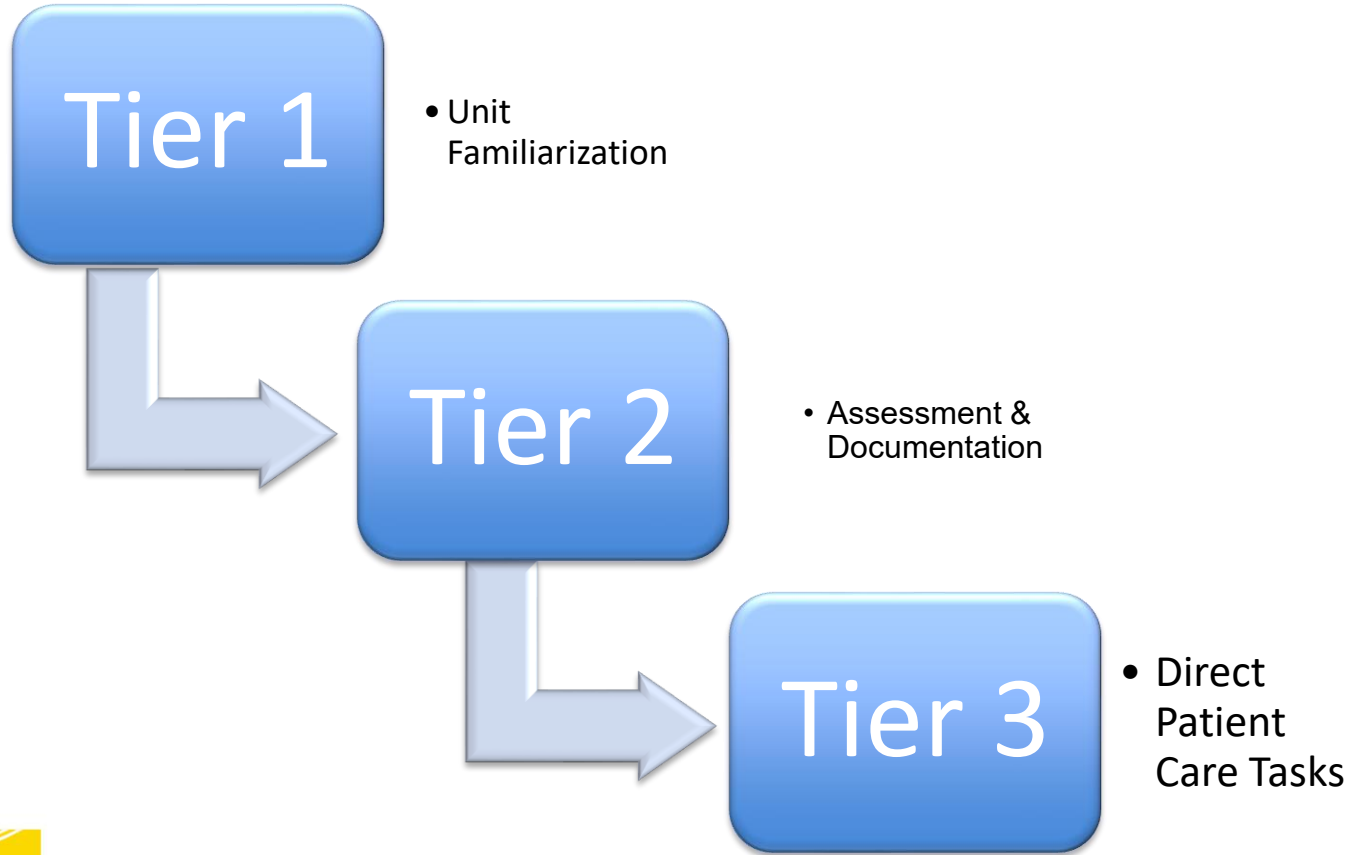
Reduce the
number of
OIPs



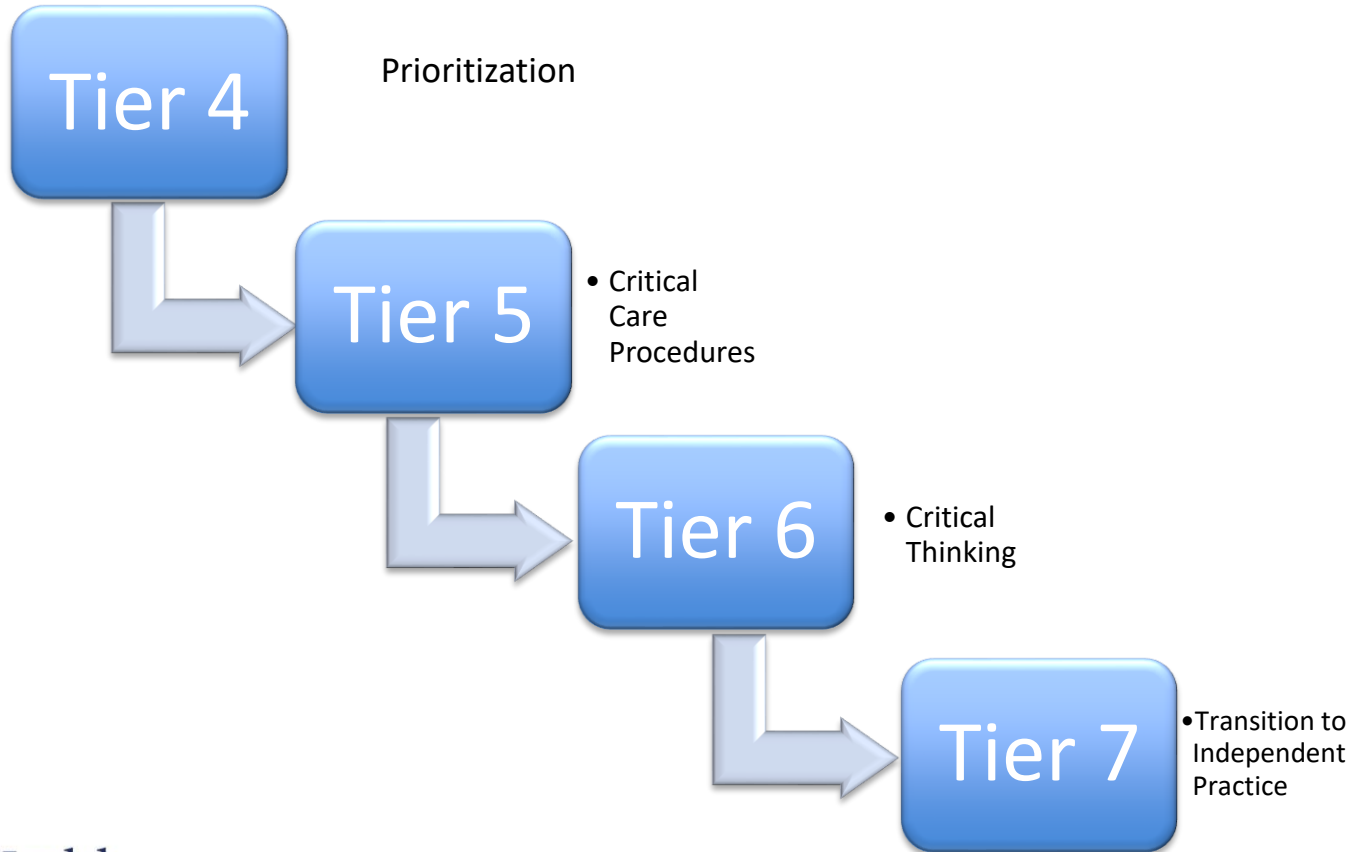
Reduce the
number of
NGNs
requiring
extended
orientation



METHODS



METHODS



DATA COLLECTION

Orientation progression from November 2023 to November 2024

Data collected included:

- Number of NGNs hired
- Number of transfers
- Number of resignations
- Number of NGNs that required extended orientation
- Number of NGNs that required an OIP
- Number of NGNs to successfully complete critical care orientation



RESULTS

Pre-TSAM Implementation					
<i>Data Collected from October 2022-October 2023</i>					
Total NTP Nurses	Extended Orientation	Orientation Improvement Plan	Transferred	Resigned	Successful
19	5	11	5	2	12
Post-TSAM Implementation					
<i>Data Collected from November 2023-November 2024</i>					
Total NTP Nurses	Extended Orientation	Orientation Improvement Plan	Transferred	Resigned	Successful
15	0	0	0	0	15



DISCUSSION

Results of the QI Project	Limitations
<ul style="list-style-type: none">• Successful implementation of TSAM in the critical care setting• Structured but flexible approach• Assists the new grad with building strong foundational skills before progressing to more complex responsibilities• Shifts away from the “one-size-fits-all” approach• Supports the Cognitive Load Theory-simple to complex	<ul style="list-style-type: none">• Single, acute care complex hospital• Limited to one critical care unit• Sample size was limited

MOVING FORWARD

- TSAM is now implemented throughout our Medical/Surgical and Intermediate Care Units
- Preceptors utilize a preceptor toolkit to help form and stimulate the orientees critical thinking pertaining to each tier of the TSAM



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Questions?

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Thank you

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Spotlight

Shirley Onyeukwu, BSN, RN, CEN

Emergency Room Clinical Nurse IV



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Optimizing Sedation Compliance with Standardized RASS in the ED

SHIRLEY ONYEUKWU BSN RN CEN, TCRN

Agenda

1. Background
2. Problem Statement
3. Project Goals
4. PICOT Question
5. Literature Review
6. Root Cause Analysis
7. Project Methods
8. Audits Reports and Findings
9. Intervention Plan
10. Evaluation Plan
11. Sustainability Plan
12. Challenges and limitations
13. Conclusion and Implication
14. Questions and Discussion



Background

- Sedatives are commonly used for procedural sedation in the ER.
- RASS (Richmond Agitation-Sedation Scale) is essential for monitoring sedation depth.
- Inadequate documentation can compromise patient safety and protocol compliance.

