



2020
annual nursing
report



Penn Medicine
Princeton Medical Center

Message from Chief Nursing Officer

Sheila Glennon Kempf, PhD, RN, NEA-BC



It is my honor and privilege to present the *2020 Annual Nursing Report*, which celebrates the accomplishments and extraordinary improvements achieved by the Penn Medicine Princeton Medical Center Nursing Department. You should all be extremely proud of how hard you have worked and what you have achieved!

The year 2020, the Year of the Nurse, was a year like none other. But while it marked one of the worst years in

our country's history, it was, without a doubt, our finest hour in nursing. Faced with the challenges of the COVID-19 pandemic beginning in March 2020, you demonstrated more unbelievable courage, innovation, resilience, caring, and sheer brilliance than I have ever seen in a nursing staff. You rose to the demands of the pandemic in ways that most could not have imagined. No matter what the obstacle or challenge, the nursing staff faced it together, with a 'can-do' attitude.

In his book *Good to Great*,* Jim Collins accurately describes my feelings about the nursing staff and leadership:

"First, if you begin with "who," you can more easily adapt to a fast-changing world. If people get on your bus because of where they think it's going, you'll be in trouble when you get 10 miles down the road and discover that you need to change direction because the world has changed.

But if people board the bus principally because of all the other **great people** on the bus, you'll be much faster and smarter in responding to changing conditions. Second, if you have the right people on your bus, you don't need to worry about motivating them. The right people are self-motivated: ***Nothing beats being part of a team that is expected to produce great results.***"

Undoubtedly, I am on the **right** bus with the **right** people! You consistently challenge yourselves to produce great results, and you succeed. You should all be extremely proud of how hard you have worked and what you have achieved. I have said it before and I will say it again: You are heroes to the world, to your patients, to your families and to our hospital!

As you reflect on the past year, I encourage you to remember not only the extraordinary care you provided to your patients, but to take pride in the support you provided to each other. Lastly, I encourage you to take the time to care for yourself, a task that is not easy for nurses. Please remember to reward yourself for a job well done!

On behalf of our patients, their families and our hospital, I say thank you for being there when needed. The dedication exhibited by our nursing staff is second to none. I am honored and proud to work with each and every one of you.

*Collins, J. C. (2001). *Good to great: Why some companies make the leap—and others don't*. New York, NY: Harper Business

Message from Chief Executive Officer

James Demetriades



At Penn Medicine Princeton Medical Center (PMPMC), we are dedicated to becoming Central New Jersey's undisputed leader for both quality of care and patient experience. These are ambitious goals, yet we know they are achievable thanks in large part to our nursing staff and its commitment to excellence.

Nurses throughout PMPMC, from the bedside to the boardroom, are united in the effort to advance professional nursing practice through innovation and research. At the same time, they remain firmly rooted in an unwavering compassion for our patients and their families.

This past year posed unprecedented challenges, and our nurses — like so many people across our organization — made heroic efforts to help our community through the pandemic.

Our nurses met the challenge head-on every day. They were flexible, taking on new tasks, venturing onto new units, always ready and willing to do whatever was needed to care for our patients and communicate with family members who, at times, were not allowed to visit loved ones. They were resilient, weathering the storm and showing up day in and day out for our patients. And they never failed to support their colleagues, helping everyone navigate their way through a challenging time.

We are grateful for their commitment and proud to work with them to serve our patients and the community.



CONTENTS



- 6
A History of Excellence
- 7
Surveying for Nurse Engagement
- 8
Bedside Shift Report and
Nurse Leader Rounding
Improve Patient Experience
- 9
Nursing-Sensitive Indicators



- 10-19
Nurses at Penn Medicine Princeton Medical
Center Adapt, Innovate, and Persevere
During the COVID-19 Pandemic

- 20-21
Shared Governance
Councils Rise to
the Challenge



- 22
Professional
Practice Mode

- 23
Staff Nurse Advisory Council Creates
Wellness Kits for Peers Excellence

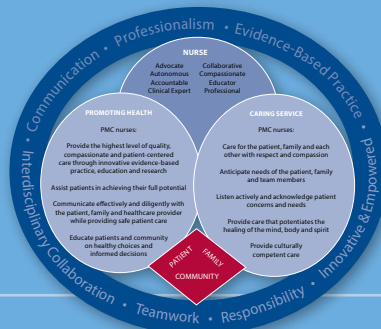
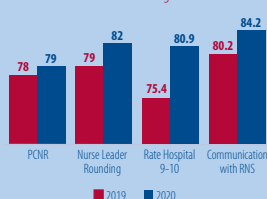
- 25
Nurse Leaders

- 26-27
Community Support for
Penn Medicine Princeton
Medical Center Nurses



- 28
Nurses Participate in
Quality Improvement

Patient Experience - 2019 to 2020 Comparison
Impact of Patient-Centered Nurse Report
and Nurse Leader Rounding





CONTENTS

29

Posters, Presentations
and Publications

30-31

Pressure Injury Prevention in
SARS-CoV-Infected Acute
Respiratory Distress
Syndrome Patients

32-33

IRB Studies



34-35

Penn Medicine Princeton
Medical Center Introduces
New CARE Program

36-37

Princeton Health Nursing
and Clinical Support Staff
Excellence Awards

38

Penn Medicine Nursing
Clinical Excellence Awards



40-41

New
Degrees

42

2020 DAISY
Winners

44-45

New
Certifications



A History of Excellence

The dedicated nurses at Penn Medicine Princeton Medical Center (PMPMC) have been providing care to patients and the community for over a century. Between moving to a new, state-of-the-art facility in 2012 to partnering with Penn Medicine in 2018 to navigating the COVID-19 pandemic in 2020, the nurses at PMPMC have demonstrated a dedication to creating an excellent patient experience, driving optimal clinical outcomes, developing new knowledge and innovation, and advancing their own professional development.

PMPMC is a two-time ANCC Magnet® designated hospital, most recently receiving this recognition in September 2017. Earning Magnet® designation reaffirms the hard work and dedication of the entire staff at PMPMC, and acknowledges excellence in nursing services.

The nurses at PMPMC have also contributed to initiatives that have led to numerous unit- and hospital-level recognitions, such as The Joint Commission's (TJC) Advanced Certification for Total Hip and Knee Replacement, The Joint Commission Perinatal Center of Excellence designation, and the American Association of Critical-Care Nurses (AACN) Beacon Award, among many others.

