



2016 ANNUAL NURSING REPORT





HEALTHCARE ORGANIZATIONS continue to face unparalleled challenges as a result of changes in reimbursement and a growing need to contain costs and increase efficiencies. Simultaneously, patient volume and the demand for services are increasing. Consistently rated the most trusted professionals in America, nurses are helping to shape the changing healthcare landscape. That fact has been proven repeatedly by the nurses of Princeton HealthCare System (PHCS), who demonstrate their continued commitment to provide exemplary patient care. PHCS nurses endeavor to transform new practice, achieve exceptional patient outcomes and even lead research initiatives that have contributed to advancing the professional practice of nursing. In 2016, they were able to accomplish all of this while providing compassionate care to patients and their families.

The 2016 Annual Nursing Report displays the remarkable achievements of PHCS nurses while highlighting their positive impact on our patients, community and organization, as well as the nursing profession. Throughout PHCS, nurses maintain excellence in patient care while furthering their education and achieving specialty certification toward fulfillment of their career goals. In this report you will read about clinical nurses at the bedside using best practice methodology to teach patients about their medication and discharge plans, behavioral health nurses addressing the needs of first responders who are vital assets to their communities, and homecare and hospice nurses exceeding outcomes in state and national benchmarks for care of patients in the home. Such passion is also demonstrated by nurses in the Emergency Department, ambulatory care, outpatient infusion, interventional radiology, cardiac cath lab, peri-operative, care coordination, informatics and surgical services, as well as advance practice nurses, nurse navigators, clinical educators and clinical nurse leaders. They are all guided and supported by the leadership of their nursing managers and directors. Together, they strive to achieve a unified goal — providing crucial services to our patients with professionalism and compassion.

The accomplishments summarized in this annual report demonstrate the continued dedication of PHCS nurses to the nursing profession. I am proud of what our nurses have achieved this past year. Their passionate commitment, along with exemplary leadership, has secured nursing excellence throughout the system. I am honored to be the Chief Nursing Officer for such an extraordinary team of professional nurses.



Barbara Christiano, RN, MS, NEA-BC, Vice President, Patient Care Services and Chief Nursing Officer





THE DEPARTMENT OF NURSING

Vision Statement

The nurses of University Medical Center of Princeton are dedicated to promoting health and caring service by providing our patients with exceptional nursing care in an environment that empowers, educates and nurtures patients and guides them and their families through the healthcare system.





THE DEPARTMENT OF NURSING

Mission Statement

Our mission is to provide the highest level of compassionate and patient-centered care through innovative evidence-based practice, education and research.





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Princeton House
Behavioral
Health staff

Princeton House Behavioral Health — Nursing in the First Responder Program

The First Responder Treatment Services program, launched at Princeton House Behavioral Health (PHBH) in 2013, arose out of the need to provide assistance to police and corrections officers, firefighters, EMTs and paramedics, and military personnel who respond on a daily basis to emergencies, tragedies and dangerous situations. Constant exposure to these types of experiences, and the chronic stress that follows, can have a devastating impact on their lives and their families, often resulting in alcoholism, substance abuse, domestic violence, post-traumatic stress disorder (PTSD), depression and suicide.

Whether they pursue inpatient or outpatient treatment, the decision to seek help is not easy for first responders, who are usually perceived by friends and loved ones — and *themselves* — as able to handle any situation. After all, they are the ones running into a burning building while everyone else is running out.

It is the nurse's responsibility to begin the admissions process, provide orientation to the unit, introduce the program, and most importantly, begin building a therapeutic relationship and engage the patient in treatment. A thorough assessment is essential to identify problems and formulate a treatment plan. Some commonly identified problems are: alcohol and substance abuse, PTSD, sleep terrors, flashbacks, anger issues, depression and suicidal ideation.

As an integral member of the treatment team, the nurse collaborates with the team on a daily basis to ensure a cohesive plan of care. The nursing staff has the unique role of being able to provide an ongoing assessment of the patient's status and the patient's response to treatment. Nuances of patient behavior, response to medication and participation in the program are observed, addressed, documented and communicated within the nursing and treatment teams.

As often is the case, first responders frequently have co-morbid diagnoses of both addiction and psychiatric issues. Many also present with chronic medical conditions, such as hypertension, high cholesterol, diabetes and chronic pain. During the time spent with each patient, the nursing staff educates the patient about strategies to maintain a more healthful way of living, methods of coping with extreme stress and developing a life-work balance. Traditional education concerning the patient's disorders, the interplay between his or her psychiatric/addiction/medical issues, nutrition and medications are also important to help them stabilize the disease process and halt its progression.

The nurse's role in first responder treatment services at PHBH is critical to the care of this special population's needs. From the first contact with the patient at admission to discharge, the nurse plans, coordinates and provides holistic nursing treatment. The importance of ensuring that the patient feels safe and his or her confidentiality is protected, as well as addressing the patient's medical, psychiatric and addiction issues, is critical to a successful treatment outcome.

Developing and maintaining a therapeutic relationship throughout the patient's stay is vital to keeping him or her invested in treatment and for performing accurate ongoing assessments of the patient's medical condition and mental health issues. This therapeutic relationship, in addition, helps first responders develop and implement adaptive coping strategies to deal with the chaotic and unpredictable events they will encounter in their professional capacities after discharge.

Eileen Sheppard-Hinkel, RN, MSN, BC, Clinical Nurse, Princeton House Behavioral Health