Problem Statement

- This is a joint commission problem.
- Chart review revealed only 35% of patients had both pre- and intra-sedation RASS documented.
- This poses a clinical risk and highlights a gap in practice.
- Documentation compliance inconsistent and non-standardized.



Project Goal

- ❖ Increases RASS Compliance to at least 90% and titratable medication to 95%

PICOT Question

P: ER patients receiving Sedatives

I: Standardized RASS documentation protocol

C: Current practice

O: Compliance with documentation

T: Over 3 months

In ER patients receiving Sedatives (P), does implementing a standardized RASS documentation protocol (I), compared to usual practice (C), increase compliance with RASS documentation before and during sedation (O) over three months (T)?

Literature Review (Evidence)

Randomized Clinical Trial – Iran (2016–2017)

- 74 ICU patients (RASS-guided vs. standard care)
- Better outcomes: ↓ hospital stay, ↓ ventilator use, ↑ GCS, ↓ mortality (8.1% vs. 43.2%)
- Fewer spontaneous extubations
- *Limitation: small, single-site study*
- *(Rashidi et al., 2020)*



DNP Project – Beaulieu (2022)

- 42 nurses trained using Kotter’s 8-Step Model
- Improved RASS knowledge & documentation
- Suggested benefits: shorter ICU stays, fewer complications
- Highlights the importance of nurse education
- *(Beaulieu, 2022)*



Retrospective Study – Medical ICU

- Compared 138 patients (pre-RASS) vs. 86 patients (post-RASS)
- 31% ↓ ventilator days
- 39% ↓ ICU stay (pulmonary patients)
- Conclusion: RASS reduces oversedation & improves recovery
- (*Carraway et al., 2021*)

Procedural Sedation Study – Kamel & Haggag (2023)

- RASS use vs. conventional protocols
- No delay in procedures or discharge
- Lighter sedation with equal/higher satisfaction
- Excellent inter-rater reliability
- RASS: simple, reliable, effective

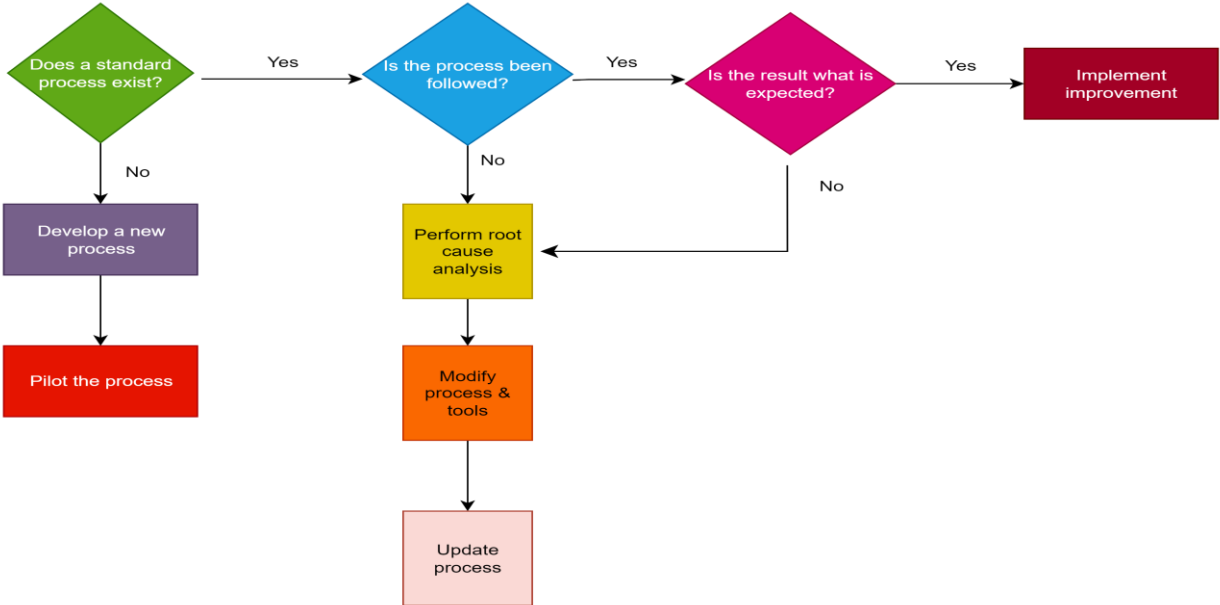
• *(Kamel & Haggag, 2023)*

Key Takeaways

- Structured sedation with RASS = better outcomes
- ↓ ICU stay, ↓ ventilation, ↓ complications, ↓ mortality
- Supports nurse-driven protocols & standardized monitoring
- Education + checklists + real-time monitoring sustain change
- *(Rashidi et al., 2020; Carraway et al., 2021; Beaulieu, 2022; Kamel & Haggag, 2023)*

Root Cause Analysis

Process Improvement Flow Chart



Project methods

Audit Process (May–June 2025)

- 100% audit of titratable medications
- Reviewed:
 - Sedation goals
 - RASS scoring
 - Medication dosage
 - Titration intervals



Audit Reports and findings

May – June 2025

- **47 patient records** reviewed for titratable medications (propofol, norepinephrine, nicardipine)
- **RASS documentation:** only 16 charts (34%) complete before & during propofol administration
- **Titration noncompliance:** 28% of cases (e.g., outside provider orders, missing rationale)
- **Shift variability:** Night shift has slightly lower compliance
- **Individual variability:** Most noncompliance is concentrated in a small subgroup
- **Implication:** Need for standardized, nurse-driven sedation documentation and targeted interventions



Noncompliance Management

- **1st occurrence:** Email to nurse leader + reeducation
- **2nd occurrence:** Escalation to nurse leader for corrective action

Intervention Plan

- Implement a RASS documentation checklist.
- Conduct a 15-minute nurse training session in person.
- Use badge cards and posters as visual reminders.
- Unit champions
- Add to daily hurdle notes
- Include real time EMR prompts or reminder for documentation

Sample of a simple checklist

RASS (Richmond Agitation Sedation Scale)		
4	Combative	Overtly combative, violent, immediate danger to staff
3	Very agitated	Pulls or removes tubes or catheters; aggressive
2	Agitated	Frequent non-purposeful mvmt, fights ventilator
1	Restless	Anxious but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Sustained awakening to voice (≥ 10 sec)
-2	Light sedation	Briefly awakens with eye contact to voice (<10 sec)
-3	Moderate sedation	Movement or eye opening to voice but no eye contact
-4	Deep sedation	No response to voice but movement or eye opening to physical stimulation
-5	Cannot be aroused	No response to voice or physical stimulation



Sample of training for nurses

1. What is RASS?

- Purpose
- Scale overview
- Sedation goals

2. Why It Matters with Sedatives

- Rapid onset, high risk
- Real cases of oversedation
- Audit findings (baseline data)

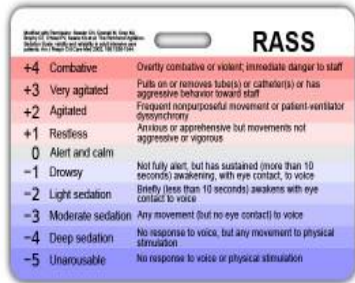
3. How to Document RASS (5 min)

- Where in the EMR
- Timing and frequency
- Using the checklist

Protect your License



Badge Cards



RASS SEDATION

Richmond Agitation-Sedation Scale

+4	+4	Combative Overtly combative or violent
+3	+3	Very agitated Pulls or removes tube(s); aggressive
+2	+2	Agitated Fights ventilator
+1	+1	Restless Anxious or apprehensive
0	0	Alert and calm
-1	-1	Drowsy Not fully alert, but sustained awakening
-2	-2	Light sedation Briefly awakens to voice
-3	-3	Moderate sedation Moves or opens eyes to voice
-4	-4	Deep sedation No response to voice
-5	-5	Unarousable No response to voice or physical

Education Tools (Visual Cues)

Nurses: RASS Every Time



RASS

Richmond Agitation-Sedation Scale

+4	Combative
+3	Very Agitated
+2	Agitated
+1	Restless
0	Alert & Calm
-1	Drowsy
-2	Light Sedation
-3	Moderate Sedation
-4	Deep Sedation
-5	Unarousable

No RASS, No Safe Care.
If it's not documented,
it's not done.

STOP!