All of PMPMC is dedicated to continuing to move the organization forward in our pursuit of excellence.

NURSING FACTS & FIGURES

	% BSN or Higher	% Certified
Nursing Leadership	100.0%	86.7%
Direct Care Nurses	78.9%	51.9%
Non-Direct Care Nurses	79.5%	77.1%
TOTAL	79.2%	55.7%

HOSPITAL FACTS & FIGURES

Licensed Beds	319
Average Daily Census	174
Average Stay (Days)	4.8

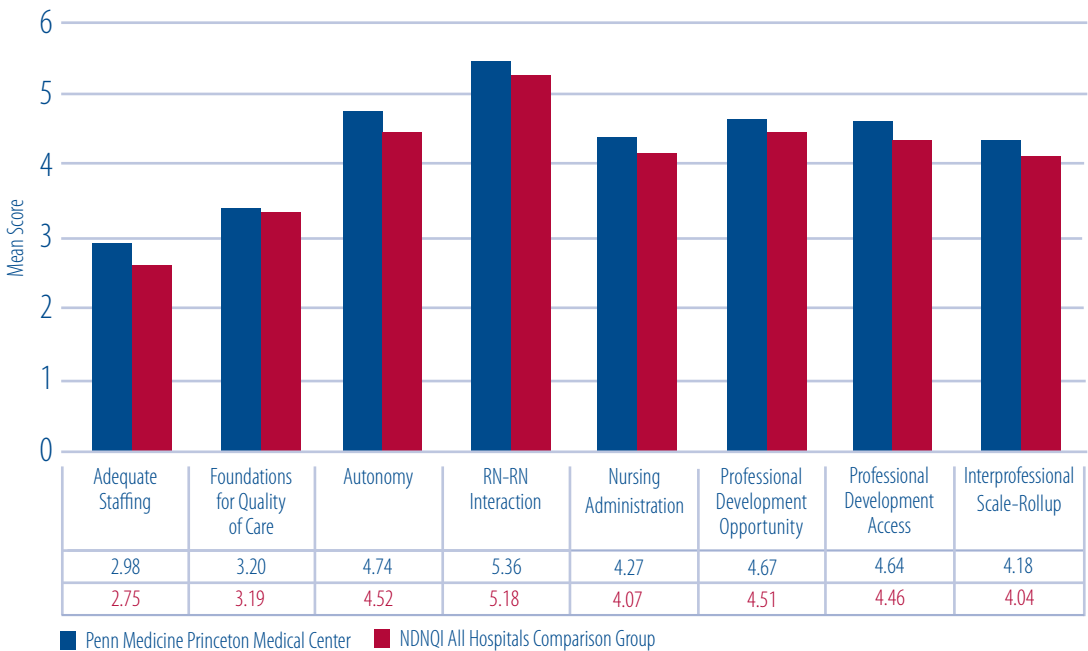


Surveying for Nurse Engagement

In August 2020, the nurses at Penn Medicine Princeton Medical Center (PMPMC) participated in the RN Survey offered through the National Database of Nursing Quality Indicators (NDNQI). Over 675 RNs and APNs participated in the survey, with an average response rate of 95%.

PMPMC outperformed the All Hospitals Comparison Group mean score for all of the Magnet®-approved categories at the organizational level.

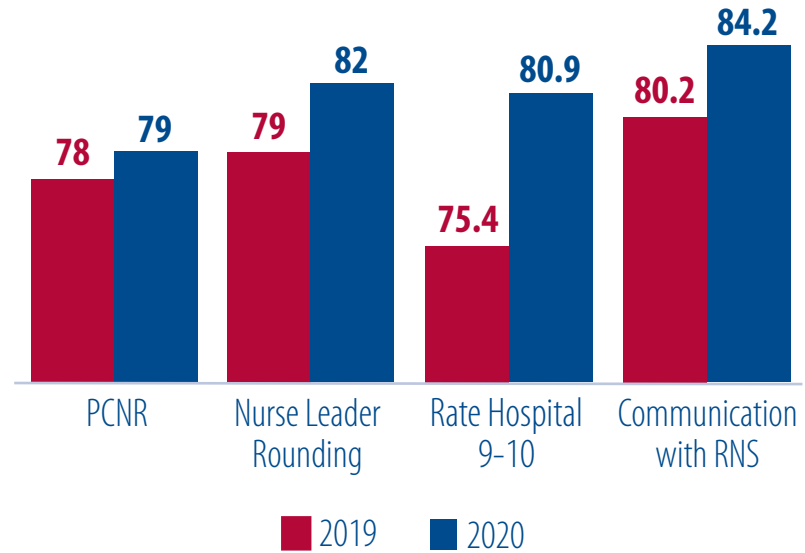
Penn Medicine Princeton Medical Center - Overall Results NDNQI RN Satisfaction Survey - August 2020



