



Princeton Medical Center



Penn Medicine



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AT PLAINSBORO

2018

ANNUAL NURSING REPORT



Maintaining Clinical Excellence Through Transition

Karyn Book, MSN, RN, Associate Chief Nursing Officer



I am so proud of all that our nursing staff has accomplished in the past year. As the interim chief nursing officer at the time, it was a privilege to watch our nurses work together toward a common goal during a significant transition.

Our partnership with Penn Medicine began in early 2018 and led to an integration with the PennChart electronic medical records system. The conversion to PennChart was a huge undertaking and called on our nursing staff to go above and beyond their daily tasks, all while maintaining clinical excellence.

In fact, during this time Princeton Health received The Joint Commission's Advanced Certification for Total Hip and Total Knee Replacement and the Perinatal Center of Excellence designation. In addition, Princeton Health earned an "A" in patient safety from The Leapfrog Group, a national nonprofit organization dedicated to promoting safety, quality and value in healthcare.

In 2018, we were also part of the National Database for Nursing Quality Indicators (NDNQI) nationwide nursing satisfaction survey. We saw an impressive 87 percent response rate (above the national average of 69

percent), with nurses from 30 units throughout Princeton Medical Center (PMC) participating. The results showed that PMC outperforms our Magnet® comparison hospitals throughout the country, across a range of staff satisfaction measures.

These accomplishments represent a continued commitment to quality that is reflected in the exceptional level of patient care delivered by nurses at all levels of the organization.

As we look ahead to next year and beyond, it is essential that we focus on empowering our nurses to take advantage of the professional development opportunities offered through Penn Medicine. Being part of a large, multi-site, academic healthcare system offers our nurses an array of opportunities for continuing education and training.

I'd like to once again express deep appreciation to each member of our nursing staff for their willingness to grow — both personally and professionally — to meet new challenges. The nursing staff exemplifies compassion and delivers patient-centered care that is on par with the best healthcare institutions in the country.

Exceeding Expectations Through Innovation

Jackie Kavouras, MBA, RN, FACHE, CPHQ, Vice President, Chief Quality Officer



In the past year, there were many examples of our nursing staff's unwavering commitment to maintaining the highest levels of patient safety and clinical quality.

Throughout Princeton Medical Center, the nursing staff evaluated and embraced innovative new products and systems aimed at reducing hospital-acquired infections and improving safety. For example, after implementing the new PureWick® female external catheter, the number of catheter days and associated urinary tract infections was reduced for these patients. The nursing staff also excelled in its pioneering adoption of the Avasys® remote patient observation system that enables better monitoring of patients at risk for falls.

The nursing staff also contributed to overall performance improvement throughout the year, which had a positive impact on clinical quality metrics. In 2018, nursing staff focused on surgical services turnaround times and on improving acute ischemic stroke care by reducing door-to-needle times for eligible patients being treated with tPA to stop a stroke.

Another area where our nurses exceeded expectations was the creation of a Clinical Informatics team to support the electronic medical record (PennChart) transition and optimization. In addition, staff at all levels had a renewed focus on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey domains, particularly in the area of improved communication throughout and between departments. Both of these efforts were aimed at improving the transition of care for patients from the acute care setting back into the community.

As we move forward in our journey as a high-reliability organization, our attention will continue to be on our commitment to the goal of "zero preventable harm." We look forward to the new and innovative ideas that will be developed by our nursing colleagues in the coming years to help support us in this endeavor.

Nurses Take an Active Role in Population Health

Barbara Yost, MBA, BSN, RN, Vice President, Continuum of Care and Network Development



Our journey with population health began in 2015, when we were accepted into the Medicare Shared Savings Program. Participation in this program helped refine our commitment to delivering the *right* care in the *right* place at the *right* time. As a result, we developed an Accountable Care Organization (ACO) and Clinically Integrated Network (CIN), with a sharp focus on improving outcomes, strengthening the patient experience and providing cost-effective care.

In the three years that have passed since we created these new entities, nursing staff at all levels from across the healthcare system have contributed to our success. From reducing inpatient hospitalization to decreasing inappropriate use of the Emergency Department and improving access to care, I applaud the role our nurses and nursing support staff have played in this transition.

Through our population health initiatives, we have grown to be responsible for more than 50,000 patients as they transition through each level of care, including inpatient, outpatient, post-acute, homecare and hospice. In this process, it is our nurses who identify and help close

treatment gaps, so patients have the guidance they need to comply with their physicians' recommendations.

Our nursing staff is also to be commended for maintaining outstanding quality scores. In fact, when compared to other ACOs, we are a Medicare high performer in New Jersey and across the nation.

As we reflect on the past year, I wish to thank our nurses and nursing support staff for doing some very important work behind the scenes, as they partner closely with physicians to deliver consistently exceptional care.

We strongly believe our population health models will become even more important in the years to come, as we emphasize value-based care. This evolution will present opportunities for nurses to be engaged and to continue to have a positive impact. Our goal is to be at the forefront in population health. With this in mind, we encourage our nursing staff to take advantage of education programs so they can learn more about care coordination, population health and value-based care.

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Emergency Department Improves Throughput

Kathy Ryan, MSN, RN-BC, Director of Patient Care Services; Karen Sylvester, MSN, RN, CEN, Director of Emergency Services; and Sandra Mariani, MSN, RN-BC, Senior Nurse Manager, Emergency Department

In 2017, the Emergency Department (ED) was tasked with identifying solutions for managing a growing patient volume and acuity while embracing patient satisfaction goals that would identify Penn Medicine as the most trusted healthcare partner in the community. The goals were to decrease the ED intervals of care, overcome obstacles that created bottlenecks, decrease the length of stay in the ED and achieve a true patient-centered culture that would build lasting relationships.

The ED Process Improvement Committee was created in May 2017. Members include representatives from every major clinical service line that supports and is impacted by the ED throughput goals. The initial focus was the ED triage area, to assure the patient and provider were quickly united. The door-to-triage goal was set at 10 minutes, and a median time of four minutes was achieved in 2017. ED physicians, physician assistants, nurse practitioners and nursing staff have all committed to understanding the departmental expectation and are striving to meet or exceed the goal.

Targeting the door-to-provider interval, a goal of 30 minutes was the objective, and in 2017 the ED achieved a time of 27 minutes from door to provider. Searching for minutes to shave off in each interval of the evaluation process, the decision was to dig deep. Delving into radiology and laboratory turnaround times provided those sought after minutes. Radiology turnaround time (TAT) for order to CT scan decreased from greater than 45 minutes to 38 minutes. Laboratory TAT for CBC lab results decreased from greater than 45 minutes to 38 minutes.

A unified collaboration with leaders from all ancillary departments created action plans to improve efficiency and care of our patients. These small intervals enabled the team to meet the length of stay goal of 170 minutes, and exceed that goal in 2017 at 164 minutes.

The goal of decreasing the percentage of patients who left without treatment trickled down from 1.7% to 1.3% in 2016 to less than 1% in 2017 and 2018. Notable gains in 2018 included a greater than 15-minute

reduction in length of stay for discharged patients and greater than a 40-minute reduction for admitted patients. This accomplishment was impacted by increased lab and radiology efficiencies as well as a 70% reduction in discharged patients waiting for registration to be completed through Patient Access Services staff improvements.

Developing a strategy to keep our patients informed became paramount in meeting their expectations. A waiting room care card was developed to highlight intervals of care during the ED visit, offering answers to frequently asked questions. Nursing realigned staffing patterns with arrivals per hour to meet the influx. Radiology focused on a staffing analysis based upon hour of the day, determining that staffing patterns could be adjusted to reflect the demand. As needed “PRN” shifts were added at intervals that reflected surge in the operating room suites to enable real time focus on ED patients. Laboratory identified that the automated system in place was unable to prioritize stat specimens; therefore, specimens often were intertwined with routine tests. Adjustments in processes were created to avoid these pitfalls and create successful work practices. Running the board and rounding with patients kept families and patients informed of delays.