RASS Before Sedation



No RASS documented = Unsafe
RASS only once = Incomplete

Every sedative dose requires:

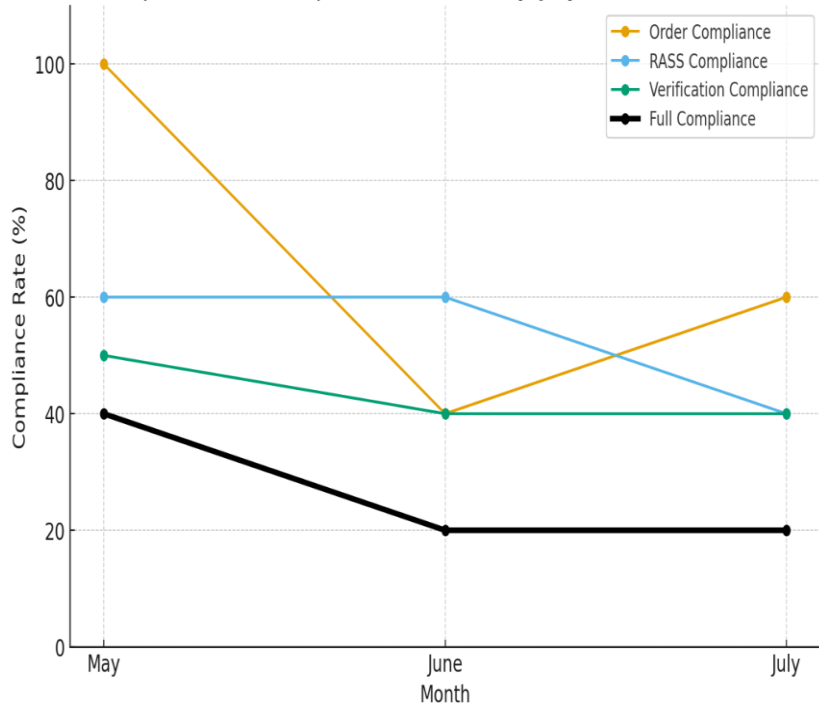
- ✓ RASS before administration
- ✓ RASS during sedation
- ✓ RASS after procedure/transfer

Nurses are the first line of defense.
Protect our patients & your practice

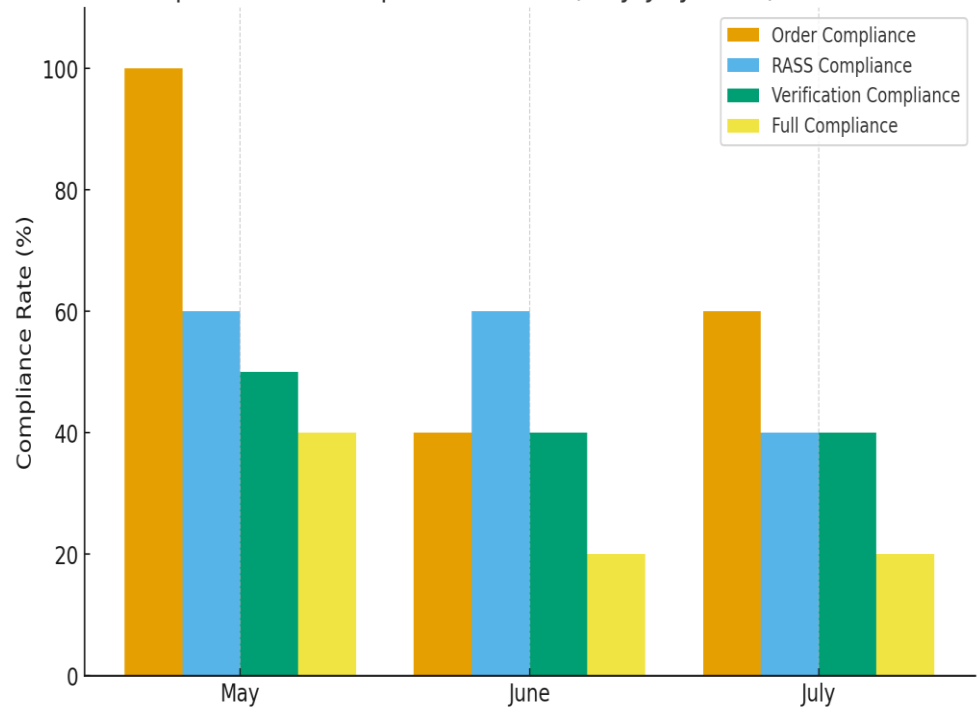


These can be printed as mini-posters, badge cards, or quick-reference signs for breakrooms, computers, or code carts.

Propofol Audit Compliance Trends (May-July 2025) - Line Chart



Propofol Audit Compliance Trends (May-July 2025) - Bar Chart



Evaluation Plan

- Re-audit after 3 months of implementation.
- Compare documentation compliance rates.
- Track adverse events related to sedation (if available).

Recommended Action Steps

1.Reinforce Just Culture Reporting

Encourage reporting of documentation misses and near misses without punitive consequences.

2.Targeted Education

Provide focused training on RASS documentation and stepwise titration recording during staff huddles and unit meetings.

3.Standardize Audit Feedback

Share monthly compliance dashboards with unit staff, highlighting areas of improvement and progress.

4.Real-Time Double Checks

Implement RN-to-RN verification for propofol titrations during shift changes to reduce missed documentation.

5.Leadership Rounds

Nurse leaders to review RASS and titration documentation weekly, providing immediate corrective feedback.



Sustainability Plan

- Incorporate training into new staff orientation.
- Periodic refresher training and audits.
- Embed the checklist into the EMR workflow.

Challenges & Limitations

- Limited time during busy ER shifts.
- Initial resistance to new documentation practices.
- Access to real-time EMR customization.

Conclusion & Implications

- RASS documentation is critical for safe sedative use.
- Standardized protocols improve nursing compliance.
- This project enhances patient safety and meets regulatory standards.

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Spotlight

Jameica Evans, MSN, RN, CNOR
Operating Room Clinical Nurse IV





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May 8, 2026

Prevention of Perioperative Falls in the Operating Room

Jameica Evans, MSN, RN, CNOR
Medstar Southern MD Medical Center

Statement of the Problem



- Perioperative falls remain a significant patient safety concern.
- Contributing factors include anesthesia effects, impaired mobility, post-operative weakness, and comorbidities.
- OR hazards: wet floors, clutter, equipment issues, and unsafe transfers.
- Falls may lead to fractures, head injuries, extended hospitalization, increased costs, and legal implications.
- Prevention requires interdisciplinary teamwork and continuous vigilance.



Key Stakeholders

- Anesthesia professionals
- Circulating nurses & scrub personnel
- Surgical assistants
- Surgeons & medical staff
- Administration & leadership
- Perioperative educator & clinical nurse specialist
- Quality department



Project Goal

- Reduce perioperative falls and fall-related injuries.
- Improve patient safety and reduce financial burden.
- Strengthen staff training and communication.
- Identify and mitigate fall risk factors early.
- Promote consistent, evidence-based fall prevention practices.



Evidence-Based Practice Approach PICOT Framework:

- **P:** Adult surgical patients in the OR
- **I:** Comprehensive perioperative fall prevention bundle
- **C:** Usual fall prevention practices
- **O:** Reduced perioperative falls and injuries
- **T:** One fiscal year



PICOT Statement

- In adult patients undergoing surgical procedures in the operating room, does the implementation of a comprehensive perioperative fall prevention bundle, compared to usual care fall prevention strategies, reduce the incidence of perioperative falls and fall-related injuries within one fiscal year?



Data Collection Plan

- Pre-education and post-intervention surveys of stakeholders.
- Direct observation of interventions.
- Baseline data collection from the Quality Department.
- Performance Targets:**
 - 95% completion of standardized fall/mobility assessment.
 - 100% two-person assist for first ambulation in PACU for moderate/high-risk patients.
 - Zero unassisted toileting attempts for high-risk patients.



Proposed Resources & Timeline

- **Resources:**
 - Perioperative team members, anesthesia, educators, CNO, quality team, leadership.
- **Timeline:**
 - Implementation planned for January 2026.



Implementation: Activities & Interventions

- Standardized fall & mobility assessment in Preop.
- Visual identifiers for high-risk patients.
- Two-person assist for ambulation/toileting.
- “Foot in the door” toileting safety technique.
- Safe transfer techniques with assistive devices.
- SBAR handoff including mobility & fall risk.
- Patient & family education.



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Implementation Plan & Data

- Staff education: 30-minute module and in-services.
- Workflow updates: EMR fields, mandatory SBAR, gait belts, signage.
- Post-implementation data collection and analysis.
- Continuous improvement through research updates and staff feedback.
- **FY 2026 Data:** One perioperative fall reported (12/03/2025).



Sustainability & Modified Resources

- Supplies stored in supply room for easy access.
- Integrate fall bundle into EMR and orientation checklists.
- Review falls in Safety Huddles; display run charts; celebrate zero-fall streaks.
- Expand interventions to Endoscopy, Cath Lab, and IR.
- Ongoing re-education via huddles, lunch-and-learns, and fall champions.



Resources

- AORN. (n.d.) Pocket Reference Guide: Safe Patient Handling and Movement in the Perioperative Setting. https://www.aorn.org/docs/default-source/aorn/toolkits/safe-patient-handling/safe-patient-handling-pocket-reference-guide.pdf?sfvrsn=36a9944f_0.
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Spotlight

**Loida Arias Gomez, BSN, RN & Dympna
Masalla epse Soja, RN
2West Clinical Nurses**



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Preventing Pressure Injury in High-Risk Patients

LOIDA ARIAS, BSN, RN & DYMUNA MASALLA, RN

Background

- Pressure injuries remain a major patient safety concern in hospitalized patients.
- Bedbound/immobile and those exposed to prolonged pressure and moisture are at increased risk of skin breakdown.
- Prevention requires consistent nursing interventions.



Clinical Problem

- Bedbound and immobile patients frequently develop skin breakdown
- Barrier creams were used interchangeably without clear indications
- Repositioning reminders were inconsistently reinforced



PICOT Question

- In nursing staff (P), how does the implementation of nurse-led pressure injury prevention intervention (I), compared to standard practice (C), affect staff knowledge and confidence(O) by July 2026?

Literature Review: Key Strategies

- Frequent repositioning reduces pressure injury incidence (Whitehorn & Manuel, 2024)
- Moisture management and appropriate barrier cream use improve skin integrity (Johal, 2023)
- Staff education and standardized prevention protocols improve adherence (McCray & Donaldson, 2024)
- Team-based interventions improve repositioning consistency (Bellman, 2023)



Project Design

- **Setting**
Medical-Surgical Telemetry Unit
MedStar Southern Maryland Hospital Center
- **Population**
Patients at high risk for pressure injuries (Braden score <18), immobile, or with prolonged hospitalization.