Bedside Shift Report and Nurse Leader Rounding Improve Patient Experience

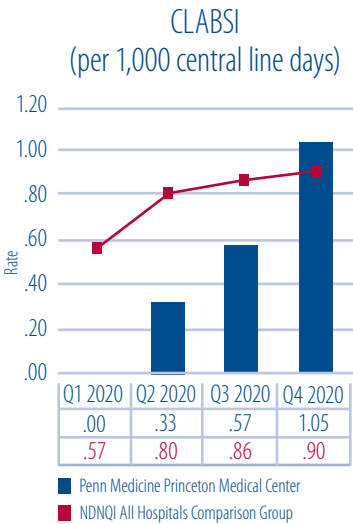
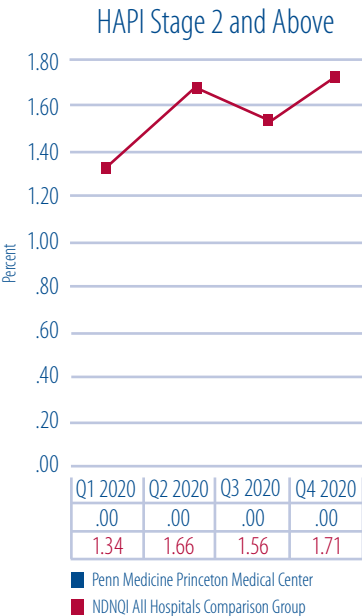
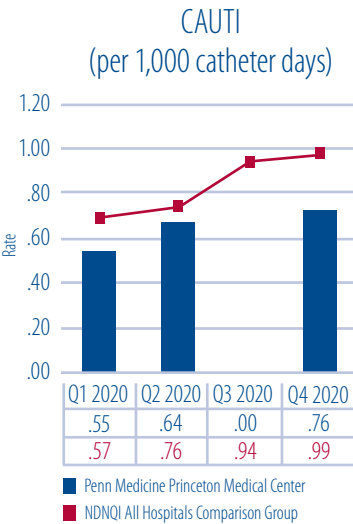
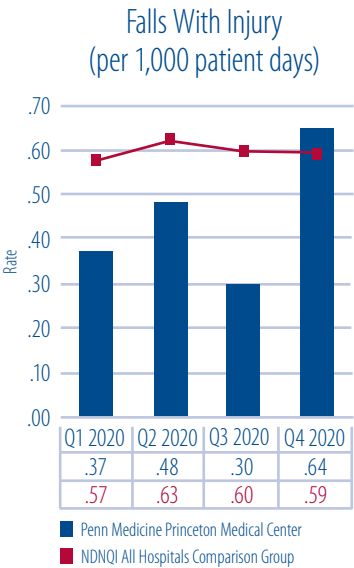
In late 2019, reviews of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data showed a correlation between bedside patient-centered nurse report (PCNR) and nurse leader rounding with Penn Medicine Princeton Medical Center's (PMPMC) HCAHPS scores for the domains "Rate the Hospital 9 or 10" and "Communication with Nurses." The HCAHPS scores for these two domains were markedly higher when a patient reported they had participated in bedside PCNR and nurse leader rounding. Armed with this knowledge, the nursing leadership team began a campaign to increase the consistency with which these two nursing initiatives were conducted. The data was shared with nurses at all levels during staff meetings and chief nursing officer (CNO) town hall meetings. Formalized education was provided to clinical nurses on the importance and proper methodology of bedside PCNR, and audits began to measure compliance with both bedside PCNR and nurse leader rounding. In spite of the challenges of COVID-19, PMPMC continued to perform well in both HCAHPS domains, and the correlation between compliance with the initiatives remained. In comparison to 2019, PMPMC performed higher in both domains in 2020. The 2020 scores placed PMPMC in the top decile for performance among Press Ganey peer groups.

Patient Experience - 2019 to 2020 Comparison Impact of Patient-Centered Nurse Report and Nurse Leader Rounding



Nursing-Sensitive Indicators

Eligible units at Penn Medicine Princeton Medical Center (PMPMC) participate in the National Database of Nursing Quality Indicators (NDNQI) for reporting of nursing-sensitive indicators. The NDNQI provides PMPMC with a national benchmark for comparison on a quarterly basis. In 2020, PMPMC outperformed the NDNQI All Hospitals Comparison Group for all four quarters in hospital-acquired pressure injuries (HAPI) stage 2 and above and catheter-associated urinary tract infections (CAUTI). PMPMC outperformed the NDNQI All Hospitals Comparison Group for three out of the four quarters in falls with injury and central line-associated bloodstream infections (CLABSI).



Source: National Database of Nursing Quality Indicator (NDNQI)

Nurses at Penn Medicine Princeton Medical Center Adapt, Innovate, and Persevere During the COVID-19 Pandemic



As COVID-19 began to tighten its grip on the nation and the world in March, the nurses at Penn Medicine Princeton Medical Center focused their expertise and compassion on caring for patients diagnosed with the virus.

Beginning on March 16, the date of our first COVID-19 admission, the teams at PMPMC quickly adapted to ensure our patients continued to receive exceptional care, whether being treated for the virus or another medical condition.

The stories of courage, innovation, and compassion that follow remind us that nurses never stop caring for their patients and the community, especially in times of crisis. While not all areas of the organization are featured in these stories, the contributions made in all areas of PMPMC are not to be overlooked. The COVID-19 pandemic touched each of us, impacting the way we all deliver care.

ACUTE CARE FOR THE ELDERLY

This medical-surgical unit for older patients received its first COVID-19 patient in early March, and the nursing team had to immediately modify the unit to accommodate patients of all ages who required acute care.

Initially, the strategy for caring for COVID-19 patients included creating a six-bed pod; however, as the number of patients increased, the care delivery model had to be adjusted again to care for COVID-19 patients in each of the unit's 24 beds.

As the situation changed nearly hour by hour, reducing infection rates and protecting both clinical and non-clinical staff was paramount. Nurses on the unit assumed the primary role of providing for all of the patients' bedside needs. The nursing team also worked together to find the best solutions for limiting their exposure to the virus, including strategies for consolidating trips into the patient rooms to respond to call bells, and meeting other needs. Once the patient census grew to fill the entire unit, care delivery was again reassessed, and nursing assistants returned to help with bedside care.

At the height of the pandemic, nursing staff members were trained to implement continuous pulse oximeters and were also taught to administer basic respiratory treatments, so the respiratory care team could attend to more critical patients in the intensive care unit and emergency department. Because patient visitation wasn't allowed, staff learned how to use technology to assist patients who wanted to speak with loved ones.

To help support each other during this time, the nursing staff created a Peer Support Committee, which offered a shoulder to lean on when life — either professionally or personally — felt overwhelming.



Reflections

"The nurses came together to assume many new responsibilities and care for an unknown population. They were a family, taking care of patients, and each other."

"The pandemic brought our staff together. It reaffirmed our appreciation for and trust in each other."

"Everyone was so brave, and so flexible. I'm so proud of our team."

"We didn't do this alone. Support from the critical care unit, pastoral care, and others around the hospital helped us build strong relationships that continue today."

POST-ANESTHESIA CARE UNIT

At the end of March, when COVID-19 cases were surging, the Post-Anesthesia Care Unit (PACU) became a critical care unit for these acutely ill patients.

The PACU nursing staff responded very quickly, bringing in supplies and helping to transform the unit in three days. Because the PACU is typically an open area with patient bays, and suddenly isolation was so important, the unit was sealed off so the hospital's negative pressure system would work to keep the highly contagious virus from infecting others.

The nursing staff took an innovative approach to patient care, employing telemedicine to communicate with physicians, and assigning nurses/OR techs the critical job of were runners for things that were needed outside the unit, such as trips to the lab and retrieving supplies. This meant that nurses who were interacting directly with patients could stay in their personal protective equipment (PPE) longer — often for up to 12 hours at a time — and lower the risk of virus transmission.

In addition to the nursing staff, anesthesiologists who typically care for patients during the perioperative phase were the intensivists in the PACU. Ventilators were borrowed from the operating rooms for patients in critical condition. Additional support and guidance were provided by nurses from other Penn Medicine entities, who checked in with the PACU team during every shift.