Three key strategies that made this project successful were: development of a multidisciplinary team to take a deep dive into processes and strive for improvement strategies; a non-partisan project leader holding each discipline accountable and pushing performances and a patient experience coordinator who kept the metrics, goals and successes front and center for all to see; (Patient satisfaction scores from June 1, 2017, to May 31, 2018, improved to an overall ranking for the ER (40,000-50,000 visits) of 96%, ED nurses 95% and ED physicians 98%) and the continued support, backing and encouragement of the hospital administration to focus on achieving established goals.

“ As needed “PRN” shifts were added at intervals that reflected surge in the operating room suites to enable real time focus on ED patients . . . ”



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.



PennChart — The Power of One

Katrina Pfeiffer, MSN, RN, CPN, Director of Clinical Informatics & Innovation; and Susan Sunyak, RN, CEN, Clinical Informatics Coordinator

After many months of preliminary fact-finding and planning, in May 2017 a multidisciplinary team was formed to implement PennChart. In 2018, this enterprise-wide medical record replaced multiple disparate clinical and financial applications with one integrated medical record, eliminating redundant workflows, interface vulnerabilities and duplicate documentation and increasing safety by becoming the source for nearly all clinical documentation and patient information.

In preparation for the transition, teams were formed to represent different patient care areas: Inpatient, Ambulatory, Operating Room, Revenue Cycle, etc. Working in conjunction with counterparts from Penn Medicine, the teams embarked upon a year-long journey that began by examining workflows and comparing them to what was already built and in production at other Penn entities. In many cases, Princeton adapted workflows to match those across the river, but in some cases modifications were made to facilitate Princeton's existing workflows, particularly in regards to New Jersey regulatory matters that weren't applicable to Pennsylvania. Weekly phone conferences were held along

with onsite meetings at Princeton and Penn. Adaptation and modification gave way to a building phase, and then the teams tested to make sure the conceptualized ideas had been translated to workable, practical and user-friendly workflows.

During the training phase, staff members, both within and outside the project team, became credentialed educators, training every staff member prior to the main go-live in June 2018.

After go-live, a support phase began, which continues today. On-going PennChart support is now handled by the Clinical Informatics team, a group of clinicians who work with staff across Princeton Health to promote excellent clinical outcomes and operational success through the use of the electronic health record (EHR). Through collaboration with their counterparts at the other Penn entities, the Clinical Informatics team remains current on issues and trends affecting patient care delivery and helps to insure the EHR is efficient and effective for Princeton Health staff.



Jim Craigie Center for Joint Replacement Earns The Joint Commission's Advanced Certification for Total Hip and Knee Replacement

Elizabeth Shokoff, MSN, RN, ONC, Orthopaedic Nurse Navigator

The Jim Craigie Center for Joint Replacement at Penn Medicine Princeton Medical Center (PMC) earned The Joint Commission's Advanced Certification for Total Hip and Total Knee Replacement in May 2018. PMC is one of only three hospitals in the state of New Jersey to hold this prestigious award.

Shortly after attaining The Joint Commission's Basic Certification for Total Hip and Total Knee Replacement back in 2015, the Center became acutely aware that the demand for total hip and total knee replacement was quickly rising. The need to demonstrate that the Center could meet this demand, while providing evidence-based patient care and delivering excellent outcomes, became paramount. Certification from The Joint Commission is the Gold Standard, and Advanced Disease Certification sets the Center apart from other hospitals.

The Center underwent a two-day exhaustive onsite review where The Joint Commission surveyors evaluated its compliance with advanced disease-specific care standards and total hip and total knee replacement requirements. The primary focus of the review was on the transitions of care, beginning

with the orthopaedic consultation through the post-operative phase and the follow-up visit with the orthopaedic surgeon. Particular attention was placed on the 'handoff' communication between the inter-disciplinary team members during the phases of care.

The Joint Center provides education to patients and their families via a pre-hab program, pre-op class, guidebook, inpatient newsletter and discharge/graduation class. This plethora of education methods was explained and analyzed, and the orthopaedic nurse practitioner's role in collaboration with Anesthesia, the surgeons and the Pre-Admission Testing Department with regard to pre-optimization and risk stratification was highlighted. Finally, the importance of the inter-disciplinary team, uniform communication and shared decision making throughout the continuum of care was underscored.

The Joint Commission's Advanced Disease Certification in Total Hip and Total Knee Replacement is an honor for the Jim Craigie Center for Joint Replacement. It serves as a reminder for Penn Medicine Princeton Medical Center and the community at large, that the Center provides coordinated and comprehensive care to all its patients.



Mental Health and Metabolic Syndrome: PHBH Addresses the Challenge

C. Kelly Toler, BSN, RN-BC, Clinical Nurse, Penn Medicine Princeton House Behavioral Health

Metabolic syndrome is a medical condition affecting nearly 34% of adult Americans that involves multiple related medical conditions, including obesity, elevated blood sugar, high blood pressure and high cholesterol. People with metabolic syndrome are at high risk for developing serious medical complications, including type 2 diabetes, heart attacks and strokes. Penn Medicine Princeton House Behavioral Health (PHBH) staff recognized the need for early detection of metabolic syndrome (diabetes in particular) to promote the best health outcomes for behavioral health patients. PHBH formed a diabetes team in 2012, and in 2018 the team continued to work closely with PHBH patients and nursing staff, providing education on diabetes and related health issues.

People who have been diagnosed with mental illness and substance use disorders have a greater chance than the general population of developing metabolic syndrome, often due to lifestyle choices and medications used in treating some mental health conditions. Poor diet, lack of exercise, smoking, substance abuse and second-generation antipsychotic medications can increase the risk of medical illnesses. The PHBH diabetes

team developed a diabetes protocol for those patients diagnosed with diabetes. Clinical staff development includes annual diabetes education for nursing staff, including updates on the latest diabetes standards of care. Diabetic literature is available, and patients with diabetes are educated on the importance of performing daily foot checks, maintaining proper nutrition and the factors that can affect blood glucose levels. Physician and nutrition consults are available. Smoking cessation information is also provided, and quarterly educational e-blasts are sent to staff with relevant information. Semi-annual diabetic chart audits are performed to ensure diabetic foot checks, blood sugar, creatinine and HgA1C are being monitored.

PHBH staff recognizes the importance of treating the whole patient by addressing mental health issues, substance use disorders, physical health problems and psychosocial issues. Healthy lifestyle choices are encouraged, with suggestions for how to implement these choices. PHBH is helping patients with diabetes improve treatment compliance by offering resources and support, thereby improving patient quality of life.



Maternal Child Health

Designated Center of Excellence

Kelly LaMonica, MSN, RN, RNC-OB, EFM, Perinatal Clinical Nurse Leader; and Jennifer Hollander, MSN, RN, Director of Patient Care Services

In September 2016, nursing leadership from Maternal Child Health at Penn Medicine Princeton Medical Center decided to pursue The Joint Commission Perinatal Center of Excellence designation. Perinatal care certification focuses on achieving integrated, coordinated, patient-centered care for clinically uncomplicated pregnancies and births. The certification program uses standards, guidelines and The Joint Commission's perinatal care core performance measures for managing and monitoring aspects of perinatal care that are critical to improving and maintaining the health of newborns and their mothers.

In pursuit of certification, a multidisciplinary team was formed, including obstetricians, neonatologists, anesthesiologists, nurses and pediatricians. The leads of the project were Jennifer Hollander, MSN, RN, Director of Nursing; and Kelly LaMonica, MSN, RNC-OB, EFM, Perinatal Clinical Nurse Leader. Preliminary data was reviewed, and The Joint Commission standards were thoroughly assessed. Meetings were held

every month to determine what was needed for each standard and if Princeton Medical Center passed the standard. Education was developed to ensure staff members were ready for the reviewers.