Project Design (Continued)

- **Sample**

- Four bedbound patients (Clinical observation) and Nursing staff (pre/post survey)

- **Rationale for Sample Selection**

- Long-stay patients allow consistent monitoring of skin outcomes versus short-stay patients



Intervention & Implementation

- Staff education on barrier cream use
- Reinforcement of repositioning every 2 hours
- Team-based turning approach
- Visual reminders in patient rooms
- Reinforcement during shift huddles
- Staff accountability for turning schedules

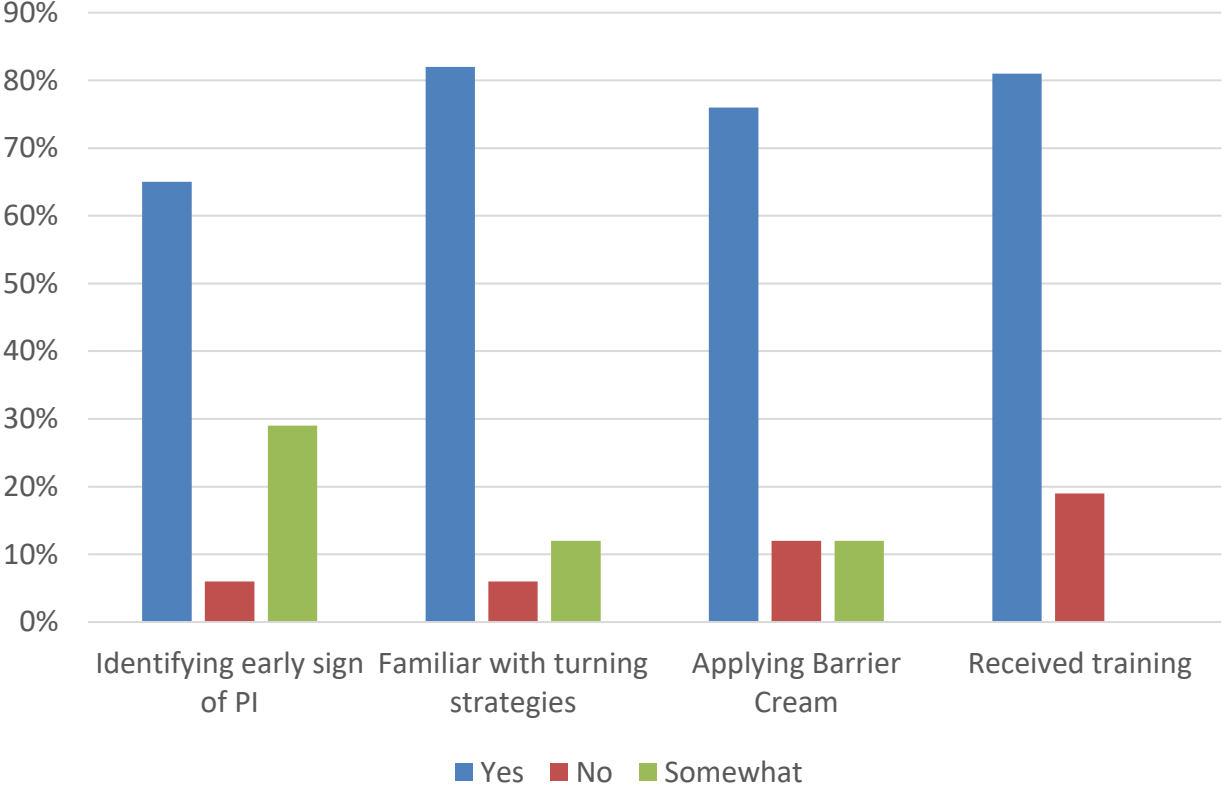


Intervention & Evaluation Timeline

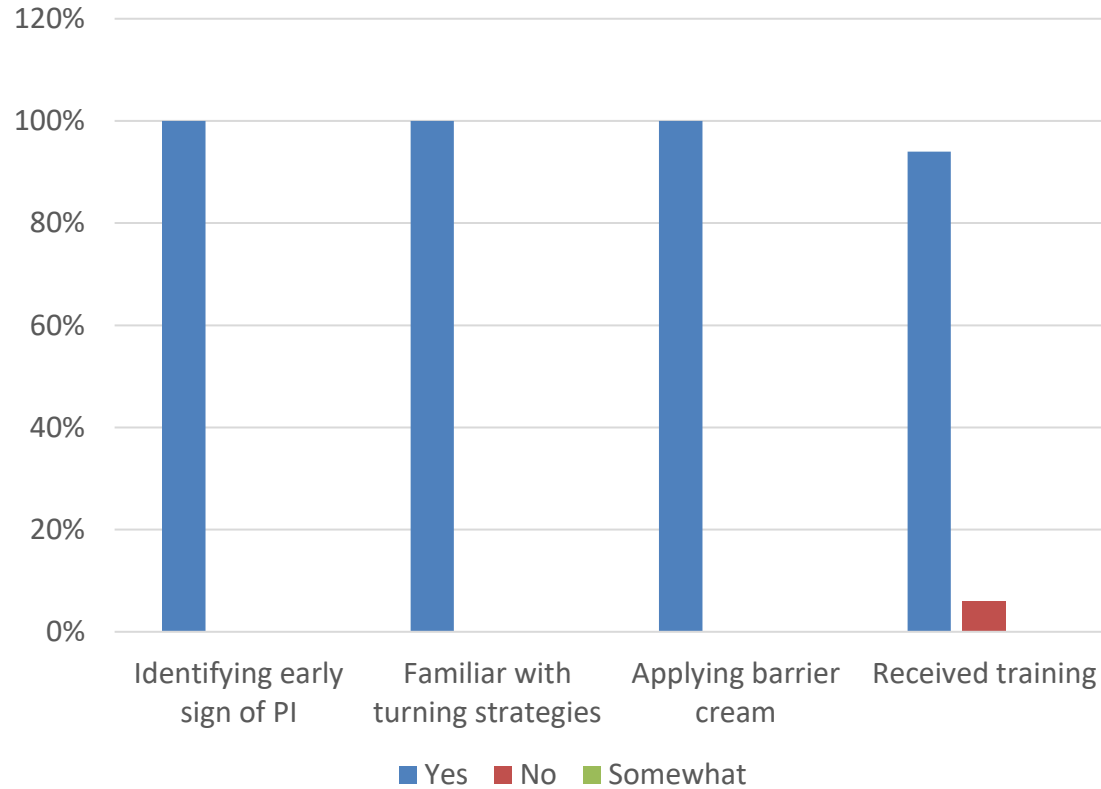
- **Pre-Intervention** survey: August 2025
- **Intervention Period:** 2 weeks (August—September 2025)
- **Patient Sample:** 4 bedbound long-stay patients
- **Skin Outcomes** (Pressure Injury incidence, skin integrity, moisture-related breakdown) were monitored during the intervention period
- **Post-Intervention** survey: March 2026 and repeated due to initial data loss



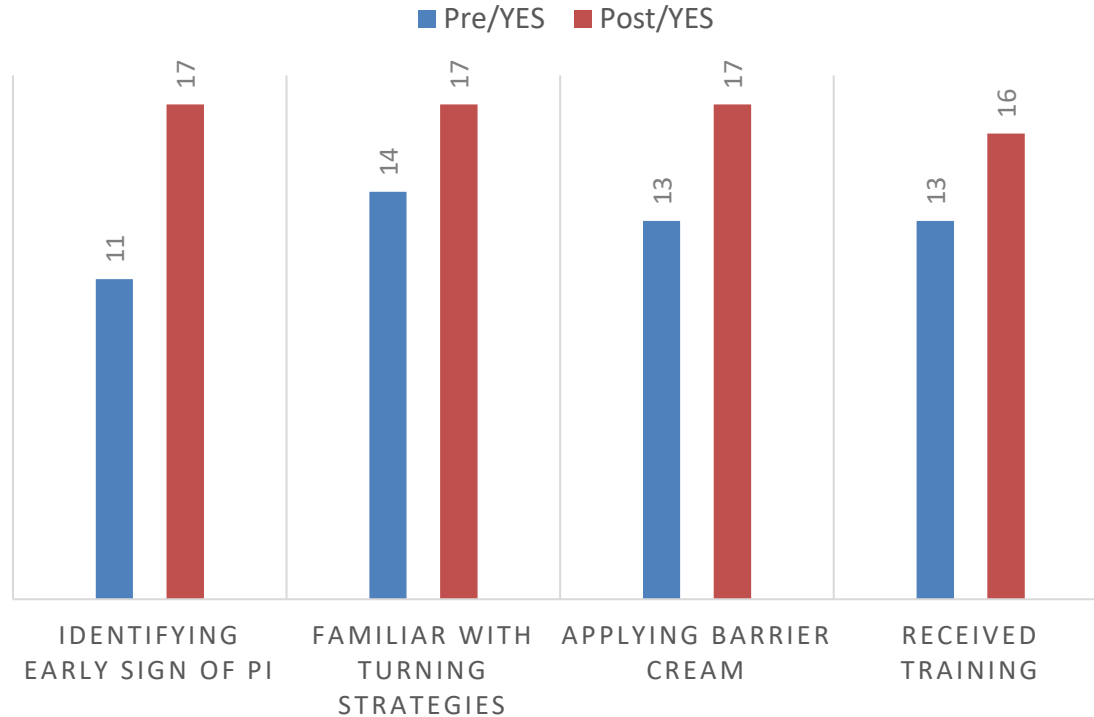
Pre-Intervention Survey



Post-Intervention Survey



RESULT PRE AND POST INTERVENTION



Practice Outcomes

- Barrier cream use increased following the intervention.