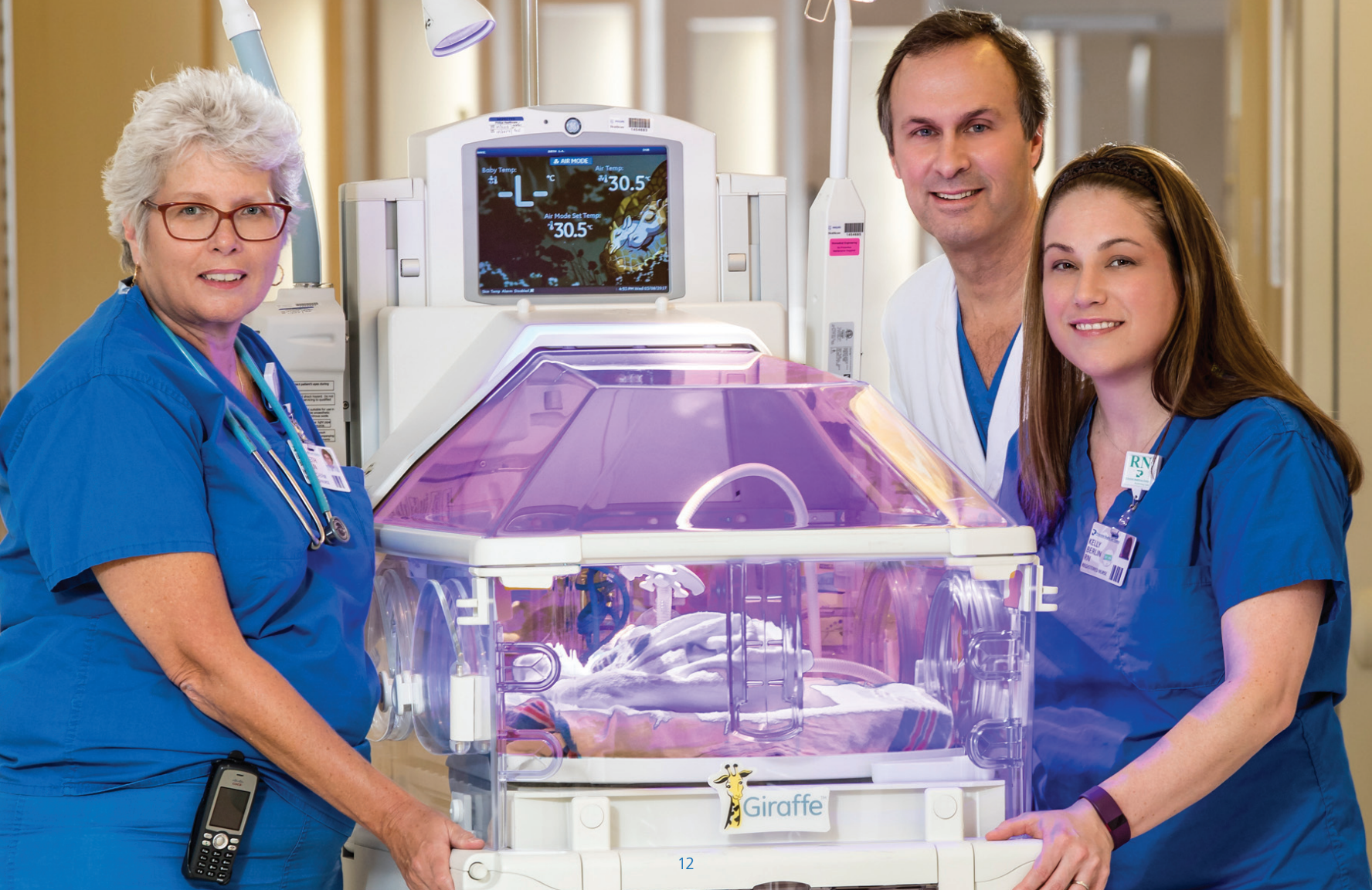
Wound Care: A Team Approach

Wound care is a team approach at UMCP. In 2016, a multidisciplinary team comprised of intensivists, nurses, hospitalists, infectious disease specialists, physical and occupational therapists, nursing assistants, dietitians, housekeepers, social workers, chaplains, surgical team members, plastic surgery staff and wound/ostomy specialists cared for a remarkable patient who healed from necrotizing fasciitis while suffering comorbidities. UMCP staff members co-authored the article, “Against All Odds: Necrotizing Fasciitis, Multiple Comorbidities, Home in 50 Days” which was published in the WCET Journal in 2016 to raise awareness of the challenges associated with caring for complex patients with wounds.

Necrotizing fasciitis or “flesh-eating disease” is a rare and sometimes fatal disease. Their efforts confirm that with daily collaboration and dedication, patients at UMCP are receiving the highest quality care, resulting in positive outcomes, even under extraordinary circumstances.

**Connie Johnson, RN, MSN, WCC, LLE, OMS, DWC, DAPWCA,
Wound Care Nurse/Ostomy Management Specialist**





Reaching New Heights with CREW

In 2016, the **Maternal-Child Health Department** at University Medical Center of Princeton began participating with LifeWings®, a Crew Resource Management (CRM) training program. CRM focuses on organizational safety techniques designed to help ensure positive outcomes in high-risk situations. Launched in 1979 in response to human errors in commercial aviation flights, CRM is designed to strengthen teamwork, enhance communication, evaluate outcomes, catch errors as early as possible, be proactive and manage fatigue.

CREW brought in outside individuals to train all staff, including RNs, technicians, nursing assistants, obstetricians, midwives and neonatologists. The training initiative focused on changing organizational culture to support teamwork, communication and collaboration. Everyone in the department was required to participate. Through this training, staff created subgroups to evaluate areas where improvement could be made and develop tools designed to implement changes. For example, one subgroup decided to strengthen communication among different units (Labor & Delivery, Mother Baby, NICU) by developing a process they named “Laborhood.” Under Laborhood, twice a day charge staff and doctors from each area meet briefly to review what is happening on all of the units. Another subgroup developed “STAT C-section Roles,” which is used to delegate tasks to RNs who respond to calls for STAT C-sections.

Subgroups continue to meet routinely to evaluate progress and make improvements as needed. Overall, through the CREW program physicians and RNs have come together to create a truly interdisciplinary approach to patient care in Maternal-Child Health.

Kelly LaMonica, RNC, MSN, Perinatal Risk Clinical Nurse Leader, Labor & Delivery





Acute Rehabilitation Unit

Earns CARF Accreditation

The Acute Rehabilitation Unit earned three-year accreditation from CARF International, the premier accrediting agency for rehabilitation programs nationwide.

The accreditation, valid through May 2019, was awarded following a rigorous on-site survey in which every aspect of the unit's operation was evaluated.

UMCP's Acute Rehabilitation Unit is one of only 10 inpatient hospital programs in New Jersey to hold accreditation by CARF International, formerly known as the Commission on Accreditation of Rehabilitation Facilities.



"CARF accreditation is a symbol to the community that we are committed to meeting the highest standards of care and that we value the people we serve," said Humility Sumayang, RN, BSN, BC, Nurse Manager of the Acute Rehabilitation Unit. "To earn accreditation, we were required to demonstrate how we respect the rights and individuality of each person and place his or her needs at the center of all that we do."

Kathleen Ryan, RN, MSN, BC, Director of Patient Care Services



“I would like to acknowledge and thank our staff for their dedication and work to obtain this accreditation,” said Kathleen Ryan, RN, MSN, BC, Director of Patient Care Services. “This accreditation lets our patients and their loved ones know that the care they receive here is among the best anywhere, and that we are committed to continue monitoring and improving our quality of care.”

The Acute Rehabilitation Unit at UMCP provides intensive, individualized therapies and medical management to people recovering from serious injury or illness to help them regain function and transition to home. Individuals served in the unit include those with disabilities resulting from strokes, craniotomies, neurological conditions, multiple sclerosis, Guillain-Barre syndrome, Parkinson’s disease, complex joint replacements, amputations, fractured hips or major multiple trauma.

Each individual receives a personal evaluation and a comprehensive treatment plan with goals that focus on measurable improvements and the return of vital functions such as balance, mobility, cognition, speech and memory. Care is provided in an on-site gym and a variety of public and home-like settings — including a unique, apartment-style suite within the unit — where people can practice life skills and daily activities in preparation for returning home.

Acute Rehabilitation Unit

TCNJ at PHCS —

Improving Nursing Education Opportunities for Clinical Nurses

University Medical Center of Princeton (UMCP) recognizes that the realities of a more complex healthcare population require nurses to have a Bachelor of Science in Nursing (BSN) degree, which ensures crucial competencies in areas such as evidence-based practice, leadership and collaborative interdisciplinary practice. In spring 2015, UMCP began a partnership with The College of New Jersey (TCNJ) to offer an on-site BSN program. This program specifically targeted seasoned nurses who did not favor online programs, and those who did not want to travel to a campus. The two-year program includes one class per week, held at the UMCP Education Center, making it convenient for nurses to attend.

All UMCP nurses who did not have their BSN were personally contacted about the program, and information sessions were held in May and June 2015. A total of 14 nurses enrolled in the TCNJ program and, at this time, 13 have progressed to their second year. Nurses also have the opportunity to complete more than one course a semester. The class sizes are limited to 15 participants, and although the majority of the students are from UMCP, some are from other hospitals in the TCNJ program.

These initiatives and actions will help UMCP progress toward the Institute of Medicine (IOM) goal of 80 percent of nurses holding a baccalaureate or graduate degree in nursing by 2020.

Carol Schwab, RN, Assistant Nurse Manager, Float Pool





ACE Unit staff

Virtual Dementia Tour®

Introduced at UMCP

In April 2016, members of the ACE (Acute Care of the Elderly) Unit attended the annual NICHE (Nurses Improving Care for Healthsystem Elders) conference in Chicago. There were many great initiatives presented at the conference, but the Virtual Dementia Tour® was something they all really wanted to bring back to UMCP.

When it comes to deepening the understanding of dementia and creating a true personal connection to it, experience may very well be the best teacher. The Virtual Dementia Tour®, a sensitivity training program created by Second Wind Dreams®, an international, nonprofit organization dedicated to changing the perception of aging through education programming, is the first program available that provides a window into that world. Experienced by more than two million people across 17 countries, this patented, evidence-based program simulates changes associated with cognitive decline by temporarily altering participants' physical and sensory abilities. The results, both individually and across all cultures, have been eye-opening, paradigm shifting and life-changing.

Upon returning from the conference, members of the ACE Unit reached out to Second Wind Dreams® and began the process on bringing this life-altering program to UMCP. In June 2016, staff members traveled to Lancaster, PA, to experience the simulation for themselves. Soon after, in October 2016, ACE Unit staff members became facilitators through Second Wind Dreams® to teach the Virtual Dementia Tour®. The class was presented to administration, and was funded through the Snider Endowment. The Virtual Dementia Tour® is being offered to any hospital employee interested in experiencing the life-changing disease of dementia. Classes are held monthly, with the goal of changing the perception of aging and helping provide the best possible care to patients suffering from dementia.

Allison Healy, RN-C, BSN, Senior Care Coordinator and Clinical Resource Nurse, ACE Unit



Four Nurses Participate in 2016 Succession Planning Fellowship Program

The Succession Planning Program was developed to provide a mechanism by which UMCP nurses would have the opportunity to be mentored into leadership, education or research roles in nursing. It is part of the ongoing commitment of the Senior Management Team to retain and promote nursing staff. Opportunities are available in research, management and education tracks.