In fall 2017, Maternal Child Health successfully held a mock survey, and the application was submitted to The Joint Commission. In May 2018, The Joint Commission surveyed Princeton Medical Center Maternal Child Health and designated them a Perinatal Center of Excellence, a certification held by just one other hospital in New Jersey at the time.



THE DEPARTMENT OF NURSING

Vision Statement

The nurses of Penn Medicine Princeton Medical Center 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.

Enhancing Recovery — Raising Awareness of Everyday Struggles of Patients with Ostomies

Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC, Wound Care Nurse; Judy Kelly, BSN, RN, COCN, WCC, Wound Care Nurse; Katrina Jones Heath, PT, DPT, PRPC; Ashley Palmisano, RN, ONC, Nurse Navigator, Pelvic Wellness; Dr. Lawrence Jordan III, MD; Maureen Zielinski, RN, Case Management

In 2018, a project was launched to support improvement in the quality of life for patients living with ostomies, particularly since there has been an increase in the number of surgeries resulting in ostomies. The goal is to assist in promoting patients' full potential and optimal health within the community.

The catalyst for the project was that on several occasions ostomy patients presented to the Emergency Department to see the ostomy nurse and it was determined they were experiencing difficulties that were often emotional and not related to appliance fit. In addition, with the large volume of calls received from ostomy patients on a weekly basis, the Wound/Ostomy staff decided to look further into the quality of life (QOL) for ostomy patients while utilizing the QOL tool by Coloplast. The staff anticipated the outcomes would help identify problems and help them develop a plan to improve QOL for patients living with ostomies. Since real patients would be the subjects of the study, the team applied to the hospital's Internal Review Board (IRB). The assigned IRB study number was BN2332.

Over the year, the team was able to survey 28 new ostomy patients at one, two, four, and eight weeks post-discharge.

While inpatient ostomy care helps patients learn the basics to properly care for their ostomy as independently as possible to maintain a high QOL following surgery, it was discovered that more needed to be done to assess patients' QOL when they return home. Quality of life can affect a patient's wellbeing not only physically but also emotionally and socially. The purpose of this project was to utilize a 20-question telephone survey of all participating ostomy patients, rating their QOL after discharge at one, two, four, and eight weeks. Using an ostomy QOL survey, patients gave quantitative numbers to the quality of their lives, allowing members of the research team to individualize patients' care within the healthcare system, as well as through additional resources available to patients outside Penn Medicine Princeton Health. The QOL tool used helped evaluate each patient's perception of an ostomy so their care and post-discharge plan could be adjusted according to their needs. As a result, resources for patients have been increased.





Princeton HomeCare and Hospice Promotes Safe Care

Dominique V. Pierce-O'Connor, MSW, LSW, Quality Assessment and Performance Improvement Coordinator

Home health nurses play a vital role in the community and are dedicated to improving patient health, assuring safe care, and reducing unplanned hospitalizations for patients throughout the continuum of care. Nurses with Penn Medicine Princeton Homecare provided 19,199 nursing visits to our home health patients in 2018. The interventions provided during these visits were paramount to our obtaining a 30-day hospital readmission rate of 9.2 percent as compared to our national peer group rate of 12.3 percent.

To keep patients safe in the home setting without rehospitalizations, nurses taught self-management skills, provided symptom management, encouraged and facilitated early practitioner follow-up, and provided medication management and education.

The Hospice nurses worked hard to create a culture of safety in 2018. Safety huddles were implemented at team meetings and safety event reporting increased throughout the year. Staff members were

educated on trends and issues, and action plans were implemented. As a result of the increased situational awareness and staff engagement throughout the year, the falls with significant injury rate dropped to 0.04 from 0.11 per 1,000 patient days.

During a home health nursing visit in 2018, a home health nurse went above and beyond her duty to assure that her patient was safe during a snowstorm and subsequent power outage. The nurse knew it was vital that the patient and her spouse evacuate to a safe environment due to the patient's fragile condition. The nurse hiked through the deep snow to check the patient's status. She arranged for the patient and spouse to evacuate to a local hotel and helped pack her medicines and a few personal items. She assisted the spouse in getting the patient in the couple's vehicle despite the weather conditions. She even called the patient at night to check on her status once they were settled. For her efforts, the home health nurse was the recipient of a Daisy Award in 2018.



New DIEP Flap Procedure Introduced

Natalie Bleakley, BSN, RN, CNOR, Assistant Nurse Manager, Plastics and Breast Surgery Coordinator

In April 2018, the Operating Room (OR) team learned of the opportunity to pioneer a new DIEP flap procedure. A DIEP flap is a type of breast reconstruction surgery in which blood vessels called deep inferior epigastric perforators (DIEP), and the skin and fat connected to them, are removed from the lower abdomen and transferred to the chest. This procedure is used to reconstruct a breast after mastectomy without sacrificing the abdominal muscles. Dr. Evan Katzel started the DIEP flap program at Princeton after a fellowship at Hospital University of Pennsylvania. He was inspired by his mother's passion for teaching about breast and testicular cancer, which greatly influenced his choice to become a plastic surgeon.

During the planning phase, the OR team, Critical Care Unit, Post-anesthesia Care Unit and educators met to discuss the collaborative plan, beginning with learning the details of the procedure and

evaluating the needs throughout the phases of care. Dr. Katzel spent time with each unit to discuss the procedure and the essential requirements, and each discipline developed a plan for the unit to successfully care for the patient.

In the meantime, the OR team had an opportunity for case observation at Hospital University of Pennsylvania to gain first-hand knowledge of the procedure and the intricate details involved within the surgical suite. After the observation, the OR began preparing by ordering instrumentation and disposable supplies and creating a preference card for the surgeon. Dr. Katzel was very involved in making sure all equipment, instrumentation and supplies were available in time for his first case, which was booked for December 2018. On the day of surgery, everything went according to plan. Since then, several additional flap procedures have been successfully completed.

EXIT

GUND CENTER FOR CRITICAL CARE

We are PROUD to announce that the
**Penn Medicine
Princeton Medical Center
Liura and Gordon Gund
Center for Critical Care**
has been awarded



**BEACON AWARD
FOR EXCELLENCE**

Beacon Award for Excellence, 2016. The 2016 Beacon Award for Excellence recognizes the outstanding achievement of the Liura and Gordon Gund Center for Critical Care at Penn Medicine Princeton Medical Center. The award is presented to the center for its exceptional patient care, innovation, and commitment to excellence. The award is presented to the center for its exceptional patient care, innovation, and commitment to excellence. The award is presented to the center for its exceptional patient care, innovation, and commitment to excellence.

The Liura & Gordon Gund
Center for Critical Care



Critical Care Nurses Receive Beacon Award

Mindy Tanpiengco, BSN, RN, CCRN, Senior Nurse Manager, Llura and Gordon Gund Center for Critical Care

The American Association of Critical Care Nurses (AACN) has been awarding the Beacon Award for Excellence since 2003 to recognize individual units that distinguish themselves by improving every facet of patient care to achieve better outcomes and align practices with AACN's Healthy Work Environment Standards. Units that achieve this three-year, three-level award, presented in a gold, silver or bronze designation, meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

In 2018, the Llura and Gordon Gund Center for Critical Care was recognized and awarded the Silver Beacon for Excellence. This achievement is a reflection of the steadfast commitment of the entire Critical Care Unit (CCU) team to deliver and advance the highest quality of care and safety in caring for patients and their families. It is truly a team effort, from top to bottom.

The Llura and Gordon Gund Center for Critical Care earned the award by meeting the following evidence-based Beacon Award for Excellence criteria:

- leadership structures and systems
- appropriate staffing and staff engagement
- effective communication
- knowledge management and learning and development
- evidence-based practice and processes and outcome measurement

The award refers to a journey of excellence, which continues today. Beacon promotes the belief that safe, quality care is the cornerstone of professional nursing practice, and it is in our hands. We can't do it alone. We have to work together.