Patient Outcomes:

- Continued monitoring post-intervention suggested improvement in skin condition and Braden scores
- Ongoing staff education reinforced sustained practice changes



Results: Key Findings

- Significant improvement in staff knowledge and confidence
- A gap was identified between knowledge and consistent clinical practice
- Ongoing reinforcement is needed to sustain behavior change



Limitations

- Small sample size (N = 4 patients)
- Short intervention period (2 weeks)
- Loss of initial post-intervention survey data
- Delay between intervention and post-intervention survey
- Early patient discharges limited ongoing monitoring
- Variation in interpretation of survey terms (e.g., “often” and “always”)



What We Would Do Differently?

- Increase sample size to improve generalizability
- Extend the intervention period to capture long-term Outcomes
- Ensure consistent data collection and follow-up
- Standardize survey terminology to reduce variability
- Implement earlier and continuous Monitoring strategies



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Wellbeing Moment

Kathryn Knill DNP, RN, APRN-CNP, NBC-HWC
Regional Nurse Wellbeing Specialist



Pathway to Excellence/Magnet Overview

**Jennifer Bierbaum, DNP, APRN-CNS, AGCNS-BC,
CENP, CPHQ, GERO-BC**

Director of Nursing Practice and Innovation





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MedStar Southern Maryland Hospital Center Magnet and Pathway to Excellence

May 8th, 2026

Jennifer Bierbaum, DNP, APRN-CNS, AGCNS-BC, CENP, CPHQ, GERO-BC

PURPOSE & STRATEGIC CONTEXT

WHY PTE TODAY, WHY MAGNET NEXT



UNDERSTANDING PATHWAY TO EXCELLENCE



WHAT PTE RECOGNIZES

ANCC's Pathway to Excellence validates a positive practice environment where nurses thrive—centered on frontline lived experience, not just outcomes.

HOW IT'S EVALUATED

Built on six standards (shared decision-making, leadership accountability, safety, quality, well-being, and Professional Development) and confirmed through nurse validation at the bedside.

WHY IT MATTERS FOR MSMHC

Confirms nurses feel empowered, supported, and respected—signaling excellence to patients and serving as a strong cultural foundation toward Magnet.



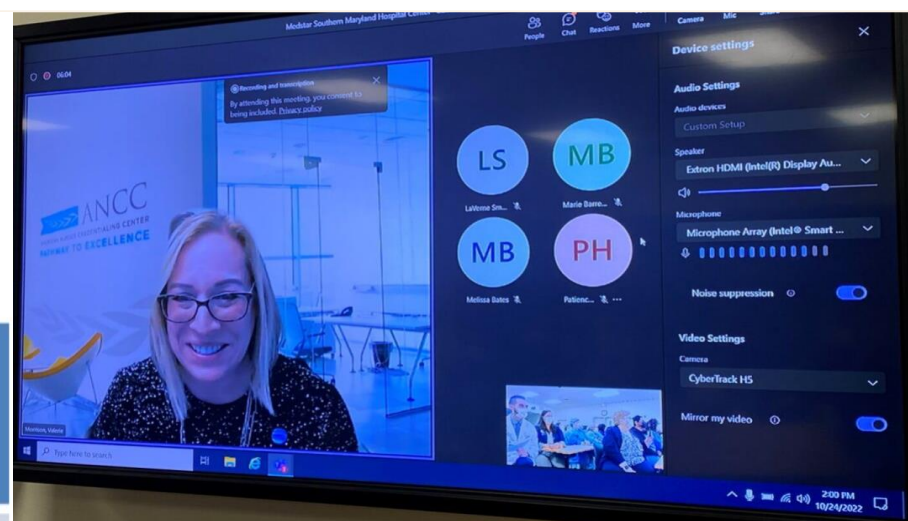
Timeframes for designation & re-designation requirements

Organization Name

Designation Date: **October 24, 2022**

Expiration Date: **October 1, 2026**

8-12 months prior expiration to submit Pathway Applicant Registration (PAR)	October 1, 2025-February 1, 2026
Cycle option for submission of Pathway Standards Document	November 1, 2026
With above cycle chosen for submission of Pathway Standards Document, EOP 36 month timeframe (Applies to Examples/Narratives)	October 31, 2023-October 31, 2026
Interim Monitoring Report due (based on submission date June 1, 2022) Updated contact information Form (CIF) and Organizational Demographic Form (ODF)	June 30, 2024





Interdisciplinary Team



Professional Governance



Transformational Leadership



Community



Quality & Safety



Exemplary Professional Practice



Support Services



SPIRIT Values



Structural Empowerment



Mission, Vision, Values



New Knowledge, Innovations & Improvements



Evidence-based Practice

Our patient, families, & nursing personnel are at the center of our practice.

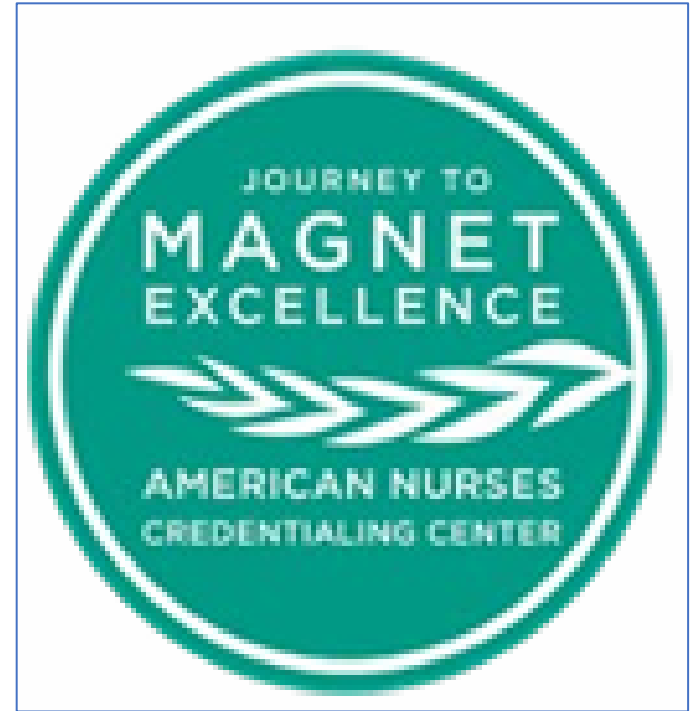
We can care for them with assistance from our support services, community, and our interdisciplinary team.

We use exemplary professional practice, transformational leadership, structural empowerment, and new knowledge, innovations, and improvements, as the structure to our practice.

Our guiding lights are quality & safety, professional governance, SPIRIT values, Evidence Based Practice, and our mission, vision, and values.

What is Magnet?

- American Nurses Credentialing Center (ANCC) designation
- Magnet recognition is the GOLD STANDARD of nursing excellence
- Magnet designation is valid for 4 years and must be renewed
- Designated organizations are recognized for:
 - Quality Patient Care
 - Patient & Nurse Satisfaction
 - Integration of Evidence-Based Practice & Research



How does Magnet recognition benefit patients?

Studies find that Magnet-recognized organizations exhibit:

Quality and Safety

- Higher adoption of National Quality Forum safe practices
- Lower overall missed nursing care
- Higher support for evidence-based practice implementation
- Higher nurse-perceived quality of care
- Higher patient ratings of their hospital experience

Patient Outcomes

- Lower mortality rates
- Lower failure-to-rescue
- Lower patient fall rates
- Lower nosocomial infections
- Lower hospital-acquired pressure ulcer rates
- Lower central line-associated bloodstream infection rates



How Does Magnet Benefit Our Nurses

AUTONOMY, VOICE, AND ENGAGEMENT

Magnet environments strengthen decision-making involvement and relationships with leaders and interprofessional partners—driving higher satisfaction, engagement, and lower turnover.

GROWTH AND CAREER PATHWAYS

The framework supports certification, advanced education, and leadership development—creating clear routes for advancement and professional pride in practice.

EXCELLENCE, EVIDENCE, AND RECOGNITION

Magnet elevates nurse-led research, evidence-based practice, and innovation—linking practice decisions to data and outcomes so quality and safety remain shared responsibilities.



MedStar Southern Maryland Hospital Center Recommended Nursing Excellence Timeline

"Take the time it takes so it takes less time"

2025

Assessment and Planning

January: 48- Month Window for Magnet® evidence begins

- TIPTON HEALTH 90 Day Care Plan
- August: Pathway to Excellence Alignment Exercise
- September: Commence Pathway to Excellence Document Preparation
- RN Satisfaction Survey
- AACN Health Work Environment Survey
- Ambulatory strategy for NSCIs and Patient Experience
- Nurse Leader Work Environment Council
- Tipton Health Nurse Leader Work Environment Bundle
- Tipton Health Leader Learning Series
- Nursing Research
- Shared Decision Making
- CNO Advisory Board
- CNO and CMO Partner to improve patient experience
- Research infrastructure and strategy

2026

Nursing Excellence Execution & Pathway to Excellence Document Submission

- Learning Needs Assessment
- Peer Review
- Succession Planning
- Nursing Workforce Plan
- November: Submit Pathway to Excellence Document
- Pathway to Excellence RN Survey preparation
- Launch Foundation of Nursing Excellence Workshop Cohorts
- Nursing Strategic Plan
- Launch Nurse Led Research Study

2027

Pathway to Excellence RN Survey & Redesignation Enculturation

- Pathway to Excellence RN Survey
- Pathway to Excellence Redesignation
- Repeat RN Satisfaction Survey
- Repeat AACN Healthy Work Environment Survey
- New Nursing Strategic Plan
- Nursing Annual Report
- Tipton Health Alignment Workshop
- Tipton Health Writers Workshop