Reflections

"Our nurses put the patients before themselves. We're all stronger for this experience."

"Our nurses showed that they are able to provide safe care — even in the most extreme situations."

"The nursing staff is amazing. They pulled together to do what they had to do. I'm so proud."

EMERGENCY DEPARTMENT

When the COVID-19 pandemic first hit and members of the community arrived in the Emergency Department (ED), it was initially difficult to determine who was infected with the virus.

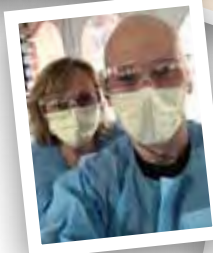
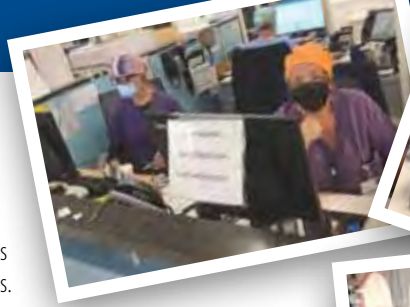
As the primary hospital entry point for the community, the goal was to limit staff exposure to potentially positive patients, and to reduce the possibility of patient-to-patient transmission.

The ED quickly enacted a clustered care approach — physicians interacted with patients when necessary, but the nurses were designated as the primary caregivers.

Once it was clear that additional safety measures were necessary, a large tent was erected outside the ED to keep as many potentially COVID-19 positive patients out of the flow of the department. The tent was well-ventilated and held up to 10 physically distanced patients. A member of the nursing staff was assigned to triage and test patients in the tent for an entire shift, again reducing the risk of virus transmission. Once the weather turned colder, the tent was replaced with a large trailer. Plexiglass dividers were also installed throughout the department to help further distance staff and patients.

Recommendations from the Centers for Disease Control and Prevention (CDC) changed rapidly, so an in-person daily huddle and email were created to communicate crucial information to all staff. Communication was also a concern for patients, as visitor restrictions were enacted throughout the hospital. Wall phones were installed in every patient room so those who felt isolated and didn't have access to a mobile phone could call their loved ones. Nursing staff also used the phones to contact family members and update them on a patient's condition.

Technology played an important role tracking patients who didn't require hospitalization. Two Penn Medicine apps, COVID-19 Pulse and COVID-19 Watch, were used to inform patients of COVID-19 test results and to monitor their symptoms. COVID-19 Pulse also enabled the ED staff to teach patients how to monitor their blood oxygen level through a portable pulse oximeter, and the results helped to determine if the patient should return to the ED for further assessment.



Reflections

"Throughout the pandemic, our nurses showed unwavering compassion, bravery, and commitment to our patients and to each other."

"Our nurses never ran away. They put on their PPE and ran in. Every nurse stepped up when others may have been afraid."

"We learned something every day. We pulled together in a way that has renewed my sense of pride in being a nurse."

TELEMETRY

A significant number of clinical staff on the Telemetry Unit were infected with COVID-19 during the first wave; several had ongoing symptoms, and others worked through devastating effects to their families and loved ones.

As the first wave of the pandemic made it clear that critically ill patient volume could quickly grow, the Telemetry Unit's nursing leadership created a plan to adapt its clinical services to meet the needs of critically ill patients.

The entire nursing staff rose to meet new challenges in their workflow. The team gained new knowledge to care for their patients, while also coming together to care for each other.

Across the unit, nurses were trained to administer respiratory treatments and high-flow oxygen, learned to conduct remote pacemaker interrogations, and helped patients learn how to self-prone to aid in their recovery.

Other parts of the nurses' daily routine changed as well — techs who would typically perform EKG tests in patient rooms were no longer able to enter the unit, and code carts had to be moved into hallways, as new approaches to rapid response were created. With visitor restrictions in place, a float pool nurse was reassigned to focus on using video to communicate with patients' loved ones.

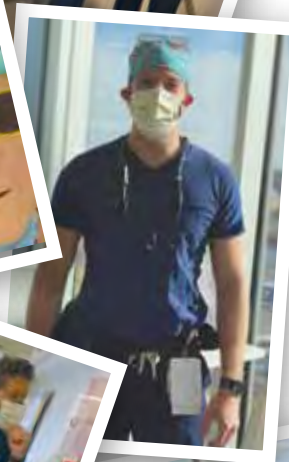
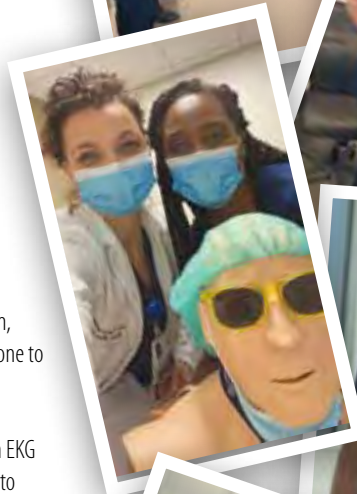
While nurses remained in the unit, a strategy was developed to cross-train a core team of staff and redeploy them to work in critical care. The plan was supported by a patient care reference manual and online education that guided nursing staff in their new assignments. A supply closet was also created so nurses would have everything they needed in one central location, and rooms and monitoring equipment were reconfigured and distributed to ensure consistent care to the sickest patients.

Reflections

"I'm so impressed by how much our nurses learned and how quickly they grew."

"I'm in awe of the nurses' dedication and resilience. Now it's been almost a year and that continues. I thank them for that."

"Everyone contributed the best of their talents. They knew that what they were doing would have an impact — that they were a part of history."



CRITICAL CARE UNIT

The philosophy that nothing is a crisis if you have a plan in place is the foundation of the Critical Care Unit (CCU). The challenge of planning for the impact of the COVID-19 pandemic, however, was something that not even the most experienced nurses on the unit could have anticipated.

As the number of COVID-19 positive patients surged, the nursing team had to find innovative ways to adapt care delivery to keep patients isolated and staff as protected from the virus as possible.

Two of the goals set by CCU nurse leadership included conserving PPE and maximizing nursing efficiency while reducing time spent on patient care. To achieve these goals, extension tubing was added to IVs and infusion pumps were moved outside patient rooms and into the hallway to minimize the number of times the primary nurse entered the room to change IV fluids or titrate medications. Medical supplies were organized into kits and procedure carts and placed in a central location so nurses, anesthesiologists, and intensivists would have the items they needed at their fingertips. For instance, supplies needed for emergent intubation were collected and organized into a “grab and go” bag. In addition, the nurses who provided bedside care were equipped with headsets so they could communicate with other nurses on the unit. Glass doorways were utilized for communication between team members and protocols were posted at each work station for quick reference.