The 2016 Succession Planning Fellows were:

Andrea Lynn, RN, BSN, CPN
Clinical Nurse
Pediatrics

Philip Tran, RN, BSN
Clinical Nurse
Critical Care Unit

Lori Sletta, RN
Assistant Nurse Manager
Emergency Department

Kimberly Dominguez, RN, BSN
Clinical Nurse
Mother Baby Unit

Andrea Lynn's Story



I am grateful to have been chosen as one of the recipients of the Succession Planning Fellowship (Research Track) for 2016.

Throughout the year, I worked with my mentors, Katrina Pfeiffer, RN, MSN, CPN, and Susan Straszynski RN, MSN, RNC-OB, C-EFM, on projects directly related to improving care within the Maternal-Child Health discipline.

We felt strongly that exploratory research was needed to address questions about neonatal jaundice and phototherapy. Therefore, my first project was an original research study looking for relationships (if any) between types of phototherapy provided here at UMCP and over 20 other variables. I am extremely grateful to Rose Marie, a research advisor at UMCP and a Certified Nurse Midwife, for her

guidance as I prepared my document for the Institutional Review Board (IRB). Writing a research proposal for the IRB was an extremely valuable experience, and I recommend it to future Succession Planning Fellows. It is an excellent opportunity to practice and refine your professional writing skills, exercise your critical thinking skills and learn to write in a research-oriented fashion using concrete, measurable goals. My retrospective chart review, titled "Retrospective Chart Review of Trends in Neonatal Phototherapy," is in the data collection phase and will be completed by May 2017. I was also a presenter at the UMCP Annual Research Day (September 2016), detailing the steps to create a retrospective chart review and how to structure a literature review.

The second project related to pediatrics is a formal update of the pediatric asthma policy, aligning it with the CHOP pathway our pediatric hospitalists are currently using. This required a formal change in asthma severity scoring in the electronic medical record (EMR), and was submitted to the UMCP Clinical Documentation Council and approved. Feedback on the new policy was received from respiratory therapy, pediatric nursing staff and inpatient pediatric hospitalists before finalization and submission to the UMCP Nursing Clinical Practice Council.

In addition to policy creation, I also worked in conjunction with a colleague, Skye-Lindey Berntson, RN, BSN, to create a pediatric-only care plan field within the EMR. The latest family-centered and pediatric diagnoses were submitted to our Pediatric Unit Council, and then to the Clinical Documentation Council for approval. The goal was to more accurately reflect the unique needs of the pediatric patient and family within nursing documentation at UMCP.

Lastly, I worked closely with Dr. Alicia Brennan, MD, Medical Director of Inpatient Pediatrics; Katrina Pfeiffer, RN, MSN, CPN, Nurse Manager, Pediatrics; and Richshelle White, RN, BSN, Nurse Manager, Mother Baby Unit, to create an education program for maternal-child health nurses addressing the pathophysiology of severe hyperbilirubinemia. This program was slated for implementation in January 2017. A special thank-you to Miyopa Little, IRB Secretary, and Karyn Book, RN, MSN, CMSRN, CLSSGB, Director of Patient Care Services and Professional Development, for helping me troubleshoot the bumps in the road.

I am very grateful to have had this opportunity, and encourage anyone interested in research and/or evidence-based practice to apply for the Succession Planning Fellowship.

Philip Tran's Story



UMCP is an organization that believes

in the mentorship model for growing transformational leaders. As such, the nursing department has created a Succession Planning Fellowship to help guide the next generation of nursing leadership. The fellowship pairs a nurse with one or several mentors to work collaboratively on projects that will benefit the organization. In addition to guidance, the Succession Planning Fellowship provides educational opportunities such as seminars to further enrich the learning experience. As one of the Succession Fellows, I would like to share my experience in becoming a nursing leader.

The first project I would like to share is the Critical Care Unit (CCU) Beacon Initiative. The

Beacon Award for Critical Care is the highest designation bestowed by the American Association of Critical-Care Nurses (AACN). This award signifies excellence in critical care and honors units that strive to improve every facet of patient care. Beacon awardees are recognized for setting the standard in patient care, promoting a positive work environment and utilizing evidence-based practice for improving patient outcomes, patient and staff satisfaction and credibility with healthcare consumers. The journey to becoming a Beacon unit is grounded in teamwork and collaboration. A team of nurses and administrators work together on the application in addition to their full-time responsibilities. At this time, the AACN has accepted our application. The next step

includes submitting additional documents to be reviewed by the AACN with awards being given out by the first quarter of 2018. We continue to work diligently on the application and hope to submit the final application for review in the spring of 2017.

The second project I am involved in is a multilevel review of the code blue process at UMCP. This project involves several areas. First, we collected data on compression and defibrillation during code blues, utilizing special software that links the UMCP cardiac monitors and TrueCPR, a device that measures compression rate and depth. We ran this data through a program called CodeStat, which overlays compression rate and depth on the patient's cardiac rhythm. By analyzing this data, we can see how efficiently compressions are being administered. Secondly, we examined the code blue process from the supplies on the code cart through the code and post-code process. Monthly meetings are held with nursing administration and education to discuss every facet of the process and suggest changes to improve patient outcomes. Finally, these changes are implemented in stealth codes and monthly mock codes held throughout the hospital order to to evaluate staff preparedness for these events. At this time, two stealth codes have been held with great success.

In conclusion, the Succession Planning Fellowship has helped me gain valuable experience in nursing leadership and opened the door for leadership opportunities. I have a new appreciation for the hard work that goes on behind the scenes by nursing administrators and educators that often goes unrecognized. I'm very thankful to be at an organization that values its staff and believes in growing leaders from within the organization. I hope these projects will improve the organization as a whole, and that the Succession Planning Fellowship remains a vital part of UMCP.

Lori Sletta's Story



The first task that I have been collaborating with my mentor on is an updated orientation packet for Emergency Department nurses. A broad scope of practice and extensive knowledge of a diverse patient population is the hallmark of emergency room care. Modules have been updated for each body system, including self-paced online learning modules, realistic simulations, case scenarios and hands-on patient care with a competent and effective preceptor. The challenge then exists to incorporate this knowledge into a fast-paced and stressful environment where multitasking and prioritization are vital. Checklist guidelines have been updated to guide our nurses in developing critical thinking and technical skills to provide safe, quality patient care. Weekly feedback forms are being created to receive real-time feedback to help foster collaborative relationships with all members of the emergency care team. These modules are not time-based, but rather based on each nurse's ability to demonstrate competence.

A hospital-based initiative being introduced in our department is throughput. This is a very broad subject, but I will be part of a team looking at the throughput of critical care patients. There has been some discussion of trialing CCU RNs coming down to the ED to assess and transport patients in order to decrease delays and improve care delivery. I have shadowed the Charge RN in CCU and a CCU RN has shadowed an ED Charge RN in order to understand the challenges each unit may face in implementing this change. I look forward to further collaboration on this throughput initiative.

2016 SUCCESSION

Kimberly Dominguez's Story



Princeton HealthCare System is filled with many opportunities. I am very fortunate to have been chosen as a candidate for the 2016 Succession Planning Fellowship, Leadership and Management Program. I have been employed with Princeton HealthCare System since 2010, and I've transitioned from being a Unit Secretary and Nursing Assistant to a Registered Professional Nurse. The fellowship is and has been a great opportunity for me throughout my tenure, and for my future career.

I was paired with my mentor, Susan Straszynski, RN, MSN, RNC-OB, C-EFM, Professional Development Specialist and Perinatal Bereavement Coordinator. With her guidance, I worked on several projects. One of the projects involved a Crew Resource Management initiative to develop a brevity code word for stressful patient care situations and to educate staff on the use of the code word — "Snowball." Recognizing that disruptions and distractions can occur, "Snowball" provides staff with a code word to step back and take a moment to assess the situation.

The next project was creating an orientation packet for newly hired employees of the Mother Baby. Included were a scavenger hunt, self-assessment, procedural checklist, competencies and weekly objectives.

PLANNING FELLOWS



Laser light therapy, a new treatment for pelvic pain, is being implemented at the Center for Pelvic Wellness

Center for Pelvic Wellness

Opens at UMCP

The UMCP Center for Pelvic Wellness opened on December 1, 2016 to promote pelvic wellness throughout the lifespan and treat those with pelvic floor disorders. These include: bladder disorders (urinary incontinence, overactive bladder, painful bladder syndrome/interstitial cystitis, difficulty voiding, recurrent bladder infections); pelvic support disorders (bladder, small bowel, rectum, vaginal, or uterine prolapse; relaxed vaginal outlet); bowel disorders (constipation, fecal incontinence); pelvic pain disorders; postpartum complications and sexual dysfunction.