2028

Enculturation & Validation Magnet Application

- Author Magnet Document
- TH Document support
- RN Satisfaction Pulse Survey if needed
- Repeat Learning Needs Assessment
- Launch Nurse Led Research Study

2029

Submit Magnet® Document – 1st Quarter

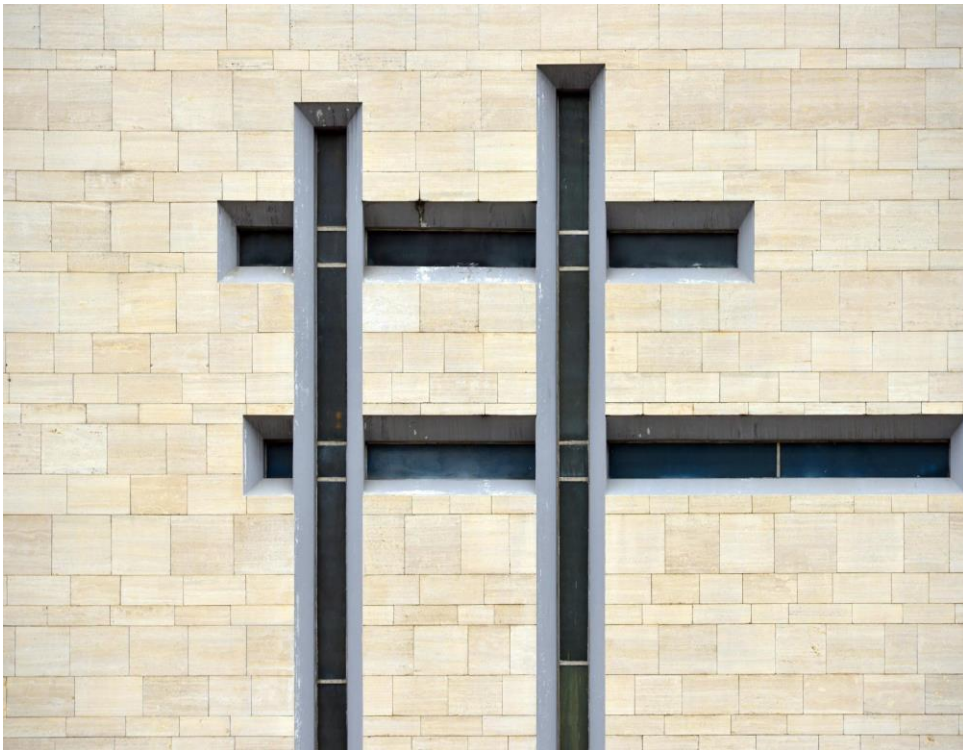
- Submit Magnet Document
- Mock Site Visit
- ANCC Magnet Site Visit
- Magnet Designation

2026
Baseline Year for BSN, Turnover and Specialty Certification

Q3 2026
8 Quarter window begins for outcome data. This accounts for one quarter of data lag.

**Timeline is to be updated upon evaluation of the RN satisfaction survey and full data analysis of NSCIs and Patient Experience benchmarked at the unit level. Timeline predicated on implementation of Tipton Health recommendations*

PTE: FOUNDATION FOR MAGNET SUCCESS



CULTURE & INFRASTRUCTURE

PTE builds shared decision-making, leadership support, and a healthy work environment—prerequisites for Magnet outcomes.

MAGNET-READY SYSTEMS

Councils, communication, and engagement created through PTE directly support Magnet components like structural empowerment and exemplary practice.

TRUST THAT ACCELERATES IMPACT

PTE trust reduces change fatigue and enables data collection, storytelling, innovation, and outcomes focus—Magnet as evolution, not a restart.



OUR COLLECTIVE MAGNET ROLE

ENGAGEMENT ACROSS NURSING, ONE JOURNEY

The Magnet journey is a collective effort that requires engagement from every nurse, regardless of role or title.

Frontline nurses strengthen Magnet through council participation, improvement ideas, and consistent evidence-based care. Nurse leaders enable progress by coaching, removing barriers, and aligning strategy with daily practice.

We accelerate outcomes via education, data analysis, and innovation. Storytelling is essential: Magnet requires nurses to clearly describe how work improves patient outcomes and advances practice.

Participation builds professional pride and shared accountability to each other and our patients. This belongs to nursing at MSH/MSMHC—so PTE remains who we are, and Magnet reflects our sustained excellence and shared future.



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Group Photo





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Poster Hall/Vendors

Lunch will be served at 1200



Posters

- Agbaje, Yetunde, BSN, RN – Impact of an Early Mobilization Protocol on Postoperative Complications and Hospital Length of Stay in a Medical–Surgical Unit
- Atuonah, Frances, FNP-BC, MSN – Getting Patients Moving: Improving Early Mobility Practices on 3 East
- Balakirsky, Izabella, MSN, RN, CCRN; Swoboda, Amy, BSN, RN, PCCN, SCRNP, CNRN – Time is Brain: How a Rapid Response Nurse Improves Door-to-Needle Times in ED Code Strokes
- Bangura, Lubai, BSN, RN; Saint-Firmin, Moriah, BSN, RN – Are We MedStars?: A Study on Patient Satisfaction and Safety
- Che, Comfort, RN, BSN, MEDSURG-BC – Improving Compliance with Vital Signs Monitoring, Documentation, and Escalation of Abnormal Findings on 2East (Med-Surg Tele-Stroke Unit)
- Decastro, Dannielle, RN; Akande, Tomilola, RN; Menkem, Taku, RN; Platt, Shannon, RN – From Burnout to Balance: Using the Stress Continuum Initiative
- Hayes, Domonique, RN; Lavigne, Kylee, BSN, RN; Tabi, Lady, RN – Closing the Pain Gap; 100% Pain Compliance = 100% Patient Care
- Shanks, Takeya, RN – A Nurse-Led Inpatient Diabetes Champion Program: Improving Education and Care Transitions
- Waterloo, Kimberly, MSN, RN, CCRN – Quarterly Nursing Education to Support High-Acuity Care in a STEMI-Designated Cardiac Catheterization Laboratory



Vendors

- Chamberlain/Walden University
- CeraVe
- Elequil Aromatabs
- Frostburg University
- Grand Canyon University
- Lippincott
- Luminary Scrubs
- Maryland Nurses Association
- Medstar Center for Wellbeing
- MedStar Clinical Advancement Program Table



Spotlight

Oladipo Akinragbe-Gbenga, BSN, RN
3West Clinical Nurse



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May 8th, 2026

Using TC52 Phones as a Clinical Support Tool to Reduce HAPIs in Med-Surg Units

MedStar Southern Maryland Hospital Center

Oladipo Akinragbe-Gbenga, BSN RN

Nkechi Duru, RN

Joy Udah, BSN RN

Neupane Karki Barsha, RN

Agenda

1. Background
2. TC52 as an Ally
3. Real-Time Intervention strategies
4. Braden
5. Implementation
6. Challenges
7. Conclusion
8. References



Background

- HAPIs are preventable yet remain a persistent safety issue
- Increase length of stay, cost, and could harm patient
- Treating a single advanced-stage pressure injury can cost tens of thousands of dollars in specialized dressings, surfaces, and staff time.
- In high-volume units, patients often have multiple risk factors such as immobility, poor nutrition, and moisture, making constant monitoring a top priority.
- Staff shortages & high ratios could lead to missed prevention steps
- TC52 phones can give real-time support for reminders & documentation



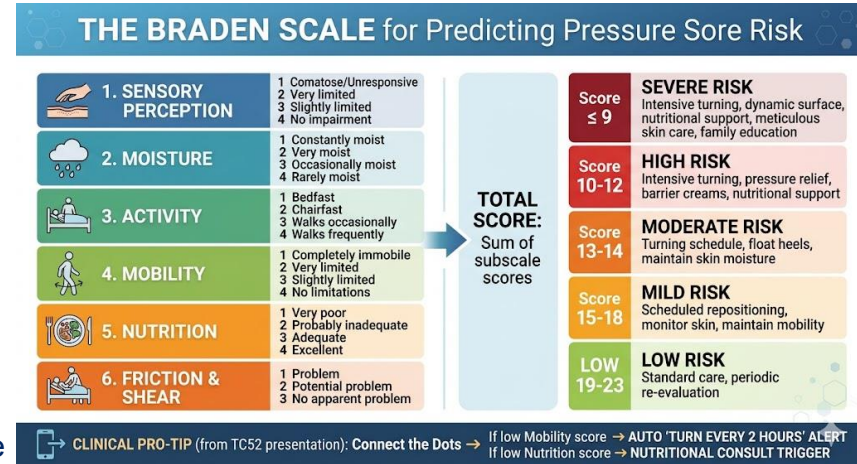
TC52 as a support tool, an Ally

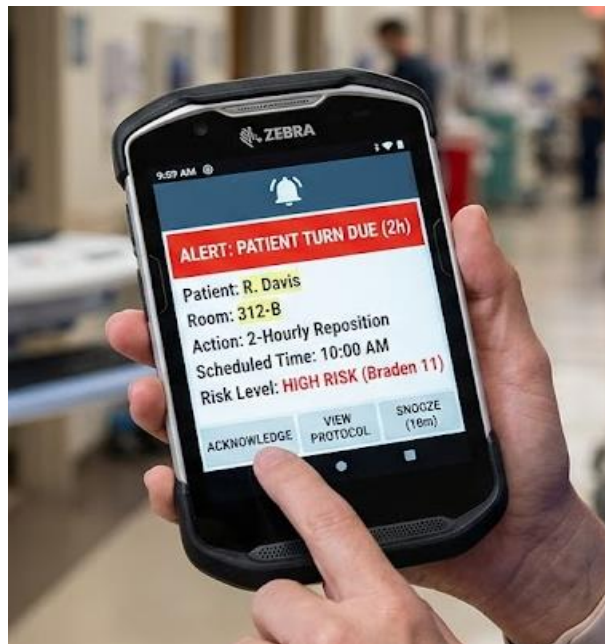
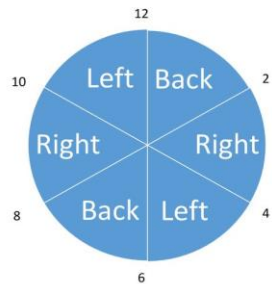
- Med-Surg units face high patient turnover and varying acuity, making consistent skin surveillance difficult.
- TC52 is more than just a phone, it also serves as a barcode scanner, a high-resolution camera, and a real-time system.
- These listed key features are useful in wound care to take pictures, instant documentation (at bedside) and secure messaging to members of the health team.