A pilot electronic intensive care unit (eICU) equipment program was also implemented by the CCU. The installation of eICU monitors at the bedside enabled nurses and intensivists from other Penn Medicine locations to observe patients at the request of a CCU nurse, and provide feedback on treatment plans and patient progress. Tablets were provided to give isolated patients the opportunity to hear and see their loved ones.



Reflections

“We are a legendary team with kind hearts, fierce minds, and brave spirits. Stronger Together.”

“I would choose to face this type of challenge with the same team again and again. They showed so much resiliency and courage.”

“The support that we received from the community was overwhelming. It lifted our spirits and helped motivate us. We’re so grateful.”

Nursing staff from units throughout the hospital and medical offices were redeployed to the CCU, and their assistance proved to be invaluable. The CCU nursing leadership created an organized strategy to best utilize the talents of the labor pool, to make sure that everyone felt they were contributing to the team with clearly delineated roles and responsibilities and clinical support as needed. Due to the higher frequency of patient proning, the CCU's team efforts were supported by the wound care nurse, together with operating room techs. They formed a proning team that routinely repositioned intubated patients and performed preventative measures, which helped protect against skin deterioration and improve oxygenation.

Throughout the hardest days of the pandemic, CCU staff were also supported by the hospital's crisis intervention team, led by the Religious Ministries Department. Organizational senior leadership also rounded in the CCU and were very responsive to their needs.



SURGICAL SERVICES

The Surgical Services nursing team includes nurses from a variety of clinical areas. When COVID-19 patient volume increased across the hospital, nursing leadership reviewed the expertise of each nurse and redeployed nurses to units in the hospital where they had previous experience. A small number of nurses stayed on the unit to help with non-elective, emergency surgeries.

The entire nursing team demonstrated flexibility and a willingness to learn quickly, as they took on new roles and guidance from the Centers for Disease Control and Prevention changed virtually moment to moment.

To help support critical patients who were on ventilators, a multiprofessional proning team was formed, including operating room (OR) assistants, was formed. The team approached patients without hesitation, and their actions had a significant impact on treatment and recovery.

Surgical Services nursing staff also created a tracheostomy team for patients who would need prolonged lung support. The team provided care and brought supplies directly to the Intensive Care Unit to perform the procedures.

The Surgical Services team also established several new policies to help reduce the risk of virus transmission and PPE use. A room was designated for COVID-19 positive patients, negative room pressure was employed during procedures on those patients, and the team of two OR nurses became three, as an additional nurse was added as a supply runner who stayed outside the room to hand supplies into the OR during procedures.



Reflections

"I am proud to have been a part of this team and to see everyone come together."

"It was a humbling experience that reminded us of the importance of caring for other people."

"We have such a great team. I feel so blessed to work with every one of them. They rocked it."

SURGICAL CARE UNIT

When elective surgeries were temporarily postponed on the Surgical Care Unit (SCU) to meet the sudden influx of COVID-19 patients, the surgical care nursing staff quickly took action and adapted to the evolving situation.

As patient volume increased, the nursing team employed a clustered care staffing model to help ensure continuity of care and reduce PPE waste. To achieve this goal, nurses from across Princeton Medical Center were deployed to SCU to act as “runners.” Runners assisted with retrieving medications from the pharmacy, obtaining medical equipment, and supplies, etc. so the other nurses on the unit could focus their attention on patients and stay in their PPE for longer periods of time at the bedside. Nursing leadership and members of hospital administration worked together to ensure that the daily needs for PPE were met, and the N95 mask sterilization process was incorporated into the daily workflow.

This challenging time also called for creative methods of communication, and the nursing leadership team rose to the occasion by developing a plan that included using a laminated sign on the glass on each patient room door to communicate and record crucial information. They also developed a list of tasks that nurses should accomplish every time they entered a patient room, which minimized entering rooms unnecessarily — again protecting patients and staff and reducing PPE use.

The nursing team demonstrated empathy, and resourcefulness in other ways as well. They used evidenced-based practice in caring for patients, and also engaged fully in the art and science of nursing.



Reflections

“I am proud to have been a part of this team and to see everyone come together.”

“It was a humbling experience that reminded us of the importance of caring for other people.”

“We have such a great team. I feel so blessed to work with every one of them. They rocked it.”

Treating patients with COVID-19 reminded the nursing team of its role in connecting with patients and understanding their basic needs. Wellness carts with hygiene supplies were created to offer patients access to items that would help in their return to health. The nursing team employed technology to assist patients with video calls to loved ones and to keep family members up-to-date, and also worked with the hospital's Religious Ministries Department to offer solace for patients and staff alike.

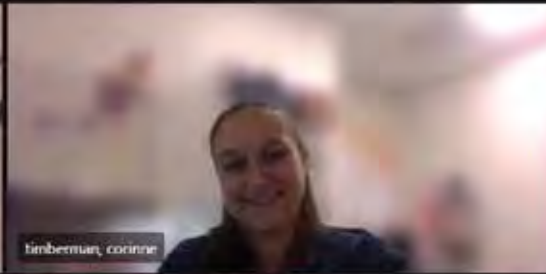
Patients who recovered from COVID-19 were celebrated with "red carpet treatment." At the time of discharge, a red carpet was rolled out from the SCU to the main elevators. A nurse in the unit would alert the hospital's operator, who would play the song "Here Comes the Sun" by the Beatles overhead, as staff lined the path to the hospital's exit while clapping and sharing words of encouragement. This simple act acknowledged the efforts of those patients who struggled so significantly with the virus, and it was an important milestone for staff, offering hope at such a dreadful yet extraordinary time.



01:10:59



Leave



Shared Governance Councils Rise to the Challenge

All nurses at Penn Medicine Princeton Medical Center (PMPMC) are invited to participate in organizational shared decision making through the Nursing Shared Governance Councils. The councils are made up of clinical nurses and nurse leaders from across the organization, providing for a diverse perspective and broad representation of our healthcare system.