Thanks to the senior nursing leadership for their support. Much appreciation goes to the CCU writers led by Philip Tran, BSN, RN, Stroke Program Coordinator; Kristen Peterson, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Brielle Hamilton, MSN, RN, CCRN, Nurse Manager, Telemetry Unit; Janet Viscomi, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Lorna Barron, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Gary Greenfeder, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Marlene Smith, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Mayda Federovitch, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Xiohong Chen, BSN, RN, Clinical Nurse, Critical Care Unit; Patrycia Pieklo, BSN, RN, Assistant Nurse Manager, Critical Care Unit; Natalie Aranzazu, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Pamela Panahon, BSN, RN, PCCN, Clinical Nurse, Critical Care Unit; Jennifer Demko, BSN, RN, Clinical Nurse, Critical Care Unit; Lavanya Reddy, BSN, RN, CCRN, Clinical Nurse, Peri-Operative Unit; Adrienne Feldmiller, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit; Anzy Varghese, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit and Heather Edstrom, BSN, RN, CCRN, Clinical Nurse, Critical Care Unit, as well as Donna Covin, MSN, RN, CNL, Clinical Nurse Leader; and Mindy Tanpiengco, BSN, RN, CCRN, Senior Nurse Manager, Critical Care Unit, in their dual roles as writers and advisors.





Nurses Provide Services to the Community

Deborah Millar, RN, Director of Community Wellness

Through Princeton Health's Community Wellness Department, nurses play a critical role in educating patients and the broader community on a wide range of health and wellness topics. Nurses and nurse educators provide health screenings and host trainings, informational sessions and support groups throughout the year. During Free CPR Week in April 2018, nurses helped train approximately 1,500 people in lifesaving fundamentals at dozens of free Family & Friends CPR classes held in churches, schools, senior centers and libraries in Middlesex, Mercer and Somerset counties.

In the Center for Maternal & Newborn Care at Princeton Medical Center, nurses teach more than 300 classes each year, covering a variety of maternity and postpartum topics. Expectant parents can take part in childbirth and prenatal breastfeeding classes and

lactation consultations. On the unit, nurses teach infant bath and discharge classes to new parents. After discharge, they provide lactation consultation and postpartum callbacks to check on moms and babies. Nurses also host support groups, including Bright Beginnings, a weekly educational and social group for parents and caregivers of infants; breastfeeding and postpartum adjustment groups; and UNITE, a group for parents who have experienced perinatal or newborn loss.

In total, Community Wellness provides more than 2,000 programs annually, serving approximately 50,000 individuals in the region.



CPR education is generously supported by the George H. & Estelle M. Sands Foundation.

HRSA Campaign: 2018 Platinum Award

Mindy Tanpiengco, BSN, RN, CCRN, Senior Nurse Manager, Llura and Gordon Gund Center for Critical Care

Princeton Medical Center (PMC) has joined other area hospitals, healthcare organizations, and New Jersey Sharing Network to create a donation-friendly community through the Hospital Organ Donation Campaign. This national initiative sponsored by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services challenges healthcare organizations to educate employees, patients, visitors and the community about the crucial need for organ, eye and tissue donation and provide them with opportunities to sign up as donors. More than 443,000 people have added their names to state registries through the campaign. For each donor registered and each activity implemented to promote organ, eye and tissue donation, PMC earns points toward national recognition from HRSA.

Throughout the years, PMC's active participation has been recognized with silver and gold awards. But in 2018, considering the ongoing need for increasing awareness regarding organ donation, the PMC team expanded its campaign activities in promoting donor registrations by planning and initiating more events and outreach within the hospital and in the

community. These efforts resulted in PMC receiving its first platinum award. The accomplishment was made possible by the collaborative efforts of members of the Nursing Department, spearheaded by Kimberly Enterline, MSN, RN, CCRN, Professional Development Specialist; Mindy Tanpiengco, BSN, RN, CCRN, CCU Nurse Manager; Tara Benziger, MSN, RN, APN-BC, ACHPN, Palliative Care Nurse Practitioner; Donna Covin, MSN, RN, CNL, Clinical Nurse Leader; Wendy Luca, MSN, RN, OCN, Professional Development Specialist and Lopa Patel, MSN, RN, ONC, Professional Development Specialist.

The Hospital Organ Donation Campaign is an ongoing effort, and the PMC community is invited to help educate staff members, patients and their families, visitors and the extended community on the critical need for organ donation.





Endoscopy Suite Launches Room Turnaround Time Improvement Initiative

Eric Coyle, MSN, RN, Director of Surgical/Interventional Services & Materials Management; and Marcus Garand, Director of Operations Management

In the fall of 2018, the Center for Surgical Care at Penn Medicine Princeton Medical Center assembled a multidisciplinary team to optimize the procedural room turnaround time in the Endoscopy Suite.

The team, which was comprised of nurses, surgeons, anesthesiologists and performance improvement staff, entered a program led by Penn Medicine Academy called Performance Improvement in Action (PIIA). The intent of the program was to produce meaningful results within a 90-day timeframe. The PIIA program used the performance improvement approach called FOCUS PDSA, a six-phase methodology for performance improvement. The six phases are:

1. **F** = **F**ind a process to improve/optimize.
2. **OC** = **O**rganize a team and **C**larify the current knowledge as it relates to the current state.
3. **US** = **U**nderstand the root cause of the problem and **S**elect what to improve.
4. **PD** = **P**lan/**D**o implementation and measure the change/improvement (countermeasure) to the process.
5. **S** = Use data to **S**tudy the results of the countermeasure.

6. **A** = **A**ct on the results and implement the countermeasure if it improved the process. The team may continue to test more countermeasures to further improve the process.

Utilizing FOCUS PDSA, the team began meeting weekly to define the opportunities for improvement, set goals and select countermeasures to test. The goal was to reduce the room turnaround time to 15 minutes or less. An important exercise that catapulted the team into action was having disciplines observe the key process steps for other disciplines. For example, anesthesiologists observed nursing process steps and nurses observed surgeons' process steps for the room turnaround process.

In mid-October 2018, the team identified key efficiencies in transporting patients to the recovery area, parallel processing for post-operative documentation, order completion and updating of the history and physical exam in the electronic medical record.

The team tested the new process steps in November 2018. By the end of the month, the Endoscopy room turnaround time improved by 23 percent, just shy of the team's target of 15 minutes.



Education Department Welcomes Victoria®

Susan Straszynski, MSN, RNC-OB, C-EFM, CPLC, Professional Development Specialist and Perinatal Bereavement Coordinator

Through a generous donation from the George H. & Estelle M. Sands Foundation, the Department of Education was the recipient of Victoria®, a maternal and neonatal birth simulator. Victoria® is a lifelike and versatile maternal patient simulator. She is capable of simulating high- and low-risk deliveries, post-partum care, emergencies and non-gravid patient cases for OB/GYN and medical surgical training. Victoria® allows nurse educators to implement simulation-based exercises for obstetrical emergencies, hemorrhage drills, team training, medical emergencies and team handoff to improve performance throughout the hospital.

“Supporting this nursing professional development initiative seemed a natural extension of what my mother’s wishes were years ago,” noted donor Jeffrey Sands. “She believed, as we do, that nurses have an enormous impact on patients’ experience during their hospital stay, and that nurse training and development is vitally important.” The nurse educators and clinical nurse leaders are very excited about and thankful for the simulation opportunities Victoria® provides.