Real-Time Intervention Strategies

- Regular skin inspection plays a vital role in PI prevention, allowing detection of the earliest signs of PI.
- Frequent repositioning is one of the oldest forms of PI prevention and remains important to this day.
- Management of moisture is thought to be another important factor contributing to the prevention of PI.
- Fast and standardized photo documentation
- Automated Turn timers: Haptic alerts can be set on the device to ensure the “turn every 2 hours” protocol is never missed.





Implementation & Challenges

Implementation

- **Training:** orient nurses to TC52 functions
- **Integration:** Use for skin checks, turn reminders, documentations
- **Support:** Nurse educators and skin champions reinforce use

Challenges

- Short staffing / high patient ratios
- Limited devices & resources
- Initial resistance to adoption



Conclusion



The best way to treat a pressure injury is to never let it start. By putting the power of the EHR and high-definition diagnostics in our pockets, the TC52 allows us to be proactive, precise, and patient-centered.



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References

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Spotlight

Shilton Etah, BSN, RN
3East Clinical Nurse III



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Reducing Hospital Readmissions through Structured, Nurse-Led Discharge Education in the Adult Med-Surg Unit

Shilton Etah, BSN, RN

Agenda

1. Statement of Problem
2. Key Stakeholders
3. Project Goal
4. Project Methods/Model/Design
5. Data Collection Plan & Procedures
6. Proposed Timeline



Statement of Problem

- Hospital readmissions within 30 days are still a significant concern
 - negatively affecting patient safety, satisfaction, and financial reimbursement
- Many readmissions are preventable
 - linked to inconsistent discharge teaching, poor comprehension of instructions, and lack of preparation for self-care at home.



Statement of Problem

- On the med-surg unit, discharge education is often rushed and not adapted to patient literacy or learning needs.
- A structured, nurse-driven discharge education process that emphasizes
 - patient comprehension and family engagement has the potential to
 - improve satisfaction
 - reduce preventable return visits
 - support safer care transitions.



Clinical Care Transformation

Need a quick walkthrough of this page? Click [HERE](#) to watch the demo.

Filters

Selected Hospital(s)
MSMHC

Index Encounter (Discharge)

Start Date End Date
Mar 2025 Jan 2026

Readmission Risk Level
All

Discharge Disposition
All

Primary Service Line
All

CMS Priority Conditions
All

TEAM Eligible Episodes (Inpatient only)
All

MedStar Family Choice Flag
All

View Settings:
Click buttons below to expand one of the four tables.

Expand Service Line

Expand APRDRG

Expand Discharge Disposition

Expand Discharge Unit

Data Last Refreshed on:
3/29/2026 12:46:38 PM
MSH data through Jan '26
CMS data through Jan '26
HSCRC data through Dec '25

Summary

9.7%
Readmission rate

130 readmissions
1,343 index admissions

Readmission Rate Calendar Year Trendline

Hover on any data point to view readmissions and eligible discharges.



TIP: Within any visual and/or table, **CLICK** on any data point, timeframe (column header) or category (row header) to filter all other visuals to your selection. **CLICK** your selection(s) again to reset the view.

Days to Readmission

	2025	2026
48 Hours or less	6%	6%
3-7 Days	24%	12%
8-14 Days	28%	12%
15-21 Days	24%	47%
22-30 Days	24%	24%

Index Visit Primary Service Line

	Eligible Discharges	Readmissions	Readmission Rate
MEDICINE	1,336	129	10%
CARDIOLOGY	5	1	20%
SURGERY	2	0	0%

Index Visit APRDRG

	Eligible Discharges	Readmissions	Readmission Rate
Septicemia and disseminat.	246	27	11%
Heart failure	101	16	16%
PERCUTANEOUS CARDI.	55	4	7%
RESPIRATORY FAILURE	52	8	15%
Chronic obstructive pulmon.	47	7	15%
Acute kidney injury	39	2	5%
Diabetes	38	6	16%
Cardiac catheterization for ...	35	0	0%
Infectious and parasitic dise.	31	4	13%
Acute myocardial infarction	21	2	10%

Index Visit Discharge Disposition

	Eligible Discharges	Readmissions	Readmission Rate
Discharged to home or self	772	59	8%
SNF / Long Term Care	258	39	15%
Home Health	252	31	12%
Hospice	52	0	0%
Acute Facility	7	1	14%
Others	2	0	0%

Index Visit Discharge Unit

	Eligible Discharges	Readmissions	Readmission Rate
2E	1,378	122	9%
3E	1,343	130	10%
3W	1,307	127	10%
2W	1,119	101	9%
4E	200	16	8%
1S	1	0	0%
2S	1	0	0%
2N	109	8	6%

Key Stakeholders

- Bedside nurses (RNs, LPNs)
- Charge nurses and unit leadership
- Patients and family caregivers
- Nursing quality improvement staff



Project Goal

Increase patient understanding of their discharge plan, as measured by teach-back compliance and comprehension audits

Improve patient satisfaction with discharge instructions, reflected in HCAHPS “Discharge Information” scores increasing within 6–12 months

To implement a standardized, nurse-led discharge education process that improves patient comprehension and satisfaction

Support safe care transitions by reducing preventable post-discharge issues, including unscheduled ED visits and readmissions.



Project Methods

- **Structured Discharge Checklist** - Develop and implement a standardized, nurse-led checklist.
- **Teach-Back Method** - Train and require nurses to consistently use teach-back to confirm comprehension.
- **Multimodal Education Materials** - Provide plain-language written instructions and visual aids tailored to patient literacy and language needs.
- **Family/Caregiver Engagement** - Involve families in discharge teaching.
- **Staff Education & Accountability** - Educate nurses on health literacy.

Data Collection Plan & Procedures

- Baseline data included current 30-day readmission rates, HCAHPS “Discharge Information” scores, and discharge documentation compliance.
 - After implementation, monthly chart audits will track:
 - teach-back compliance (goal $\geq 90\%$)
 - nursing checklist completion (goal $\geq 95\%$)
 - understanding of discharge instructions (goal $\geq 85\%$ comprehension).
 - Readmission rates and, optionally, ED



Proposed Resources

- Standardized discharge education checklist (paper or integrated into EHR).
- Patient education materials in plain language and multiple languages.
- Quick-reference job aids (posters) reinforcing teach-back and checklist use.
- Quality improvement support for data collection and chart audits.



Thank you

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Questions?

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Spotlight

Jackie Dalsanto, MSN, RN, CEN

**Emergency Department Nursing Professional Development
Specialist**



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From Orientation to Independence: Impact of an Emergency Department Mentorship Program

Jacquelyn DalSanto, MSN, RN, CEN

Agenda

- Background
- Project Purpose
- Methods
- Expected Outcomes
- Implications for Practice



Background



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Why?

- High-risk for burnout and turnover
- Lack confidence post-orientation
- Retention rate of 29% (FY24)
- Cost of turnover
- Evidence supports mentorship improves:
 - Confidence
 - Job satisfaction
 - Retention

“Transitioning from the academic environment into the hospital environment can be intimidating and, at times, disappointing” (Irwin et al., 2021)



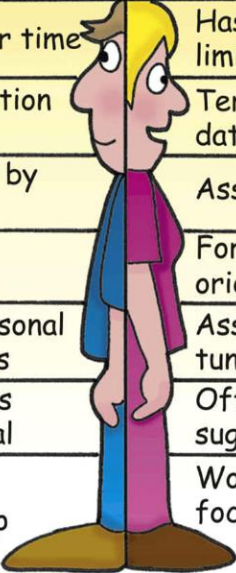
Current Process

Orientation (16 weeks)



Transition to Independent Practice

MENTOR VS PRECEPTOR	
Occurs over time	Has set time limit
No termination date	Termination date
Sought out by mentee	Assigned
Teaches networking	Formalized orientation
Shares personal experiences	Assists in fine tuning skills
Experiences are personal	Offers suggestions
Mentoring relationship may be personal, academic, or work-related.	Work-related focus



Challenges

- Lack of structured post-orientation support
- Decreased confidence after orientation ends
- Early turnover and disengagement
- Limited opportunities for guided professional growth



Project Purpose

- To support new graduate nurses transitioning to independent ED practice through a structured mentorship program focused on confidence, professional development, engagement, and retention.