The Center's Pelvic Floor Physical Therapists evaluate and treat patients with pelvic floor dysfunction. Pelvic floor physical therapy, focusing on the musculoskeletal aspect of the pelvic girdle/joints and neuromuscular function of the pelvic floor and surrounding pelvic anatomy, is also offered through University Medical Center of Princeton's Outpatient Rehabilitation sites in Monroe, Princeton/Montgomery and Hamilton.

The Center for Pelvic Wellness provides coordinated care by physicians, physical therapists, nurses and community educators through the nurse navigator. The nurse navigator acts as a single point of contact and entry point for services, provides education and outreach, coordinates care between healthcare providers and guides patients from diagnosis to wellness. The Center for Pelvic Wellness also works in conjunction with the Community Education & Outreach Department to provide Total Control® — gentle, evidence-based, pelvic health fitness classes for women — and support groups.

Jennifer Hollander, RN, MSN, CMSRN, Director of Patient Care Services





Metoprolol
(me too PRO le)

Why Prescribed

All products:

- It is used to treat high blood pressure.
- It is used to treat chest pain or pressure.
- It may be given to you for other reasons. Talk with the doctor.

Short-acting products:

- It is used after a heart attack to help prevent future heart attacks and lengthen life.

Extended-release tablets:

- It is used to treat heart failure (weak heart).

Side Effects

Special Precautions

More Information

YOUR CARE TEAM

REGISTERED NURSE: Betty
NURSING ASSISTANT: Carol
PHYSICIAN(S): Goldberg
CARE COORDINATOR: Janis
NURSE MANAGER: Lauren

TELEPHONE NUMBERS

NURSING STATION (609) 853 -
DINING ON CALL 13663
HOUSEKEEPING 19400
PATIENT ADVOCATE 17490
SPIRITUAL CARE 16020

RAPID RESPONSE TEAM
FOR IMMEDIATE EMERGENCY MEDICAL HELP NUMBER 7-7-7

ROOM # 333 ROOM PHONE #
TODAY'S DATE: Thursday March
EXPECTED DISCHARGE DATE:

PLAN FOR THE DAY

☐ LAB TEST ☐ X-RAY
☐ PHYSICAL THERAPY ☐ PROCEDURE
☐ OTHER

COMMUNICATION / NOTES

M

WITH MEDICATION COMES EDUCATION
ASK YOUR NURSE
DON'T WORRY!
I'm here to help you!
EFFECTS - always honest!

The M in the Box Initiative

M in the Box is a new nursing initiative to teach patients about new medications and their side effects. If a new medicine is ordered during a shift, the nurse will explain the medication and possible side effects to the patient. Then, the nurse puts the letter “M” in the box drawn on the whiteboard in the patient’s room. Later, during the bedside shift report, the departing nurse points out the “M” in the box to the incoming nurse. The process continues with each shift until the patient is released. If no new medication is ordered, then the box remains empty.

This method:

- Improves safety by engaging the patient in monitoring for side effects/reactions
- Provides an opportunity for teach-back
- Improves patient satisfaction results under the “Explanation of Medications and Side Effects” category
- Decreases patient anxiety
- Increases caregiver efficiency

The Telemetry Unit’s initiative began in June 2016, when the newly created Medication Education Committee met to brainstorm ideas to teach nurses how to better educate patients about medications and reinforce that education throughout the patients’ hospital stay. Solutions developed by the committee included creating medication education flashcards for patients, creating report sheets for nurses that included medication education and launching M in the Box on Telemetry.

A training module was created using patient scenarios and step-by-step instructions on how to perform M in the Box. The original module was a PowerPoint presentation covering barriers to education examples of proper teach-back verbiage and a list of the most common medications on Telemetry (provided by Pharmacy). The committee then began work on creating an educational video to supplement the PowerPoint presentation.

Work began on *Tele Home Videos* in August 2016. The goal was to show how M in the Box would work in real-life scenarios from shift to shift. In addition, we wanted to show how to educate a patient appropriately using teach-back techniques. In September, we filmed *Tele Home Videos: M in the Box*.

After uploading both the PowerPoint and the video to a training module, we decided to host a Medication Education launch week at the beginning of December. This event not only helped kick start M in the Box, it also provided an opportunity to promote bedside shift reporting and utilization of the GetWell network, UMCP's in-room television system. During the week, we provided rolling cart education, spot checks of audits and raffles. Gift cards and T-shirts were given to those who excelled with patient education and utilized the initiatives promoted on Telemetry.

Betty Glauberzon, RN, BSN, Clinical Nurse, Telemetry Unit





*Nurse Residents with Wendy Luca, RN, MSN,
OCN, Professional Development Specialist*

Nurse Residency Program 2016

The UMCP 2016 RN Residency Program was designed to focus on new registered nurse graduates as they enter into practice.

Through didactic learning, clinical precepting, debriefing sessions and a weekly series of shadowing experiences, blended with healthcare-focused in-services, the RN Residents experience a comprehensive hands-on introduction to nursing within the acute care setting, grounded in evidence-based care.

The structure of the 16-week program is designed to support both the professional and personal growth of the new graduates as they transition from one unit/department to another, building on their knowledge base through their experiences.

The effectiveness of the program is measured by fulfillment of open RN positions, with an increase in RN retention and RN recruitment. 100 percent of the 2016 RN Residents continue to be employed by UMCP. The RN Residents are advancing their professional practice by developing and implementing the Novice Nurse Committee. They are also taking on roles such as precepting new unit RN staff, and committee membership both at the unit and organizational levels.

The program places emphasis on UMCP's core values of teamwork, respect, compassion, safety and evidence-based care.

Wendy Luca, RN, MSN, OCN, Professional Development Specialist



*Princeton HomeCare/
Hospice Staff*

Princeton HomeCare

Exceeds Benchmarks

Princeton HomeCare provides comprehensive in-home nursing and rehabilitation, hospice care and support services. The multidisciplinary services include aspects of therapeutic care, teaching and counseling. Princeton HomeCare admitted 4,634 patients in 2016, compared to 4,182 in 2015, with an average daily census of 425 patients.

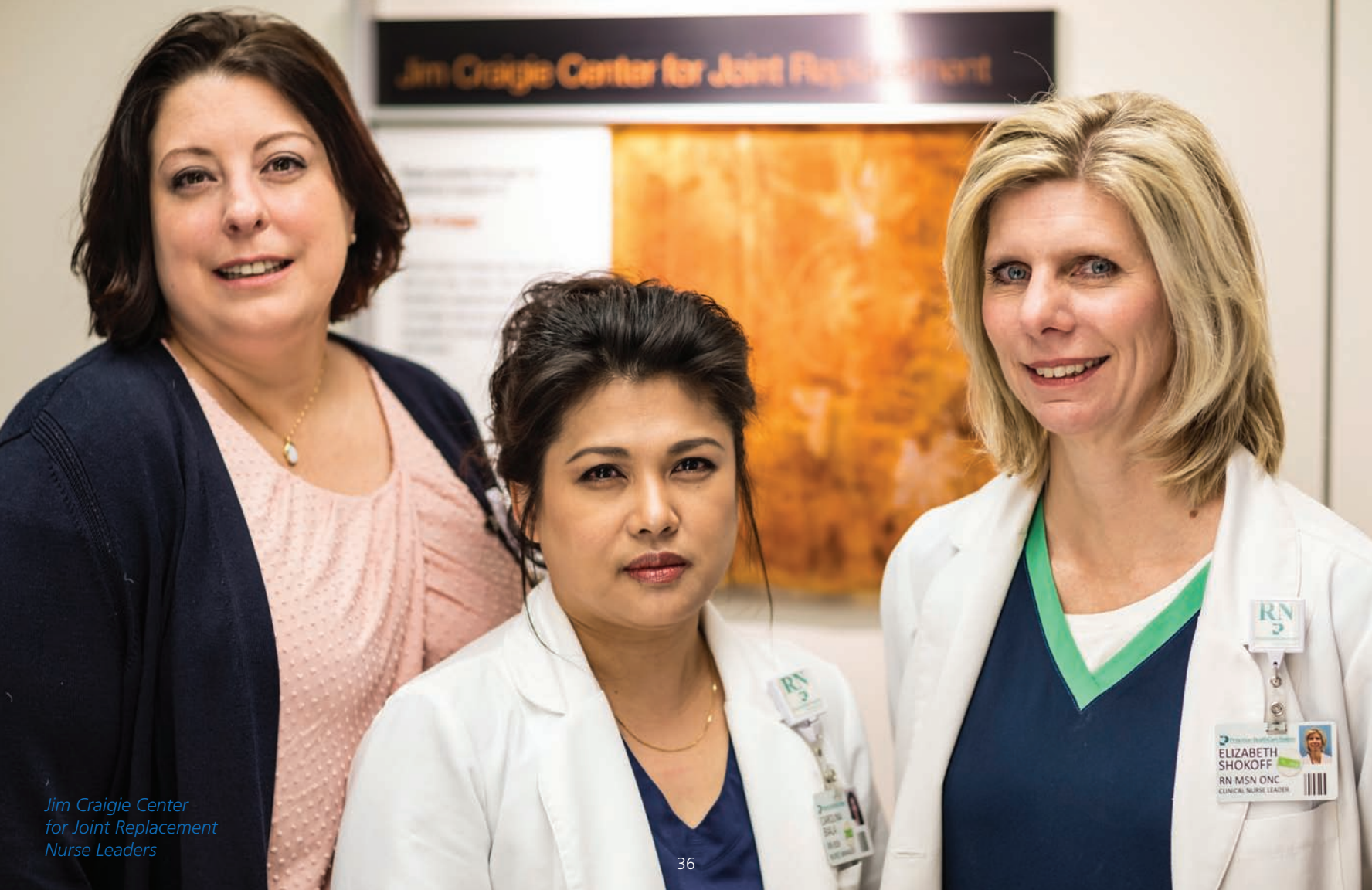
In 2016, Princeton HomeCare's patient outcomes on Home Health Compare, the Centers for Medicare and Medicaid Services' website used to publicly report process and outcome measures, exceeded the state and national benchmarks in the following indicators:

- Conducting fall risk assessments (99th percentile)
- Conducting depression assessments (99th percentile)
- Pressure ulcer prevention (99th percentile)
- Pain interventions treated (99th percentile)
- Heart failure symptoms addressed (99th percentile)
- 30-day re-hospitalizations (86th percentile)
- Drug education on all medications (83rd percentile)
- 60-day emergency care without hospitalization (82nd percentile)

Princeton HomeCare also scored high in medication reconciliation, a vital service provided to all patients as they return home from the hospital or another healthcare setting. Many older adults see a number of doctors. Each of those doctors might prescribe medications to a patient, and the patient may not purchase all of those medications at one location. In 2016, we found that HomeCare patients took an average of 28 medications. The homecare medication reconciliation score was 97 percent and staff observed 1,138 recorded medications. Hospice supervisors observed 1,810 medications recorded, for a 91 percent compliance rating.

The Hospice program provides state-of-the-art symptom management and supportive services to individuals at the end of their lives, their family members and significant others. Services are provided 24 hours a day, seven days a week, in both the home and facility-based settings. Physical, social, spiritual and emotional care are provided by a clinically directed interdisciplinary team, consisting of patients and their families, professionals and volunteers, during the last stages of an illness, dying and bereavement.

Connie Oldham, RN, MSN, Executive Director, HomeCare Services



*Jim Craigie Center
for Joint Replacement
Nurse Leaders*

Engaging Staff to Enhance the Discharge Process

Patients and their families may be overwhelmed and have difficulty understanding and carrying out instructions given to them on the day of discharge. At the Jim Craigie Center for Joint Replacement at University Medical Center of Princeton, clinical nurses participated in an appreciative inquiry summit and identified changes that could improve processes and highlight the strengths of the unit.

Clinical nurses completed a short questionnaire based on the “5 D cycle” of a traditional appreciative inquiry summit.

1) Define – Unit survey results for the question pertaining to “instructions for care at home on discharge” were distributed and discussed. Clinical Nurses identified areas that could be improved in the discharge process and a log of patients’ post-discharge questions was reviewed.

2) Discover – The team evaluated how the joint center compared to other programs in the hospital and in the community, identifying strengths and patient feedback from surveys.

3) Dream – Clinical nurses were encouraged to share stories about how their strengths have manifested into practice.

4) Design – Provocative questions were asked to determine gaps in practice and then identify areas in need of improvement.

5) Destiny – An action plan was outlined for implementing and sustaining meaningful change in the current environment.

Victoria Ribsam, RN, MSN, ONC, Nurse Navigator, Jim Craigie Center for Joint Replacement, and Elizabeth Schokoff, RN, MSN, ONC, Clinical Nurse Leader, Jim Craigie Center for Joint Replacement

Following the summit, clinical nurses built process changes to enhance the patient and nurse experience around discharge.

- Patient education material was created to expose patients to non-pharmacological management of side effects to medications.
- Education about anticoagulant therapy was provided to clinical nurses by Pharmacy.
- Clinical nurses updated and improved patient education material about postoperative medications and their side effects.
- In conjunction with surgeon offices, the nurse navigator created standardized protocols for homecare.
- The nurse navigator collaborated with Princeton HomeCare and the VNA Healthgroup, the two largest homecare providers in our region, to educate about discharge process in hospital and homecare protocols.
- The Pain Management advanced practice nurse provided education about pain medication side effects to clinical nurses.
- The previously existing discharge brunch was re-engineered to create a discharge class/celebration. Talking points were designed to address frequently asked post-discharge questions.
- The Nurse Navigator worked with surgeon offices Princeton Bone and Joint, Princeton Orthopaedic Associates, and Mercer-Bucks Orthopaedics to improve office education material.

The group reconvened to participate in a follow up. Staff expressed confidence and satisfaction. Reports also confirmed that patients were highly satisfied with the discharge process. The team sustained these changes throughout 2016, and continues to work together to encourage further changes. The leadership team continues to rely on appreciative inquiry to produce the best process improvement from the team.





Improving Patient Safety by Decreasing Injurious Falls

In April 2014, an interdisciplinary workgroup led by several nurses was formed to develop a standardized injury risk assessment tool for adult patients in an acute care hospital setting. The workgroup began by reviewing the literature on fall-related injuries, risk factors and evidence-based approaches, which indicated that successful programs used an interdisciplinary approach to protect patients from fall-related injuries. A sample retrospective chart review was made against all the identified injury risk factors as a quality improvement project, and the following factors were found to have the highest correlation to injury risk:

- Female gender
- BMI < 22.8
- Patients taking bone-mineralizing medications, such as vitamin D and bisphosphonates
- Fall in the past six months
- Gait instability and/or muscle weakness
- Six or more fall risk medications (including PRN or as needed medications)

In May 2014, the team compared the charts of patients who sustained injuries against risk factors. The team found, through a document they named the Princeton HealthCare System Injury Screening Tool (PHCS-IST), that those with three or more risk factors returned a positive value for injury risk. By August 2014, an electronic-format PHCS-IST was ready for launch and a plan for education was developed by the nurse educators, nursing performance improvement coordinator and director of nursing.

The year 2016 included months of research and testing of the PHCS-IST for reliability. By spring it was determined that the PHCS-IST was a multi-factor injury risk assessment tool with favorable sensitivity, specificity and inter-rater reliability. Our findings and the tool itself were presented at the Hospital Quality Improvement National Annual Research Conference in fall 2016.

The PHCS-IST can allow for focused interventions based on areas of identified risk and potentially reduce the number of fall-related injuries among adult inpatients in an acute care facility. Within our own facility, the fall injury rates had consistently dropped in the months since the launch of the risk for injury tool. The fall with injury rate was 0.3 falls with injury per 1,000 patient days in 2016, which is a decrease from 2015. In 2015, the fall with injury rate was 0.5 falls with injury per 1,000 patient days. This marks a 39 percent decrease in 2016.

In addition to the PHCS-IST, in 2016 the Fall Prevention Team implemented the Tailored Interventions for Patient Safety (TIPS) Tool in 2016. Adapted from Brigham & Women's Hospital, the TIPS Tool engages patients in fall prevention efforts through communication with the patient at the bedside.