Victoria® highlights include:

- Possesses lifelike appearance and anatomical accuracy
- Offers completely wireless and tetherless operation
- Simulates true-to-life vaginal, breech and Cesarean deliveries
- Births lifelike full-term baby of realistic weight, length and proportions
- Supports real monitoring devices (EKG, AED, auto blood pressure, fetal monitor and pulse oximeter)
- Designed for comprehensive obstetrical emergencies (shoulder dystocia, postpartum hemorrhage)
- Innovative birthing baby includes programmable heart, lungs and crying sounds, cyanosis and head movement
- Can convert to non-pregnant simulator for general nursing scenarios and medical drills



This new equipment is made possible by a generous gift from the George H. & Estelle M. Sands Foundation

PureWick® Catheter Implemented at PMC

Anna Maria Clark, RN, Infection Control Nurse

The most important risk factor for acquiring a catheter-associated urinary tract infection (CAUTI) is prolonged use of an indwelling urinary catheter. Catheters should only be used if an appropriate indication is met, and should be removed as soon as possible. Penn Medicine Princeton Medical Center's (PMC's) goal is to decrease the duration and use of catheters by encouraging the use of alternatives such as a female urinal, a male external catheter and intermittent catheterization.

In 2018, PMC implemented a new female external catheter — PureWick®. The move was prompted by two CAUTIs identified in July 2017. In both cases the patients were female, incontinent of urine and met an indication for a catheter. One required output monitoring; the other had a stage 4 pressure injury on the sacrum. Through investigation, it was determined that a female external urinary catheter would have been an appropriate option for both patients.

In September 2017, PureWick® was approved for trial by the Infection Control and Value Analysis Committees. The trial took place on the Acute Care of the Elderly (ACE) and Critical Care Unit (CCU) units, and was successful, with no reported CAUTIs for female patients during the trial period. As a result of these findings, education was provided to staff and the use of PureWick® was implemented in February 2018. The key to successful implementation was a nurse-driven protocol being empowered to remove a urinary catheter and utilize an alternative such as PureWick®. Preventing CAUTI by using best practice guidelines is part of providing safe, quality care.



Professional Development

Allison Michaels, BSN, RN-BC

Penn Medicine Princeton Medical Center (PMC) is an organization that is committed to empowering and developing staff nurses to grow to their full potential. In 2018, I was offered the opportunity to experience this first hand when I was asked to fill the role of Interim Nursing Performance Improvement Coordinator. During this time, I was mentored by and worked closely with Karyn Book, MSN, RN, CMSRN, CLSSGB, Associate Chief Nursing Officer; and Ashley Mackiel, BSN, RN-BC, Manager of Professional Practice, to learn the process for collecting and analyzing performance improvement data for the hospital's nursing sensitive quality indicators. I was also responsible for developing and monitoring performance improvement initiatives related to the data collected at the unit and hospital levels. As Interim Nursing Performance Improvement Coordinator, I participated in numerous committees involving all disciplines throughout the hospital, which afforded me a more global viewpoint of how daily nursing practice impacts the organization as a whole.

While I continued to learn and grow each day, the professional development experience did not end for me with this role. In the spring of 2018, I took on the additional role of Interim Professional Development Specialist of Nursing Resources. In this role, I worked with Jeffrey Cliver, BSN, RN, Senior Nurse Manager of Nursing Resources, to coordinate the orientation process for all new hires in the Department of Nursing Resources and to assist this vast group with the transition to the new PennChart electronic health record. I also collaborated with PMC's Clinical Nurse Leader and Professional Development Specialist Group in hospital-wide education initiatives as they arose in our daily practice.

Combining the skills learned from these two opportunities, I took on another responsibility within the Department of Nursing Resources by actively engaging with our AvaSys® Patient Video Monitoring System Program. AvaSys® was implemented in the fall of 2017, and by early 2018 the data collected had accrued to the point where it was useful in trending performance and correlating to the hospital's nursing sensitive safety and quality measures. Using data provided by AvaSure®'s ORNA database, I developed an AvaSys dashboard that monitors metrics such as camera usage (overall and by unit), response to alarms and verbal interactions with patients. Since creating the dashboard and distributing it to increase awareness at the individual unit level, the monitored metrics have been improving and are moving toward the hospital's benchmark goals.

I am incredibly grateful for the opportunities that have been provided to me by PMC. I have gained a wide variety of experiences in nursing leadership, education and performance improvement that will no doubt prove invaluable as I continue my leadership career at PMC. The support shown to me by each department I collaborate with has been remarkable, and I am thankful to my mentors for guiding me along my path of professional development.





Patient-Centered Nurse Report Implemented for Improved Patient Safety and Satisfaction

Jenna Magid, BSN, RN-C, Clinical Nurse, ACE Unit; Mary Vilardi, BSN, RN, CCRN, Assistant Nurse Manager, Critical Care Unit; Amy Campbell, BSN, RN, Clinical Nurse, ACE Unit; Dean Lucchesi, BSN, RN, Clinical Nurse, MNO Unit; and Sarah Capuli, BSN, RN, ONC, Clinical Nurse, Surgical Care Unit

In 2018, Penn Medicine Princeton Medical Center initiated hospital-wide Patient-Centered Nurse Report (PCNR).

PCNR is a process that includes the outgoing RN, incoming RN, and patient at the bedside as a means to improve communication and patient satisfaction and reduce errors.

PCNR begins with an introduction of the oncoming RN to the patient by the outgoing RN. A commitment to sit next to the patient when possible engages the patient in dialogue. A summary of the reason for admission and recent diagnostics is given, with verification by the patient. Relevant patient history is then reviewed. A brief, focused assessment is completed, reviewing data directly related to the admissions diagnosis. At the bedside, safety checks verify IV fluids, fall precautions, safety equipment and oxygen therapy. Finally, the plan of care and goals are reviewed with the oncoming RN and patient. Open communication allows the patient an opportunity to ask questions and review expectations regarding safety and care.

Through collaboration with direct care nurses of various disciplines, the PCNR implementation team referenced research on the components and practice of PCNR to write scripting, designate roles and draft a final video production. Once editing and rehearsal was complete, a professional videographer was hired to film the video. The first part of the video portrayed improper PCNR, with the two nurses standing at a distance from the patient and discussing topics such as their weekend plans. The second part of the video displayed proper PCNR, with the two nurses including the patient in discussion about her plan of care.

The video was released through Health Stream to all nursing staff, with a go-live date of August 8.

Additionally, staff members were trained through rolling cart education and distribution of an educational tip sheet. Audits by management were put in place to maintain compliance.

PCNR has been well received by both the staff and patients. The time spent at the bedside allows nurses to safely transfer assignments, and allows patients to be involved in their plan of care. Patients report peace of mind knowing that all information is being relayed to the oncoming shift.



RN Residency Program

Wendy Luca, MSN, RN, OCN, Professional Development Specialist; and
Allison Healy, MSN, RN-BC, Clinical Nurse Leader and Senior Care Coordinator

The RN Residency Program (RNP) at Princeton Medical Center (PMC) is a comprehensive program intended for the exceptional graduate nurse interested in starting a nursing career with a well-rounded, evidence-based foundation. The RNP is designed to prepare nurses for their evolving role in today's hospital setting and encourage new graduate nurse retention while providing positive patient outcomes and high patient satisfaction. The program extends over 15 weeks, and facilitates the effective, appropriately paced transition of a new graduate into the 'real world' work environment.

The 2018 cohort included 16 new graduates, who were given the opportunity to see PMC from all angles. Each resident had the opportunity to rotate through three different units during the 15-week session. This allowed for exposure and growth as they embarked on their new career. In addition, every Thursday the RN residents would attend Thirst for Knowledge Thursday, a full day of presentations from other disciplines within the hospital. This helped build relationships among different

disciplines and provide multidisciplinary care for patients. The RN residents also had the opportunity to shadow in the Lab, Pharmacy, Physical Therapy, Speech Therapy and Respiratory Therapy, as well as with nurse managers and clinical nurse leaders.

The RNP follows the PMC Nursing Mission, Vision and Philosophy along with the Nursing Practice Model based on the theory and philosophy of Nola Pender and Jean Watson, "Promoting Health and Caring Service." In addition, Patricia Benner's "Novice to Expert Model" is the framework for the RNP.