Needs Assessment



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What We Identified

- Transition gap after orientation
- Need for continued support and guidance
- Desire for mentorship and professional growth
- Opportunities to improve retention and engagement

	Strongly Disagree (1)	Di
I am confident in my clinical nursing skills (IV skills, med admin, etc)?	<input type="radio"/>	
I am confident in my communication with patients and their families	<input type="radio"/>	
I am confident with critical thinking and problem-solving?	<input type="radio"/>	
I am confident with time management and prioritization	<input type="radio"/>	
Overall, how confident are you as a nurse?	<input type="radio"/>	

Evidence



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Evidence Supporting Mentorship Programs

- Structured mentorship improves nurse confidence and transition to practice
- Mentorship linked to increased retention and job satisfaction
- Supports professional identity and engagement
- Particularly important in high-acuity settings like the ED
- Mentorship programs show:
 - 25–40% improvement in retention
 - Increased engagement
 - Improved job satisfaction

Intervention



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Implementation

- Identify mentors and mentees
 - Mentor expectations
- Pair participants
- Provide mentorship resources
- Launch program (FY25)
- Ongoing engagement and support



Program Components

Monthly 1:1 mentor meetings (up to 2 hours)

- Optional resource binder:
 - Goal setting
 - Case review
 - Communication
 - Resilience

Quarterly multidisciplinary sessions Focus on:

- Clinical confidence
- Interdisciplinary Collaboration
- Growth/Professional Development

The image shows a digital representation of a binder for the MSMHC ED Mentorship Program. The binder is white with a blue and yellow logo at the top left that reads "MedStar Health". The main title is "MSMHC ED Mentorship Program".

Month 1: Goal Setting

1. What is a short-term goal you are currently working toward? (*Professional and/or personal*)

2. What steps are you taking to achieve this goal?

- Education / Training
- Skill Practice
- Skill Practice
- Education / Training

Month 2: Complex Case Study / Scenario

3. What has surprised you the most about working in the Emergency Department far? (*see scenarios in binder*)

4. Review the scenarios provided.

Month 3: New Skill Recently Performed

1. Think of a skill or task you recently performed that was new to you (*e.g., RSI, NG tube insertion, sedation, etc.*)

Skill performed: _____

2. How did completing this skill make you feel?

Program Structure

Mentorship begins after orientation



12-month structured program



Monthly mentor–mentee meetings



Quarterly group sessions



Ongoing professional development



Data Collection



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Evaluation Plan

Pre- and post-surveys:

- Confidence
- Communication
- Critical Thinking
- Time Management
- Support

Retention Tracking

Professional Advancement




Outcomes



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Results

- Increased clinical advancement participation
- Growth in certified emergency nurses
- Retention improvements



29% → 54% → 100%
(FY24–FY26)



Why This Matters

- Supports transition to independent practice
- Strengthens workforce stability
- Improves nurse engagement and satisfaction
- Scalable across departments and organizations



References

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Spotlight

Karen Brown, DNP, RN, PHNL

**3East/Float Pool Nursing Professional Development
Specialist**



May 8, 2026

SMARTCART

Standardizing Wound Care to Advance Safety and Reliability at the Bedside

Clinical Problem

High patient acuity and complex care needs

Patients at high risk for pressure injury (Braden Score <18)

Fragmented access to wound care supplies

Repeated trips to supply rooms

Increased task burden and workflow inefficiency

Opportunity: Improve workflow
and support consistent wound
care practice

Wound Wednesdays



Wound Wednesdays

Established by Leadership to ensure that there would be intentionality for all patients on a designated day in addition to daily routine.

Despite this structured approach, workflow inefficiencies related to supply access persisted.

Project Aim

To evaluate the feasibility and acceptability of SMARTCART in improving workflow efficiency and supply accessibility in IMC and ICU settings.



What is a SMARTCART?

SMARTCART –Acronym for Standardized Mobile Access to Resources for Task-Designated Consistent and Reliable Treatment

Mobile task-designated wound care cart

Centralized commonly used supplies

Standardized layout for quick retrieval

Designed for frontline nurses and patient care technicians (PCTs)

SMARTCART Intervention

- Reduces time gathering supplies
- Minimizes interruptions
- Supports consistent wound care practice
- Keeps nurses at the bedside



Method

Design

- Quality Improvement (QI) initiative

Setting & Participants

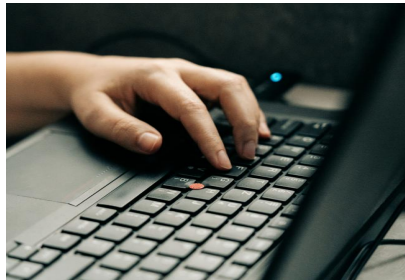
- Intermediate Care Unit (IMC) and Intensive Care Unit (ICU)
- Bedside nurses

Pre-Implementation

- Needs assessment survey to evaluate feasibility and perceived value

Intervention

- SMARTCART implemented during routine wound care activities



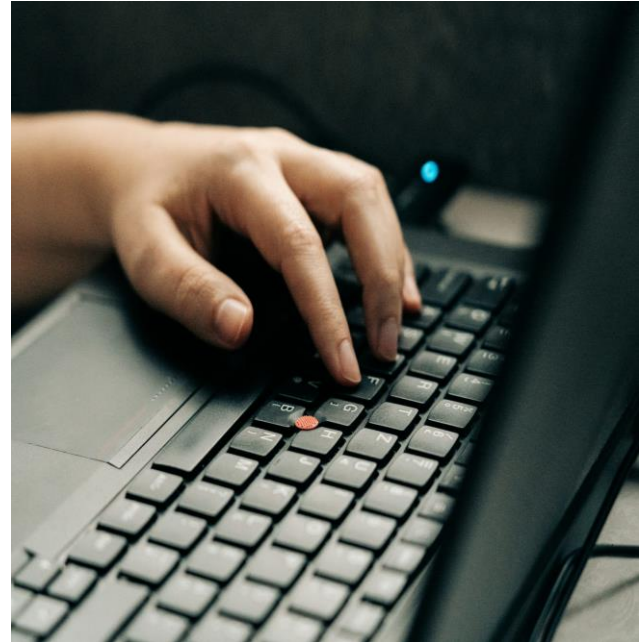
Method

Evaluation Plan

- Pilot period: March 9 – April 30
- Nurses utilize SMARTCART during shifts for patients requiring wound care
- Post-implementation survey administered

Measures

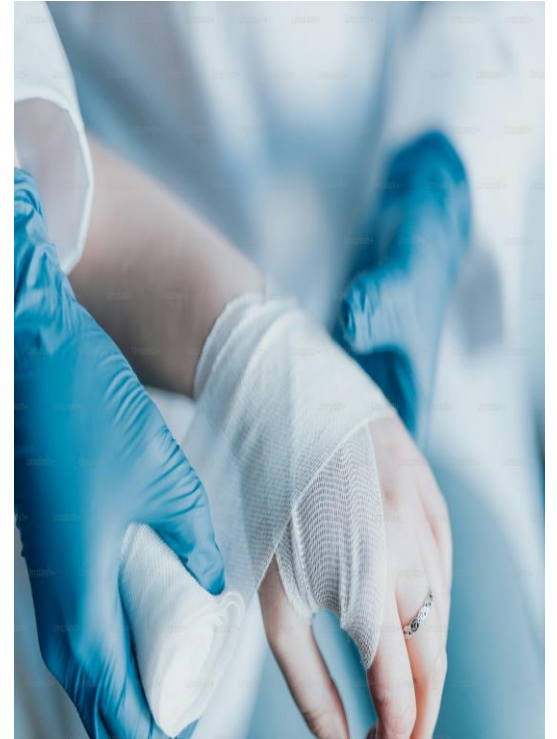
- Workflow efficiency
- Supply accessibility
- Nurse acceptability and usability.



Survey Domain

We evaluated five key post implementation survey domains

- Workflow efficiency - Time for gathering
- Supply accessibility - Supplies within reach
- Interruptions to patient care - Leaving the room
- Usability and feasibility - Ease of Use
- Nurse acceptability - Perceived value & willingness to use



Method



Final Results

Workflow Efficiency

- 100% reported reduced time gathering supplies

Interruptions to Care

- 100% reported fewer interruptions during wound care

Supply Accessibility

- 100% reported improved access to wound care supplies

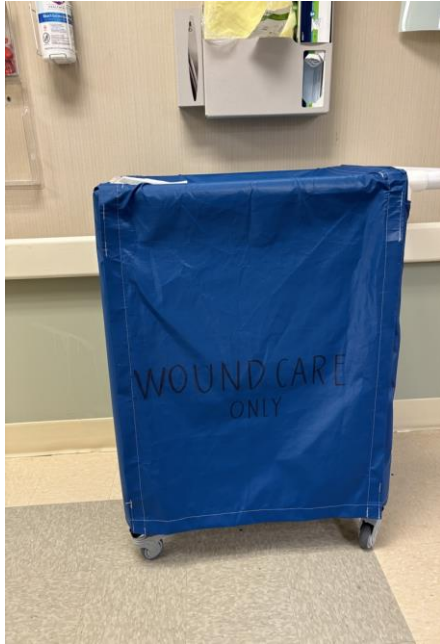
Nurse Acceptability

- 100% recommend continued use of SMARTCART

Recommendations by Staff

- 20% - Having two wound carts – one for each side of the unit
- 20% - Concerned about restocking – who would be responsible for restocking?

Implications for Nursing Practice



- Reduces time spent gathering wound care supplies
- Minimizes interruptions to bedside care
- Supports consistent, evidence-based wound care practices
- Decreases nurse task burden and unnecessary movement
- Enhances workflow efficiency in high-acuity settings
- Promotes patient safety through improved care delivery processes

Implications

SMARTCART demonstrates that **nurse-driven** workflow redesign can reduce inefficiencies, support consistent practice, and strengthen patient safety—ultimately improving how nurses deliver care at the bedside.



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Breathe, Stretch, Refresh



Engagement Activity



Raffle Winners



Closing Remarks

Nickcole Price, MSN, RN, CPAN, CAPA
**Perioperative Services Nursing Professional Development
Specialists**





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Thank You



HAPPY NURSES WEEK!

Thank you for your compassion, dedication,
and unwavering commitment to our patients
and our communities.



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