In 2020, the Nursing Shared Governance Councils rose to the challenges presented by the COVID-19 pandemic. As all in-person meetings at PMPMC were prohibited, the councils moved to adapt to a virtual environment. Despite the demands of caring for patients and staffing constraints during the pandemic, the Nursing Shared Governance Councils continued to meet monthly by smoothly pivoting to a new virtual meeting structure.

Through online meetings, the councils were able to continue their valuable work, including planning a Virtual Professional Development Day, contributing to the creation of the Nursing Strategic Plan, forming a peer support group, disseminating ongoing nursing research, shaping policies for nursing practice, and participating in optimization efforts for the electronic health record system.

2020 SHARED GOVERNANCE CHAIRS AND CO-CHAIRS

Research

Tina Inverso, BSN, RN, OCN, Cancer Center
Sheryl Smolensky, BSN, RN, Radiation Oncology

Clinical Practice

(Xiangyun) Sharon Tai, BSN, RN, Clinical Decision Unit
Christine Trusiani, BSN, RN, Acute Care for Elders Unit

Nursing Quality

Alexus Fuentes, BSN, RN, ONC, Surgical Care Unit
Alice Savacool, BSN, RN, Peri-operative Unit

Professional Development

Lindsey Brandt, BSN, RN, Telemetry
Jane Clark, BSN, RN, Telemetry

Staff Nurse Advisory Council

Shelby Gies, BSN, RN, C-EFM, Labor & Delivery
Jordan Mento, BSN, RN, Critical Care Unit

Clinical Informatics

Hubert Hsu, BSN, RN, Medical Neurology Oncology Unit
Megan Ratwani, BSN, RN, ONC, Surgical Care Unit

Nursing Board

Christina DeValue, BSN, RN, ONC, Surgical Care Unit
Corinne Timberman, BSN, RN, PMHN-BC, Eating Disorder Unit

Professional Practice Model



Staff Nurse Advisory Council Creates Wellness Kits for Peers Excellence

In the midst of the COVID-19 pandemic's first wave, the dedicated nurses of the Staff Nurse Advisory Council (SNAC) continued to meet virtually on a consistent basis. The primary function of SNAC is to facilitate direct communication between frontline clinical nurses and the chief nursing officer (CNO). This relationship provided an opportunity for Sheila Kempf, PhD, RN, NEA-BC, CNO, to gain real-time feedback from the nurses about how best to support them during these difficult times.

In April 2020, the SNAC expressed concerns that there needed to be greater efforts to support the nurses and support staff on an emotional and spiritual level. The committee suggested they create wellness kits to be given out to staff as a token of support and appreciation. The kits, nicknamed "Code Lavender Bags," contained a stress ball, lavender essential oil diffusers, chocolate candies, and note cards inscribed with inspirational messages.

The SNAC decided Nurse's Week, the first week in May, was a perfect time to distribute the kits. Nurses from across the inpatient and ambulatory areas of Princeton Medical Center volunteered their time, working tirelessly to assemble over 3,000 Code Lavender Bags in just one week. SNAC members then personally traveled from unit to unit to present the bags directly to their peers, as a show of support and solidarity.

All of Princeton Medical Center sends a huge "thank you" to this dedicated group of nurses!

THANKS TO

Allison Benziger, BSN, RN-BC
Beth Brogan, RNC-OB, C-EFM
Ed Callahan, LNHA
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Christina DeValue, BSN, RN, ONC
Bernadette Flynn-Kelton, BSN, RNC, PCE, IBCLC, RLC
Tina George, BSN, RN

Shelby Gies, BSN, RN
Stacy Horowitz, BSN, RN
Tracy Howard
Sheila Kempf, PhD, RN, NEA-BC
Jennifer Liu, BSN, RN
Kari Mastro, PhD, RN, NEA-BC
Jordan Mento, BSN, RN

Carol Schwab, BSN, RN, CMSRN
Katie Stevens, BSN, RN
Kelly Toler, MSN, RN-BC
Christine Trusiani, BSN, RN
Deborah Walsh, MSN, RN, CBC
Linda Werner, BSN, RN
Ellen Winkle, MSN, RNC-OB, IBCLC, C-EFM



MISSION

We provide exceptional, compassionate care
to enhance the health of our patients,
their families and our community.



Nurse Leaders



Community Support for Penn Medicine Princeton Medical Center Nurses



Penn Medicine Princeton Medical Center (PMPMC) has always valued its connection to the community. In fact, our mission, vision, and values showcase our dedication to serving the community. When COVID-19 struck, that dedication shined through. And while the staff at PMPMC worked tirelessly to care for our patients during the surge in cases throughout the spring of 2020, the community rallied to help care for us. Donations from local restaurants, businesses, and even individual community members poured in as a show of support. Some made one-time donations, and others gave repeatedly throughout the spring.

With personal protection equipment (PPE) in high demand, PMPMC received numerous donations of PPE. To help alleviate the discomfort of wearing face masks throughout a 12-hour shift, PMPMC also received donations of 3D-printed "ear savers," which could be used to secure the ear loops of a face mask without having to hook them behind the wearer's ears.

Food became another welcomed donation. Donated snacks and bottles of water were available at the hospital entrances for staff to take on their way in for their shift. To help make sure we all had something to eat during our shift, fresh meals were delivered to the units daily. From April to July 2020, approximately 200 meals per day were donated, seven days a week. One local restaurant provided food so frequently that the administrative staff

coordinating the donations came to know the owner personally. The food was shared among all hospital staff and units, as we worked together to care for our patients.

On one lovely afternoon, the entrances into the building were lined with donated bouquets of flowers for staff to take home. In a time when everyone seemed so focused on securing the essentials, luxuries like fresh flowers served as a reminder to slow down and appreciate the little things.

The nursing and support staff at PMPMC will never forget the way that our community came together during this time of struggle.

A special thanks to all who donated to PMPMC during the Covid-19 pandemic.



Nurses Participate in Quality Improvement

Nurses at Penn Medicine Princeton Medical Center (PMPMC) are encouraged to participate in quality improvement (QI) projects focused on improving clinical outcomes for patients. When opportunities for improvement are identified, interprofessional groups are assembled to develop and implement solutions utilizing the Plan-Do-Study-Act (PDSA) methodology.

In 2020, two notable PDSA projects were led by nurses.