The 2018 RNP provided each graduate with a consistent, multimodality structured orientation. At the end of the 15-week session, the RN residents were placed on several different units throughout the hospital, including Labor and Delivery, Emergency Room, Critical Care, ACE, SCU, Telemetry and MNO. Although the residency is over, they continue to use each other as resources and support through the Novice Nurse Committee.

The RN Residency Program is made possible by a generous gift from the George H. & Estelle M. Sands Foundation. It supports a comprehensive development program for nursing and its efforts to attract, hire and retain the best possible nursing staff.



Penn Medicine
Princeton Health

2018 Nursing Governance



Research
Clinical Practice
Nursing Quality

Professional Development
Daisy
Staff Nurse Advisory

System Wide Professional Practice
Skin Integrity Team (SIT)
RN Staffing Committee

PMPH IRB Active Nursing Studies List (MT)

APPROVAL EXP. DATE	BOARD #	REVIEW TYPE • Full Board • Exempt • Expedited	PROTOCOL #	PRINCIPAL INVESTIGATOR	TITLE	ORIGINAL APPROVAL DATE
5/22/19	2326	Full Board	DuPuy Orthopedics, Inc., and J&J	Juliet Puorro, RN	Randomized, Controlled Evaluation of Health Partner mHealth (Health Partner) for Total Joint Replacement at Princeton Healthcare System	5/24/17
8/21/19	2327	Exempt	Exempt	Sharon Cavone, RN, BSN, OCN, (PI) Co-Investigators: Karen Davison, RN, BSN, OCN Tina Inverso, RN, BSN Kelly McGlew, GN Lori McMullen, RN, MSN, OCN Courtney Smith, GN Sheryl Smolensky, RN, OCN	Nausea and Vomiting in Our Breast Cancer Patients Receiving Chemotherapy: A Retrospective Pilot Study	6/24/17
1/23/20	2236	Exempt	Exempt	Barbara DiCicco-Bloom, RN, PhD	Relationships Among Professional Staff in a Hospice Program	4/23/12
3/26/20	2354	Full Board	Full Board	Judith Kelly, MSN, RN-PI Co-Investigators: Connie Johnson, MSN, RN Ingrid Franco, BS, RN Alicia Becker, RN-BC April Em, PT, DPT Anthony M. Fattori, COTA Dr. Panagiotis Panagakos Dr. Elliot Sambol	Improving Healing Times of Diabetic Foot Wounds with Early Mobility and Offloading	3/27/19

2018 Clinical Advancement and Recognition of Excellence (C.A.R.E.) Nurses

RN 1

Albana, Myrna
Barry, Alanna
Chacko, Littymol
Chen, Xia ohong
Clark, Jane
Devlin, Eileen
Feldbauer, Sandi
Freda, Taryn
Gould, Maria
Ignacio, Maria Luisa
Mackey, Kelly
McDonald Largie, Grace
Molinerros, Stella
Pisarick, Samantha
Ragolia, Sarah
Stankiewicz, Sarah

RN 2

Abayon, Riza
Adams, Carroll
Alpaugh, Nancy
Alster, Amanda
Amberg, Kathy
Andreanidis, Cathryn
Arce, Kelsey
Bacalla, Julie
Barna, Sharon
Bechamps, Trisha
Berlin, Kelly
Blaine, Lisa
Blauth, Dolores
Bleakley, Natalie
Bloom Pam
Booher, Stacy
Bradford, Michelle
Cameron Tini, Christine
Campbell, Amy
Chang, Stella
Chiarello, Kristyn
Clark, Kelly
Colon, Erica
Cottrell, Michelle
Drexel, Becky
Dutcher, Sandy
Faust, Chris
Flynn Kelton, Bernadette
Foley, Edna
Giese, Kim
Giovannetti, Kathleen
Goldstein, Nicole
Goosen, Dana
Graciani, Jacqueline
Halverson, Daniel
Harrell, Carroll
Hassanein, Nancy

Heddy, Lauren
Heruska, Barbara
Hicks, Christine
Hill, Ian
Hoang, Ngoc
Hodapp, Wendi
Hoydal, Maryann
Jaclyn, Ann
Jaczek, Joan
Jiang, Qinghe
Johnson, Lisa
Kane, Danielle
Kelly, Laura
Kjølhaug, Bethannie
Kopanyi, Laurie
Kreider, Kristin
Lachowicz, Monica
Lake, Brian
Lancsak, Danielle
Leonard, Lori
Levin, Jeannette
Liberi, Katie
Lim, Margarita
Lybarger, Anna
Macdonald, Janis
Maguire, Mary
Malinowski, Erin
Mallick, Cheryl
Mallipatti, Sujana
Massoni, Christina
McCurley, Kathryn
Murphy, Caroline
Negron, Deborah
Nogue Doyle, Esmeralda
Nyce, Kathryn
Oldham, Kim
Oliver, Kristin
Patel, Kirti

Paz, Lindsay
Peterson, Kristen
Phang-Perez, Carol
Platonava, Nataliya
Platt, Jane
Quia, Griselda
Ramirez, Valerie
Ratliff Britt, Karla
Ravnig, Robin
Sabo, Lisa
Satchell, Crystal
Sengstack, Elizabeth
Sheppard-Hinkel, Eileen
Singh, Nandrouti
Siziba, Nosisa
Smith, Marlene
Smolensky, Sheryl
Spencer, Mary Ellen
Stout, Maria
Stravinsky, Sharon
Summers, Hina
Szochet, Marcia
Szymanski, Brittany
Tiangco, Julie
Timberman, Corinne
Titre, Keoduangchay
Trenton, Cathy
Troiano, Sheila
Valades, Maria
Ventus, Marites
Viterito, Anissa
Voorhees, Loretta
Waaseleski, Josephine
Walsh, Deborah
Werner, Linda
Yadav, Charol
Yoon, Jeong

RN 3

Adams, Gina
Amegavlue, Veronica
Barron, Lorna
Becker, Alicia
Beers, Jessica
Bloomer, Galit
Borruso, Laura
Brescia, Christina
Brogan, Elizabeth
Brooks, Senora
Capuli, Sarah
Casano, Alexis
Cavone, Sharon
Charette, Gail
Clark, Rudica
Coughlin, Krystle
Csapo, Bianca
Davies, Deb
Davison, Karen
Delin, Melanie
Devalue, Christina
Diccion, Ben
Eicke, Donna
Ellet, Pam
Elmoudden, Sveta
Fabian, Carol
Federovitch, Mayda
Fernandez, Luchy
Freda, Allyson
Galanowsky, Danielle
Gayles, Lakeisha
Godofsky, Rebecca
Greenfeder, Gary
Haftel, Gail
Hamilton, Sharon
Haraz, Colleen
Herman, Sam
Hvisdock, Dana

Ibrokhimova, Malika
Inverso, Tina
Javier, Cherlissee
Jebu, Sheena
Johannes, Barbara
Johnson, Chelsea
Kallon, Fanta
Ketterer, Barbara
Kraehenbuehl, Karen
Lacava, Kelly
Lazo Brito, Adriana
Lim, Lindawati
Lucchesi, Dean
Lyle, Monica
Mabin, Dawn
Madary, Paige
Magid, Jenna
Marquis, Samantha
Matey, Alica
McKinley, Fran
Michaels, Allison
Miller, Aaron
Mozenter, Lori
Nachtman, Teri
Osinowo, Olubukola
Popovich, LeeAnn
Post, Beth
Rady, Khaled
Raymond, Cheryl
Recchione, Lisa
Reyes, Corabeth
Rittley, Dawn
Rogers, Patricia
Ross, Alyssa
Salerno, Alyssa
Sass, Catherine
Savacool, Alice
Savastano, Debbie

RN 4

Aranzazu, Natalie
Joshua, Shana
Kenyon, Dina
Ryan, Jacquelyn

2018 Excellence in Nursing Leadership Nominees and Winners

Recognition of 2018 Direct Care Nursing Excellence Nominees

ACE

Alanna Barry
Amy Campbell
Kelly Clark
Kelly Lacava
Kaylee Landgren
Jenna Magid
Christina Massoni
Elizabeth Sengstack
Julie-Anne Tiangco