Sara Moghadam, RN, BA, CPHQ, Nursing Administration



Staff Nurse Advisory Council



Nursing Research Council



University Medical
Center of Princeton
Princeton HealthCare System



Professional Development & System-wide Professional Nursing Council



Clinical Practice Council



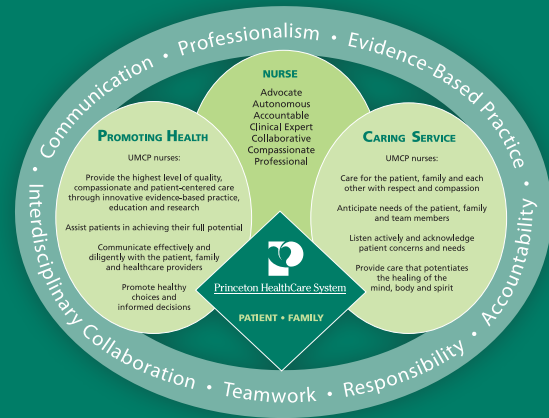
Nursing Quality Council



Patient Education Council



The Department of Nursing Professional Practice Model



Internal Review Board Studies



Nursing Research Study Title (does not include EBP or Performance Improvement)	IRB Review Type	Date Approved IRB (mm/dd/yy)	Study Status	Date Study Completed (mm/yy)
Skin tear risk assessment analysis	Exempt	6/25/2014	Complete	6/10/2016
Princeton HealthCare Injury Screen Tool reaching beyond fall prevention	Exempt	9/26/2014	Complete	4/4/2016
A multicenter study for the psychometric testing for the Humpty Dumpty inpatient scale	Expedited	4/22/2015	Complete	7/18/2016
Retrospective chart review of trends in neonatal phototherapy	Exempt	7/27/2016	Ongoing	
Postoperative urinary retention	Exempt	7/27/2016	Ongoing	

			Study Scope <i>Check only one</i>			Study Types <i>Check all that apply</i>		
Name(s) of Organization's Nurse PI, co=PI, &/or Site PI for each study	Role(s) of Organization's Nurse(s)	Credentials	Internal to a Single Organization	Multiple Organizations within a System	Independent Organizations Collaboratively	Replication	Qualitative	Quantitative
Michael Katzman	PI	RN, BSN, ONC, WCC	X					X
Sara Moghadam	PI	RN, BA, CPHQ	X					X
Kristyn Compitello	PI	RN, BSN	X					X
Andrea Lynn	PI	RN, BSN, CPN	X					X
Mary Vasselli and Christina Brescia	Co-PI	RN, CPAN, RN, BSN, TCNN	X					X

2016 Clinical Advancement and Recognition of Excellence (CARE) Nurses

THE CARE PROGRAM was designed to recognize clinical nurses for their professional achievements and contributions to healthcare and nursing practice. RNs receive recognition for their accomplishments in areas such as academic achievement, professional certifications, educational activities, teaching activities, involvement in professional nursing organizations, participation in research and evidence-based practice, publication and special projects addressing a recognized need.

RN1

Shruti Balwalli-Udyawer
Loretta Chipin
Joan Cuevo
Eileen Gutcho
Laurie K. Kopany
Cheryl Mallick

Pamela Bloom
Senora Brooks
Nancy Carrozza
Samantha Ceponis
Stella Chang
Katie Chudy
Sara Collins
Kristyn Compitello
Krystle Anne Coughlin

Ion Cruceru
Melanie Delin
Eileen Devlin
Kimberly Dominguez
Rebecca Drexel
Sandra Dutcher
Heather Edstrom
Jamie Elmer

Mayda Federovitch
Edna Foley
Nicholas Fottis
Lakeisha Gayles
Kathleen Giovannetti
Maria Gould
Gary Greenfeder
Sharon E. Hamilton
Nancy Hassanein
Christine B. Hicks
HeeSoo Hong
Dana Hvisdock
Joan Jaczko
Geetanjali Jain
Qinghe Jiang
Lisa J. Johnson
Sau Jung

Christine Kelly
Barbara Ketterer
Cheryl Kotarski
Kristin Kreider
Nicole Kuczinski
Meghan Kwiatkowski
Kelly Lacava
Martine Lubin
Sujana Mallipattu
Mikayla Mayerhofer
Jessica Mazza
Aaron Miller
Annette Mingo
Stella Molineros
Carla Monterroso
Teri Nachtman
Tania Nandy

Esmerelda Nogue-Doyle
Mary Nowell
Pamela Panahon
Amber Parker
Kate Pasqualone
Kristen Peterson
Sara Philip
Patrycia Pieklo
Bernadette Rabbitt
Marissa Rago
Sarah Ragolia
Robin Raunig
Cheryl Raymond
Lisa Recchione
Lavanya Reddy
Caterina Reshetnyak
Brenda Reyes-Sussman

RN2

Nancy Alpaugh
Veronica Amegavluie
Samantha Anderson
Julie Bacalla
Skye Lindey Berntson
Patricia Bechamps

Dawn Rittley
Adena Romeo-Ratliff
Alyssa Ross
Catherine Sass
Barbara Scullion
Allison Simon
Aneta Siwik
Marlene Smith
Maria Stout
Edita Surbliene
Marcia Szochet
Sheila Troiano
Kristin Tyrell
Maria Valades
Jillian Ventura
Bridget Verdel
Mary Vilardi
Loretta Voorhees
Deborah Walsh
Linda Werner
Dianne Willan
Hong Yan
Jeong Yoon

RN3

Eileen Aneskewich
Susan Ayres

Maja Baclayon
Dee Balasingham
Lorna Barron
Elizabeth Beckett
Jacqueline Bender
Dolores Blauth
Galit Bloomer
Stacy Booher
Michelle Bradford
Ramanjit Braich
Christina Brescia
Debra Brian-Taft
Elizabeth Brogan
Gail Charette
Lisa D'Angelo
Debra Davies
Karen Davison
Esta Desa
Amanda Dzwilewski
Donna Eicke
Pamela Ellet
Sveta Elmoudden
Carol Fabian
Christine Faust
Luchy Fernandez
Mary Ellen Finn
Jenna Freund
Maria Fuhrmann

Danielle Galanowski
Linnea Gilmour
Kristin Gonzalez
Cynthia Gould
Teresa Guarino
Gail Haftel
Colleen Haraz
Barbara Heruska
Sheena Jebu
Jennifer Johansen
Shana Joshua
Danielle Kane
Laura M. Kelly
Catherine Knott
Amy Kuan
Subha Kukkala
Lori Anne Leonardi
Jeannette Levin
Sandra Long
Monica Lyle
Andrea Lynn
Dawn Mabin
Natatili Macoon
Mary Maguire
Erin Malinowski
Samantha Marquis
Natalie Martin
Alice Matey

Cheryl McDonald
Grace McDonald-Largie
Denise McGinley
Frances A. McKinley
Vicki Meisel
Allison Michaels
Lori O. Mozenter
Kathryn Nyce
Olubukola Osinowo
Ashley Palmisano
Tisha Payne
Jane M. Platt
Lee Ann Popovich
Beth Post
Heather Pozzolano
Faye Pringle
Stephanie A. Reed
Izetta Roberts
Ellen Rodriguez
Patricia Rogers
Jacquelyn Ryan
Christine Saunders
Alice Savacool
Donna Savarese
Debbie Savastano
Carol Schwab
Shannon Scott
Amanda B. Sheehan

Eileen Sheppard-Hinkel
Lori Sletta
Sheryl Smolensky
Eleanora Soskind
Sharon Stravinsky
Hina Summers
Hebe Tangga
Kelly Toler
Philip Tran
Marites Ventus
Janet Viscomi
Anissa Viterito
Theresa Voigtsberger
Josephine Waseleski
Jennifer Wiley
Ellen Winkle
Allison Yiacas
Mary Zegarski

RN4

Brielle Burd
Jillian Hart
Michael Katzman
Griselda Quia

2016 Direct Care Nursing Excellence Nominees and Winners

Acute Rehab

Karen Genthner
Winner

Leah Jabonero
Minxia Lin
Paula Wardlow

MNO

Jacquelyn Ryan
Winner

Veronica Amegavluie
Natalie Aranzazu
Kathleen Boyle
Stella Chang
Michelle Cottrell
Megan Glennon

Julia Gopstein
Nicole Kuczinski
Catherine McNamara
Marissa Rago
Adena Romeo-Ratliff
Lisa Ruedemann
Jill Sanowitz
Alice Savacool
Tina Senoo
Edita Surbliene
Jillian Ventura
Britni Walton

CCU

Patrycia Pieklo
Winner

Kristin Gonzalez
Alice Matey

Kimberly Stevens
Janet Viscomi

ACE

Teresa Guarino
Winner

Selina Boadi
Nicole Britsch
Veronica Dizon-Tiongko
Rachel Forst
Jessica Geminder
Vanessa Gundersen
Jillian Hart
Devinder Kaur
Jeffrey LaSalle
Denise McGinley
Alyssa Ross