REDUCING NULLIPAROUS, TERM, SINGLETON, VERTEX (NTSV) CESAREAN (C/S) BIRTH RATES

From December 2019 to March 2020, a PDSA team was brought together to reduce the NTSV C/S birth rate at PMPMC. Both Leapfrog and Healthy People 2020 have set benchmarks for organizations to have a NTSV C/S birth rate of less than 23.9%. The team provided for education of the nurses on Labor and Delivery (LD) to increase their knowledge of evidence-based interventions that could support laboring mothers and reduce the risk of failed inductions and labor dystocia. In the months following conclusion of the PDSA, the NTSV C/S birth rate at PMPMC was sustained below the benchmark.

Executive Sponsor

Sheila Kempf, PhD, RN, NEA-BC

Facilitator

Ellen Winkle, MSN, RNC-OB,
IBCLC, C-EFM

Danielle Melican, MSN, CNM
Esmeralda Nogue Doyle, BSN,
RNC-OB, C-EFM

Project Champion

Jennifer Hollander, MSN, RN

Team Members

Beth Brogan, BSN, RNC-OB
Laurie Bulinsky, BSN, RNC-OB
Paddy Chehanske, BSN, RN
Gabby Dipasquanti, RN
Alyse Dugan, BSN, RN
Shelby Gies, BSN, RN
Sarah Grassi, BSN, RN
Angela Meija, RN

Ashley Palmisano, BSN, RN, CURN, ONC
Cheryl Raymond, BSN, RNC-OB, C-EFM
Dawn Rittley, MSN, RNC-OB, CBC, C-EFM
Dr. Rachael Sampson
Jennifer Short, MSN, CNM
Katie Stevens, BSN, RN, C-EFM
Lisa Wade, BSN, RN
Jessica Ward, BSN, RN
Richshelle White, MSN, RNC-OB, C-EFM

Clinical Leads

Dr. Bani Sarma
Dr. Antonio Sison

Project Lead

Kelly LaMonica, DNP,
RNC-OB, C-EFM

IMPROVING CONSISTENCY OF DOOR-TO-BALLOON (D2B)

Beginning in December 2019, a PDSA team was assembled to improve the consistency with which D2B times were outperforming the American College of Cardiology (AAC) benchmark of 90 minutes. The team's data review found that while the median D2B time was below benchmark, there was an opportunity to improve the percent of patients that met the goal. The team identified several key countermeasures to D2B delays, including interprofessional staff education, reorganization of supplies, and quality improvement debriefings. Due to the COVID-19 pandemic, work on this project was temporarily halted and resumed in the fall of 2020. Final results are pending, and the team will continue to work on this important initiative into 2021.

Executive Sponsor

James Demetriades

Process Owners

Sandra Mariani, MSN, RN-BC
Mary Vilardi, BSN, RN, CCRN
Ken Ward
Allison Yiacas, MSN, RN, CCRN

Team Members

Jeannie Arena, MSN, RN
Debbie Brian-Taft, MSN, RN, CPAN
Dann Dingle
Larry Garcia
Boyle Liu
Melissa Revinski, BSN, RN
Lori Sletta, BSN, RN, CEN;
Elizabeth Swimley, PCT
Maria Valades, BSN, RN, CEN,
CPEN, HNC
April Wardy, PCT

Project Champion

Jennifer Hollander, MSN, RN
Mindi Nahoum, MA, BSN, RN

Project Lead

Mindi Nahoum, MA, BSN, RN

Clinical Leads

Dr. Craig Gronczewski
Dr. Andrew Shanahan
Karen Sylvester, MSN, RN, CEN

Facilitator

Sheetal Daru, PT, DPT, CLSSBB
Philip Tran, BSN, RN, CCRN

Posters, Presentations and Publications

POSTERS

Family Integrated Neonatal Care in the NICU — Penn Medicine Princeton Experience

Krystle Anne Coughlin, BSN, RNC-NIC
Dr. Marilyn Giorgi
Vermont Oxford Network - Chicago, IL

PRESENTATIONS

Evidence-Based Practice(s) to Improve Mental Health and Well-Being of Nurses

Kelly LaMonica, DNP, RNC-OB, C-EFM
Sophia Desrosiers, MSN, RN
The Ohio State University College of Nursing Helene Fuld Institute
for Evidence Based Practice Immersion Workshop
Virtual

Interprofessional Relationships in Healthcare

Ellen Winkle, MSN, RNC-OB, IBCLC, C-EFM
The Ohio State University College of Nursing Helene Fuld Institute
for Evidence Based Practice Immersion Workshop
Virtual

Meeting the Demand for Pelvic Wellness

Ashley Palmisano, BSN, RN, CURN, ONC
2020 uroLogic Premier Conference for Urology Professionals
Virtual

The Use of Ultrasound-Guided Intravenous Catheter Insertion in the Inpatient Hospital Setting

Kimberly Enterline, MSN, RN, CCRN
The Ohio State University College of Nursing Helene Fuld Institute
for Evidence Based Practice Immersion Workshop
Virtual

PUBLICATIONS

Depressive Symptoms and Associated Factors in Institutionalized Older People from the Metropolitan Area of Belo Horizonte

Geriatrics, Gerontology, and Aging
Marina Souza, PhD, MSN, RN
October

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

WCET Journal 2020
Katrina Jones Heath, PT, DPT, PRPC
Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC
Lawrence Jordan, MD
Judy Kelly, BSN, RN, COCN, WCC
Ashley Palmisano, BSN, RN, CURN, ONC
Mauren Zielinski, RN
January

Healthcare Professionals and Managers' Perceptions on Institutionalized Older Adults' Health Promotion

Percurso Academico
Marina Souza, PhD, MSN, RN
January

Navigating Each Phase of the Cancer Care Continuum

chapter in Oncology nurse navigation:
Delivering patient-centered care across the continuum
Sharon Cavone, BSN, RN, OCN
Lori McMullen, MSN, RN, OCN
February

Psychiatric Mental Health Nursing: Career Choice and Longevity of African American Registered Nurses

Archives of Psychiatric Nursing
Robbi K. Alexander, PhD, APN, PMHCNS-BC
October

Skin Injury Related to the Use of Adhesives: Prevention and Safe Care

Recien
Marina Souza, PhD, MSN, RN
March

Teamwork, Pink Paper Help Penn Medicine Princeton Medical Center Plan for High-Risk Maternity Cases

Nursing Management
Kelly LaMonica, DNP, RNC-OB, C-EFM
Jennifer Hollander, MSN, RN

Pressure Injury Prevention in SARS-CoV-Infected Acute Respiratory Distress Syndrome Patients



In the spring of 2020, as the pandemic hit, Penn Medicine Princeton Medical Center (PMPMC) began seeing an increase in critically ill patients infected with the SARS-CoV2 virus. These patients were in severe respiratory distress, with low blood oxygen levels, and required respiratory support. As the care and management of patients with SARS-CoV-2 infection continued to evolve, and patients' conditions continued to deteriorate, methods used for the treatment of Acute Respiratory Distress Syndrome (ARDS) were put into place.