ASC

Anita Anzalone
Donna Eicke
Christine Faust
Colleen Haraz
Carroll Harrell
Dawn Mabin

Critical Care Unit

Riza Abayon
Cathryn Andreanidis
Natalia Aranzazu
Mayda Federovitch
Gary Greenfeder
Alice Matey
Jaclyn Ann Te
Janet Viscomi

Clinical Decision Unit

Cynthia Bascara
Robbie Domingo
Bonnie Fayer
Filomena Gutierrez
Jackie Kosta
Alyssa Ross
Kara Smith
Jessica Williams

Community Wellness

Bernadette Flynn-Kelton

Eating Disorders Unit

Fanta Kallon
Danielle Lancsak
Maria Stout

Emergency Department

Charlotte Amuquandoh
Jeannine Booth
Karen Buttry
Samantha Herman
Mary Hoydal
Dina Kenyon
Aneta Siwik

Float Pool

Debra Davies
Luchy Fernandez
Jacqueline Graciani
Monica Lachowicz
Crystal Satchell

Home Care

Denise Monahan
Loris Murdock-Johnson
Judith Wilson
Naseer Zahidani

Infection Control

Anna Maria Clark
Samantha Marquis
Denise McGinley
Berbeth Meisel
Patricia Rogers
Debbie Savastano

Breast Health Center

Mary Kiensicki

Bristol Myers Squibb Clinic

Sharon Barna
Mary Ellen Finn
Lee Ann Popovich

Cath Lab

Allison Yiacas

Center for Pelvic Wellness

Malika Iborkhimova

Care Coordination

Rebecca Godofsky

Clinical Operations

Lori Sletta

Interventional Radiology

Anita Anzalone
Sherry Francis
Marjorie Thony

Information Technology

Dawn McGowan

Labor and Delivery

Kelly Berlin
Sharon Braconi
Nancy Carrozza
Pamela Ellet
Danielle Galanowsky
Beth Post
Catherine Sass

Mother Baby Unit

Bethanne Allen
Julie-Ann Bacalla
Linda Bellaus
Christine Cameron-Tini
Sheena Jebu
Danielle Sessa
Christine Sobey
Patricia Tallone

Maternal Fetal Medicine

Sveta Elmoudden
Barbara Johannes
Kelly LaMonica
Grace McDonald-Largie

MNO

Michelle Dassa
Chelsea Johnson
Michelle Layton
Jacquelyn Ryan
Alice Savacool
Tina Senoo
Edita Surbliene
Jillian Ventura

NICU

Heather Arnold
Krystle Ann Coughlin
Maria Gould
Barbara Heruska
Cherlissee Javier
Carol Phang-Perez

Oncology

Sharon Cavone

OR

Regina Adams

PACU

Ingrid Franco

Pre-Admission Testing

Laura Kelly

Pediatrics

Shana Joshua
Kathryn McCurley
Jyotsna Patole

Periop

Lisa Blaine
Christina Brescia*
Robin Raunig

Princeton Medicine

Gloria Johnson

Surgical Care Unit

Sarah Capuli
Katherine Hooper
Diana Pichardo
Sarah Ragolia
Cordelia Schore

Telemetry

Myrna Albana
Alexis Casano
Kristyn Chiarello
Rodica Clark
Brygida Janiga
Amparo Nebres
Jennifer Nickels
Lindsay Paz
Katherine Scotto
Guia Urbina
Rebecca Williams

*Overall Winner

Recognition of 2018 Excellence in Nursing Leadership - Clinical Nurse Educators

Donna Covin
CCU, CNL

Allison Healy*
ACE, CNL/
Senior Care Coordinator

Connie Johnson
MNO,CNL/
Wound Care Nurse

Kelly LaMonica
L&D, CNL

Paige Schurr
Periop, CNL

Susan Straszynski
Maternal Child Health,
CNL

*Overall Winner

Allison Healy

Recognition of 2018 Excellence in Nursing Leadership - Assistant Nurse Managers

Amanda Alster
ACE

Devaki Balasingha
Telemetry

Tara Benziger
ACE

Galit Bloome
Critical Care Unit

Laura Borruso
ACE

Robin Cherne
Pediatrics

Judith Davis
Surgical Care Unit

Melanie Delin
MNO

Rachel Forst
ACE

Allyson Freda
Mother Baby Unit

Lakeisha Gayles
ACE

Kristin Gonzales
Critical Care Unit

Dana Hsviodock
Clinical Decision Unit

Joan Jaczko
Telemetry

Barbara Ketterer
Maternal Fetal Medicine

Lori Leonard
Periop

Allison Michaels
ACE

Aaron Miller*
Emergency Department

Olubukola "Bukky" Osinowo
Float Pool

Kristen Peterson
Critical Care Unit

Cheryl Raymond
Labor and Delivery

Carol Schwab
Float Pool

Danielle Sessa
Mother Baby Unit

Sharon Stravinsky
Labor & Delivery

Mary Vilardi
Critical Care Unit

Deborah Walsh
Mother Baby Unit

*Overall Winner

Recognition of 2018 Excellence in Senior Nursing Leadership

Karyn Book
Vice President, Patient Care
Services and Interim CNO

Jennifer Hollander
Director, Patient Care
Services

Lori McMullen
Director, Cancer Services

Mindi Nahoum*
Senior Nurse Manager,
Periop

Jeff Cliver
Senior Nurse Manager,
Nursing Resources

Daphne Berei
Nurse Manager, ACE

Mindy Tanpiengco*
Nurse Manager,
Critical Care Unit

Faye Pringle
Nurse Manager, Telemetry

Humility Sumayang
Nurse Manager, MNO and Acute Rehab

Rischelle White
Nurse Manager, Mother Baby Unit

Paula Davis
Nursing Supervisor, Staffing Office

Amanda Dzwilewski
Administrative Coordinator, Nursing
Administration

Stephanie Reed
Administrative Coordinator, Staffing
Office

Carolyn Schleisier
Administrative Coordinator, Nursing
Administration

Sharon Cavone
Nurse Navigator, Oncology

Ashley Palmisano
Nurse Navigator and Women's Service
Line Coordinator, Center for Pelvic
Wellness

*Overall Winners

2018 DAISY Winners

January

Marc Rogol
Clinical Decision
Unit

February

Hope Brembt
Telemetry

March

Zyhra Bethell
Home Care

April

Fiona
Farquharson
EDU

May

Dawn Gordon
Same Day Surgery

June

Grace Espinoza
ICU

July

Barbara Heruska
NICU

August

Dee Balasingham
Telemetry

September

Diana Paczkowski
OR

October

Rebecca Masih
Surgical Floor

November

Cassandra Moonsamy
Surgical Floor

December

Cora Beth Reyes
Infusion

2018 HealthStream

- Advanced Code Blue
- Annual Mandatories
- Blood Transfusion Education
- CAUTI Prevention
- CAUTI Prevention (Sure Step)
- Chemotherapy Spills
- CIWA Training
- Code Stemi RN
- Contrast Media
- Extravasation
- Eye Washing Station Competency
- Fall Risk
- Humpty Dumpty Pediatric Fall Risk Assessment
- Malignant Hyperthermia
- Medication Safety
- Pain Management
- Purposeful Rounding
- RN Code Blue Review
- Safe Patient Handling
- Sharps Injury Prevention
- Sterile Technique
- Team Communication
- Autism Spectrum Disorder
- CSSRS
- Developmentally Appropriate Care of the Adult
- Patient - An HCCS Regulatory Course
- Eating Disorders and Suicide
- EDU Restricted Items
- Essentials in Psychopharmacology
- Every fifteen minute checks in the EDU Setting