Clinic

Lee Ann Popovich
Winner

Mary Ellen Finn
Peggie Lambertson
Ann Marie Maldarelli
Stella Molineros
Teri Nachtman
Catherine Taaffe

ASC

Maria Fuhrmann
Winner

Donna Eicke
Christine Hicks
Jacqueline Lundy

Dawn Mabin
Samantha Marquis
Izetta Roberts

Surgical Services

Nancy Carrozza
Winner

Christina Brescia
Gail Haftel
Kate Pasqualone
Sara Philip
Robin Raunig

NICU

Mary Nowell
Winner

Corinne Brewer

Pediatrics

Robin Cherney
Winner

Christine Caamano-Hussein
Sara Collins
Andrea Lynn

SCU

Sarah Capuli
Winner

Fanta Kallon
Sarah Ragolia
Maria Stout

**Emergency
Department**

Tisha Payne
Winner

Jacqueline Bender
Michelle Bradford
Samantha Herman
Meghan Kwiatkowski
Sandra Long

Aneta Siwik
Jacqueline Weber
Paul Yiacas

Telemetry

Andrea Poling
Winner

Samantha Glackin
Stacey Hamaoui
Amy Kuan
Angelica Linton
Mikayla Mayerhofer
Amparo Nebres
Guia Urbina

Labor & Delivery

Margaret Deysher
Winner

Roni Brennan
Lisa D'Angelo
Pamela Ellet
Ellen Rodriguez

Mother Baby

Julie Cargille
Winner

Linda Bellaus
Sheena Jebu
Christine Kelly
Miriam LeCureux
Cheryl McDonald
Christine Sobey

MFM

Grace McDonald-Largie
Winner

Float Pool

Luchy Fernandez
Winner

Alicia Becker
Debra Davies
Dana Hvisdock
Michael Katzman
Amber Parker

Eating Disorder Unit

Theresa Voigtsberger
Winner

Nataliya Platonava

HomeCare

Kathleen Shanaberger
Winner

Patricia Anene
Haeyeon (Helen) Choi
Angela Marson-Williams
Loris Murdock-Johnson
Imelda Remolado
Laurie Warren
Naseer Zahidani

**Princeton
Medicine**

Vicki Daly
Winner

Monica Lyle
Kathleen McGurrin
Clarissa Pae

IT

Susan Sunyak
Winner

**Radiation
Oncology**

Sheryl Smolensky
Winner

**Community
Education**

Bernadette Flynn-Kelton
Winner

Occupational Health

Patricia Pizzutillo

Breast Health Center

Mary Kiensicki
Winner

**Overall
Direct Care
Nursing Excellence
Winner**

Tisha Payne
Emergency Department

2016 Excellence in Nursing Leadership

Tanya Font, APN
Princeton Medicine

Jeannette Levin, Diabetic Educator
Clinic

Michelle Basilone, Assistant Nurse Manager
MNO

Jennifer Johansen, Assistant Nurse Manager
MNO

Melanie Delin, Assistant Nurse Manager
MNO

Susan Jafar, Educator
MNO

Wendy Luca, Educator
Department of Education

Mary Vilardi, Assistant Nurse Manager
CCU

Donna Covin, Educator
CCU

Paula Davis, Admin. Coordinator
Nursing Admin.

Susan Straszynski, Educator
Department of Education

Sharon Stravinsky, Assistant Nurse Manager
Labor & Delivery

Brielle Burd, Assistant Nurse Manager
CCU

Allison Healy, Senior Care Coordinator
ACE

Connie Johnson, Wound Care
Department of Education

Kristen Peterson, Assistant Nurse Manager
CCU

Lakeisha Gayles, Assistant Nurse Manager
ACE

Elizabeth Shokoff, Clinical Nurse Leader
SCU

Sandra Mariani, Clinical Nurse Leader
Emergency Department

Carol Fabian, Assistant Nurse Manager Labor
& Delivery

Griselda Quia, Assistant Nurse Manager
Pediatrics

Maja Baclayon, Assistant Nurse Manager
NICU

Allison Michaels, Assistant Nurse Manager
ACE

Stephanie Reed, Assistant Nurse Manager
Nursing Admin.

Carol Schwab, Assistant Nurse Manager
Nursing Admin.

Daniel Marino, Admin. Coordinator
Nursing Admin.

Amy Lewis, Admin. Coordinator
Nursing Admin.

Ashley Mackiel, PI Coordinator
Nursing Admin.

Maureen McSorley, APN
Clinic

Galit Bloomer, Assistant Nurse Manager
Telemetry

Faye Pringle, Assistant Nurse Manager
Telemetry

Dee Balasingham, Assistant Nurse Manager
Telemetry

Jennifer Wiley, Assistant Nurse Manager
Telemetry

Julia Blum, Assistant Nurse Manager
Telemetry

Lopa Patel, Educator
Department of Education

**Overall Winner of 2016 Excellence
in Nursing Leadership**

Carol Schwab, Assistant Nurse Manager
Nursing Admin.

**Recognition of 2016 Excellence
in Senior Nursing Leadership**

Jeffrey Cliver, Manager
Nursing Admin.

Richshelle White, Manager
Mother Baby and MFM

Carolina Biala, Manager
SCU

Karla Weekes, Manager
PACU

Patricia Chehanske, Manager
Labor & Delivery

Ellen Kenny, Manager
ASC/Endo

Humility Sumayang, Manager
MNO and Acute Rehab

Katrina Pfeiffer, Interim Director
Maternal Child Health

Daphne Berei, Manager
ACE

Lauren Firman, Manager
Telemetry and CDU

Mindaline Tanpiengco, Manager
CCU

Eric Coyle, Director
Surgical Services

Mindi Nahoum, Manager
Cardiac Cath Lab

Ramanjit Braich, Interim Manager
EDU

Lori McMullen, Manager
Cancer Center

Jean Anderson, Manager
Homecare

Kathleen Ryan, Director
Nursing Admin.

Karyn Book, Director
Nursing Admin.

**Overall 2016 Excellence in
Senior Nursing Leadership Winner**

Katrina Pfeiffer, Interim Director
Maternal Child Health



2016 DAISY Winners

THE DAISY AWARD is a monthly recognition offered by PHCS in partnership with the DAISY Foundation and the American Organization of Nurse Executives.

January

Susanna Olson
Emergency Department

July

Lisa D'Angelo
Labor & Delivery

February

Bernadette Rabbitt
NICU

August

Jason Ou
CCU

March

Michael Katzman
Float

September

Linda Bellaus
Mother Baby

April

Christine Faust
ASC

October

Leah Jabonero
Acute Rehab

May

Linnea Gilmour
Pediatrics

November

Gail Haftel
OR

June

Christina Brescia
Peri-Op

December

Brian Lake
Emergency Department

Poster Presentations

Fluidized Positioner Utilized to Treat and Prevent Pressure Injury was presentation at the National Pressure Ulcer Advisory Panel (NPUAP) 2016 Research Symposium in Las Vegas on November 9, 2016, and was authored by Kristin Gonzalez, BSN-RN; Connie Johnson, RN, MSN, WCC, OMS, DWC; Kimberly Stevens, BSN-RN, CCRN; Mindaline Tanpiengco, RN, BSN, CCRN and Philip Tran, RN, BSN.

Against All Odds; Necrotizing Fasciitis, Multiple Comorbidities, Home in 50 Days was presented at the Wild on Wounds Conference in Las Vegas in September 2016 by Philip Tran, RN, BSN on behalf of: Sheetal Daru, PT, DPT; Christina DeValue, BSN, RN; Kristin Gonzalez, RN-BSN; Connie Johnson, MSN, RN, WCC, OMS, DWC; Ramez Juha, MD, FACS; Karen Jurcisin, RD; Binal Mathur, OTR/L; Tuyet Nguyen, RN; Bonnie Post, LCSW; Sarah Ragolia, RN; Mindaline Tanpiengco, BSN, CCRN; Philip Tran, RN-BSN and Eric Wimmers, MD. It was also published in the World Council of Enterostomal Therapists *WCET Journal* in the October/December 2016 issue.