2018 Poster Presentations

Beyond Bricks and Mortar: Building a Culture of Excellence

Geri Karpisak, MSN, RN, NEA-BC; and James Demetriades, MBA
2018 National Press Ganey Client Conference
Orlando, FL

Pressure Injury Prevention Begins in the Emergency Room

Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC
2018 NPUAP Conference
Las Vegas, NV

When Healing is Not the Goal

Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC; and Ingrid Franco, BSN, RN, CWCN, OMS
APWCA Conference
Washington, DC

One Size Does Not Fit All

Judith Kelly, BSN, RN, COCN, WCC; Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC; and Ingrid Franco, BSN, RN, CWCN, OMS
APWCA Conference
Washington, DC

Evidence-Based Practice Leads Way for Change in Practice

Jacqueline Ryan, BSN, RN- BC, WCC; Karyn Book, MSN, RN; Jillian Ventura, BSN, RN; Alice Savacool, RN; and
Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC
APWCA Conference
Washington, DC

2018 Podium Presentations

Evidence-Based Practice Leads Way for Change in Practice

Alice Savacool, RN
Wild On Wound Conference
Las Vegas, NV

Pressure Injury Prevention Begins in the Emergency Room

Dina Kenyon, BSN, RN, CEN, WCC
Wild On Wound Conference
Las Vegas, NV

2018 Published Articles

Nurse Navigator Core Competencies: An Update to Reflect the Evolution of the Role

Clinical Journal of Oncology Nursing
Lori McMullen, MSN, RN, OCN
June 2018

Lung Cancer and the Young Adult Non-Smoker

Oncology Nursing News
Sharon Cavone, BSN, RN, OCN
December 2018



2018 Degrees

Name	Credentials	Unit	New Degree	Month	School
Kelly Lacava	BSN, RN BC	ACE/OPI	BSN	August	The College of New Jersey
Kimberly Enterline	MSN, RN, CCRN	Education	MSN	May	Benedictine University
Carol Schwab	BSN, RN	Float Pool	BSN	August	The College of New Jersey
Amy Assadourian	BSN, RN, CCRN	CCU	BSN	November	Excelsior College
Mary Sebastian	BSN, RN	Acute Rehab	BSN	June	Drexel
Jackie Kosta	BSN, RN	Radiology	BSN	May	Rowan University
Stacy Horowitz	BSN, RN	Princeton House	BSN	December	Thomas Edison State University
Shana Joshua	MSN, RN, CBC	Pediatrics	MSN	September	Chamberlain College of Nursing
Eileen Catinello	BSN, RN	MNO	BSN	June	Thomas Edison State University
Brielle Hamilton	MSN, RN, CCRN	Telemetry	MSN	May	Benedictine University
Alexis Casano	BSN, RN	Telemetry	BSN	May	Rutgers Univesity
Marissa Lenhardt	BSN, RN	Telemetry	BSN	May	Colby-Sawyer College
Seema Harisinghani	BSN, RN	Princeton House	BSN	November	Chamberlain College of Nursing
Bernadette Flynn Kelton	BSN, RNC, PCE, IBCLC, RLC	Community Wellness	BSN	December	The College of New Jersey

2018 Certifications

Name	Credentials	Unit	New Cert	Organization
Christian Catiis	BSN, RN, PCCN	CCU	Progressive Care Certified Nurse (PCCN)	American Association of Critical Care Nurses (AACN)
Lauren Heddy	BSN, RN, ONC	SCU	Orthopedic Nurse Certification (ONC)	American Nurses Credentialing Center (ANCC)
Sarah Capuli	BSN, RN, ONC	SCU	Orthopedic Nurse Certification (ONC)	American Nurses Credentialing Center (ANCC)
Christina DeValue	BSN, RN, ONC	SCU	Orthopedic Nurse Certification (ONC)	American Nurses Credentialing Center (ANCC)
Esmerelda Nogue-Doyle	BSN, RNC-OB	L&D	Certified Obstetrics Nurse (RNC-OB)	National Certification Corporation (NCC)
Amy Assadourian	BSN, RN, CCRN	CCU	Critical Care Registered Nurse (CCRN)	American Association of Critical Care Nurses (AACN)
Bianca Csapo	BSN, RNC MNN	Mother Baby	Certification in Maternal Newborn Nursing (RNC-MNN)	National Certification Corporation (NCC)
Tina Inverso	BSN, RN, OCN	Matthews Center for Cancer Care	Oncology Nurse Certification (ONC)	Oncology Nursing Certification Corporation (ONCC)
Alyssa Salerno	BSN, RNC-NIC	NICU	Neonatal Intensive Care Nursing (RNC-NIC)	National Certification Corporation (NCC)
Michelle Bradford	BSN, RN, CEN, CPEN	ED	Certified Emergency Nurse (CEN) and Certified Pediatric Emergency Nurse (CPEN)	Board for Certification of Emergency Nurses (BCEN)

Name	Credentials	Unit	New Cert	Organization
Kelly Mackey	RN, EFM-C	L&D	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Christina Delucia	BSN, RN, EFM-C	L&D	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Paige Madary	BSN, RN, CCRN	CCU	Critical Care Registered Nurse (CCRN)	American Association of Critical Care Nurses (AACN)
Grace J George	BSN, RN, CRRN	Acute Rehab	Certified Rehabilitation Registered	Association of Rehabilitation Nurses Nurse (CCRN)
Leah Jabonero	BSN, RN, CRRN	Acute Rehab	Certified Rehabilitation Registered	Association of Rehabilitation Nurses Nurse (CCRN)
Stacey Hamaoui	BSN, RN-BC	ACE	Geriatric Nurse Certification (GNC)	American Nurses Credentialing Center (ANCC)
Jacqueline Ryan	BSN, RN-BC, WCC	ASC	Wound Care Certified (WCC)	National Alliance of Wound Care and Ostomy (NAWCO)
Dina Kenyon	BSN, RN, CEN, WCC	ED	Wound Care Certified (WCC)	National Alliance of Wound Care and Ostomy (NAWCO)
Judy Kelly	BSN, RN, COCN, WCC	Case Management	Wound Care Certified (WCC)	National Alliance of Wound Care and Ostomy (NAWCO)
Ingrid Franco	BSN, RN, CWCN, OMS	Wound	Ostomy Management Specialist (OMS)	National Alliance of Wound Care and Ostomy (NAWCO)

2018 Continuing Education Credits Offered

Activity Title	Start Date	Credits Offered
MCH Education Day: Cultural, Spiritual, and Gender Sensitivity	12/10/18	4
Basic Arrhythmia Course	12/7/18	6.5
ELNEC	12/4/18	13.25
Acute Rehab Education Day	11/30/18	5
Oncology Education Day	11/28/18	6.25
MCH Education Day: Cultural, Spiritual, and Gender Sensitivity	11/28/18	4
STABLE	11/12/18	8
Orthopaedic Nursing Education Day	11/8/18	6.5
Basic Arrhythmia Course	11/2/18	6.5
Float Education Day	10/24/18	4.5
Acute Rehab Education Day	10/17/18	5
Research Day	10/17/18	5.5
MCH Education Day: Cultural, Spiritual, and Gender Sensitivity	10/15/18	4
Behavioral Health Education Day	10/9/18	5.5
Charge Nurse Course	10/8/18	5
STABLE	10/8/18	8
Basic Arrhythmia Course	10/5/18	6.5
Stroke Education Day	9/26/18	5.5
MCH Education Day: Cultural, Spiritual, and Gender Sensitivity	9/21/18	4
Basic Arrhythmia Course	9/7/18	6.5
Basic Arrhythmia Course	5/4/18	6.5
Float Education Day	4/4/18	3.25
STABLE	3/28/18	8
Basic Arrhythmia Course	3/2/18	6.5
Basic Arrhythmia Course	2/2/18	6.5
ELNEC	1/11/18	13.25
Basic Arrhythmia Course	1/5/18	6.5
Basic Arrhythmia Course	7/6/18	6.5
TOTAL		177





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