Sustaining Zero Pressure Ulcer Incidence was presented at the American Professional Wound Care Association 2016 National Clinical Conference in Philadelphia, by Alice Matey, RN, WCC, on behalf of Karyn Book, RN, MSN, CMSRN; Ashley Mackiel, BSN, RN-C; Connie Johnson, MSN, RN, WCC, OMS, DWC and Nune Mehrabyan, RN, BC, MS. It was also presented at the spring 2016 Symposium on Advanced Wound Care in Atlanta by Jacqueline Bender, RN, BSN and Michelle Bradford, RN, BSN, on behalf of Karyn Book, RN, MSN, CMSRN; Ashley Mackiel, BSN, RN-C; Connie Johnson, MSN, RN, WCC, OMS, DWC and Nune Mehrabyan, RN, BC, MS, and at the Wild on Wounds Conference in Las Vegas, NV, in September 2016 by Philip Tran, RN, BSN on behalf of Karyn Book, RN, MSN, CMSRN; Ashley Mackiel, BSN, RN-C; Connie Johnson, MSN, RN, WCC, OMS, DWC and Nune Mehrabyan, RN, BC, MS.

Radiation Dermatitis Received Relief with Leptospermum Honey (LH), was presented at the American Professional Wound Care Association 2016 National Clinical Conference in Philadelphia by Alice Matey, RN, WCC, on behalf of Connie Johnson, MSN, RN, WCC, OMS, DWC. In addition, it was presented at the spring 2016, Symposium on Advanced Wound Care in Atlanta by Connie Johnson, MSN, RN, WCC, OMS, DWC

Griselda Quia, RN, MSN, CPN, presented *Reducing Needlestick Pain in Pediatrics* at the 33rd Annual Pediatric Conference in Philadelphia June 2-4, 2016, and also at the Nursing Children Network 13th Annual Regional Pediatric Conference in Wilmington, DE, in October 2016.

Subha Kukkala, RN, DNP, MSN, PGDH, presented *Emerging Paradigms Nursing and Healthcare Technology, Evidence-Based Practice, Interprofessional Collaboration & Diversity* at the National Association of Indian Nurses of America conference in Chicago on October 21-22, 2016.

Degrees

Charmaine Yates, RN, MSN, HomeCare, graduated with her MSN in Education from Walden University in July 2016.

Lisa Ruedemann, RN, BSN, Emergency Department, graduated with her BSN from Walden University in March 2016.

Shruti Balwalli-Udyawe, RN, MSN, Eating Disorder Unit, graduated with her MSN in Adult-Gerontology Primary Care Nurse Practitioner degree from Walden University in November 2016.

Sveta Elmoudden, RN, MSN, Mother Baby Unit, graduated with her MSN in Nursing Education and Faculty from Drexel University in June 2016.

Jeffrey LaSalle, RN, BSN, ACE Unit, graduated with his BSN from Chamberlain College in October 2016.

Jessica Beers, RN, BSN, Labor and Delivery, graduated with her BSN from Drexel University in October 2016.

Lori Anne Leonardi, RN, BSN, Cancer Center, graduated with her BSN from Thomas Edison State University in March 2016.

Kim MacAvoy-Sorochen, RN, MSN, Emergency Department, graduated with her MSN in Nursing Education from Thomas Edison State University in June 2016.

Lacey Lisner, RN, MSN, Pelvic Wellness, graduated with her MSN in Nursing Leadership from Benedictine University in June 2016.

Victoria Ribsam, RN, MSN, ONC, Joint Center, graduated with her MSN in Nursing Leadership from Rutgers University in May 2016.

Nataliya Platonava, RN, BSN, Eating Disorder Unit, graduated with her BSN from Rutgers University in October 2016.

Carol Adams, RN, BSN, MNO Unit, graduated with her BSN from Chamberlain University in August 2016.

Debra Davies, RN, BSN, Float Pool, graduated with her BSN from Drexel University in March 2016.

Jennifer Wiley, RN, MSN, PCCN, Telemetry Unit, graduated with her MSN in Nursing Leadership from Chamberlain University in April 2016.

Alyssa Ross, RN, BSN, ACE Unit, graduated with her BSN from Stevenson University in October 2016.

Andrea Poling, RN, BSN, Telemetry Unit, graduated with her BSN from Grand Canyon University in March 2016.

Jacquelyn Ryan, RN, BSN, MNO Unit, graduated with her BSN from Kean University in July 2016.

Jennifer Johansen, RN, MSN, MNO Unit, graduated with her Family Nurse Practitioner degree from Rutgers University in May 2016.

Ashley Palmisano, RN, BSN, ONC, SCU, graduated with her BSN from Drexel University in March 2016.

Ahmaad Johnson, RN, MSN, SCU, graduated with a MSN from the University of Pennsylvania to become a Family Nurse Practitioner in December 2016.

Certifications

The following Labor and Delivery nurses achieved certification in electronic fetal monitoring from the American Nurses Credentialing Center (ANCC): **Christine Cameron-Tini**, RN, C-EFM; **Malika Ibrokhimova**, RN, C-EFM; **Diana Dalle Pezzi**, RN, C-EFM; **Jessica Beers**, RN, BSN, C-EFM; and **Mary Jane Olsen**, RN, C-EFM.

The following Telemetry Unit nurses achieved PCCN certification from the ANCC: **Lakkia Morris**, RN, PCCN; **Amy Kuan**, RN, BSN, PCCN; and **Jennifer Wiley**, RN, MSN, PCCN.

The following ACE Unit nurses received gerontological nursing certification (RN-BC) from the ANCC: **Nicole Britsch**, RN-BC; **Allison Michaels**, RN-BC; and **Teresa Guarino**, RN-BC.

Donna Savarese, RNC-MNN, BSN, IBCLC, Mother Baby Unit, became certified as an international board certified lactation consultant (IBCLC) from the International Board of Lactation Consultant Examiners (IBLCE).

Karen Davison, RN, ONC, Cancer Center, achieved certification in oncology from the Oncology Nursing Certification Corporation (ONCC).

Jillian Hart, RN, WCC, ACE Unit, became wound care certified from the National Alliance of Wound Care and Ostomy.

Linnea Gilmour, RN, BSN, CPN, Pediatrics, achieved certification in pediatrics from the Pediatric Nursing Certification Board.

Jennifer Johansen, RN, MSN, MNO Unit, became a board certified Family Nurse Practitioner.

Cynthia Gould, RN, BSN, CRN, Radiology, achieved certification in radiologic nursing.

Continuing Education Credits Offered

Date	Topic	Credit Hours
January 15, March 4, April 1, June 3, August 5, September 2, November 4	Basic Arrhythmia Course	6.5
January 20 & February 17	Acute Rehab Education Day	7.0
January 25	Early Psychosis Detection and Management	1
February 8	Reducing Opioid Reliance in the Treatment of Chronic Pain	1
February 22	Emotionally Focused Therapy for Couples and Families	1
March 2, October 28	Charge Nurse Course	4.75
March 2, October 28	Charge Nurse Course SCU Enhanced	5.75
March 2	Complicated Grief Treatment: Principles and Procedures	1
March 14	Metabolic Syndrome and Psychotropic Medications	1
March 31, October 5	RN Float Team Education Day	4.75
April 11	Emerging Drugs of Abuse	1
April 13, June 9, and June 30	S.T.A.B.L.E.	8.5
April 25	Parenting Approaches in Ethnic Minority Families	1
April 27, August 26, September 6, September 9, October 5, October 20, and October 21	Peds ED Education Day	3
May 9	The Better End: Surviving and Dying on Your Own Terms in Today's Modern Medical World	1
May 10-12	Goals of Care: Improving Decision-Making in the Critical Care Unit	1

Date	Topic	Credit Hours
May 20	Geriatric Certification Review Course	4.5
May 23	Worried Sick: How Stress Hurts Us and How to Bounce Back	1
June 6, September 19, October 24-25	MCH Skills Fair	6
June 13	New Jersey Gun Law: Loopholes, Traps, and Secrets	1
June 27	Technology Dependence	1
July 11	Access to Hepatitis C Treatment Among Suburban NJ Heroin Users	1
July 25	Best Practices in Predicting Violence: Implications for Treatment Settings	1
August 19	Critical Care Trends	5.75
August 22	How Suicide Stigma Adversely Affects the Bereaved	1
September 12	Medication-Assisted Addiction Treatment, Appropriate Use	1
September 26	Trichotillomania and Excoriation Disorder	1
October 4 and November 1	Current Trends in EEG Monitoring	4.25
October 7	Ostomy Awareness Day	1
October 24	Nursing Grand Rounds	1
October 24	The Challenge of the Angry Client	1
October 31	Preceptor Course	4
December 9	Orthopedic Day	5.5







Princeton HealthCare System