One method used to improve oxygenation and ventilation associated with ARDS is turning the patient from a supine position to a prone position. The literature showed that the rates of mortality are lower in patients who are placed in the prone position; however, the development of pressure injuries is higher.

To care for and manage these patients there were specific considerations that needed to be made, including assembling the right team with the specialized expertise and creating a standard and consistent protocol to ensure the safe transition of critically ill patients from a supine position to a prone position. The specific roles and expertise of the core pronation team were geared

towards assuring the prevention of the additional complications typically associated with prone positions, such as pressure injuries. Thus, the team included a certified wound and skin care nurse specialist, a critical care physician, an anesthesiologist and/or a respiratory therapist, a critical care nurse, and additional support by those who move and position patients on a regular basis, such as surgical technicians.

In July 2020, Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC, Wound Care Nurse; and Kari A. Mastro, PhD, RN, NEA-BC, Director for Professional Practice, Innovation & Research, submitted an Institutional Review Board (IRB) application to conduct a research study. The proposal was to retrospectively evaluate the impact of prone positioning protocol, where a wound care nurse was a key member of the team, in reducing pressure injuries in SARS-CoV2 patients who are placed in the prone position. The study, titled “The Effects of a Multiprofessional Prone Positioning Team on Pressure Injuries, Skin Integrity, Oxygenation, and FIO2 Requirement in SARS-CoV-2-Infected ARDS Patients,” was approved on August 3, 2020, by the University of Pennsylvania IRB, meeting eligibility requirements authorized by 45 CFR 46.104, category 4.

The design of the study was a quantitative observational cohort research analysis that retrospectively explored data from PMPMC’s electronic health record from February 1, 2020, through August 30, 2020. There were two groups included in the study. The intervention group involved patients at PMPMC who received care employing the prone positioning protocol, which included a wound care nurse. The comparison group involved patients who received standard care when being placed in the prone position.

When adjusting for relevant factors, patients in the intervention group had a 97% lower adjusted odds ratio (AOR) of developing a pressure injury compared to the comparison group without a certified wound and skin care nurse-led pressure injury prevention intervention.



IRB Studies

Study Title Type	IRB Review Type	Name of Principle Investigator (PI) and/or Co-PI
Bereavement Care Education in Perinatal Loss: The Impact on Maternal Satisfaction	Exempt	Susan Straszynski, DNP, RNC-OB, C-EFM, CPLC
Disparities in Distress Screening Among Lung and Ovarian Cancer Survivors	Full	Karen Davison, BSN, RN, OCN Tina Inverso, BSN, RN, OCN Lori McMullen, MSN, RN, OCN
Effects of Incontinence on the Development of Moisture-Associated Skin Damage (MASD) in the Intensive Care Setting	Exempt	Judith Kelly, RN Connie Johnson, MSN, RN, CWS Stanley Zheng, RN
Examining Trends in Heart Failure Admissions at One Academic Medical Center During the SARS-CoV2 Pandemic	Full	Deanna Gomez, BSN, RN Brielle Hamilton, MSN, RN, CCRN Kari A. Mastro, PhD, RN, NEA-BC Philip Tran, BSN, RN Charul Yadav, BSN, RN
Expanded Access to Convalescent Plasma for the Treatment of Patients with COVID-19	Full	Sheryl Smolensky, BSN, RN
Exploring Best Practices in the Treatment of Severe and Enduring Anorexia Nervosa	Full	Robbi K. Alexander, PhD, APN, PMHCNS-BC
Improving Healing Times of Diabetic Foot Wounds with Early Mobility and Offloading	Full	Alicia Becker, RN-BC Ingrid Franco, BS, RN Connie Johnson, MSN, RN Judith Kelly, MSN, RN

IRB Studies

Study Title Type	IRB Review Type	Name of Principle Investigator (PI) and/or Co-PI
Inherited Cancer Registry (ICARE)	Exempt	Tina Inverso, BSN, RN, OCN
NWESC Members and the Healthy Work Environment (ONL-NJ)	Exempt	Kari A. Mastro, PhD, RN, NEA-BC
Quantify Use of Anticoagulation to Improve Management of AF (QUANTUM AF)	Exempt	Sheryl Smolensky, BSN, RN, ONC
SARS-CoV2 Experience	Exempt	Sheryl Smolensky, BSN, RN
The Effects of a Multiprofessional Prone Positioning Team on Pressure Injuries, Skin Integrity, Oxygenation, and FIO2 Requirement in SARS-CoV-2-Infected Acute Respiratory Distress Syndrome Patients	Exempt	Karyn Book, MSN, RN Connie Johnson, MSN, RN Kari A. Mastro, PhD, RN, NEA-BC Katrina Pfeiffer, MSN, RN"
The Effects of a Multidimensional Patient- and Family-Centered Diabetes and Eating Disorder Protocol (D&EDP) on the Patient's Ability to Manage their Diabetes and Eating Disorder Safely	Full	Robbi Alexander, PhD, APN, PMHNCNS-BC Lauren Firman, BSN, MHA, RN, CNML Kari A. Mastro, PhD, RN, NEA-BC Corinne Timberman, BSN, RN, PMHN-BC
The Effects of Covid-19 Pandemic on New Graduate Nurse Perceptions of Preparedness to Provide Safe Patient Care: Learning in a Virtual vs. Traditional In-Person Environment	Exempt	Andre Angelia, BSN Karyn Book, MSN, RN Allison Healy, MSN, RN-C Wendy Luca, MSN, RN, ONC Kari A. Mastro, PhD, RN, NEA-BC

Penn Medicine Princeton Medical Center Introduces New CARE Program



In 2020, PMPMC embarked on a new professional advancement program with an emphasis towards evaluating each nurse's scope of influence and impact throughout the organization. The greater one's reach of influence or impact, the higher they advance in professional recognition.

The new Clinical Advancement and Recognition of Excellence (CARE) program categorizes nurses into four tiers of clinical practice. Clinical Nurse 1 (CN1) is considered a novice nurse with less than 15 months of experience. Clinical Nurse 2 (CN2) is any nurse with at least 15 months of experience. Transition from CN1 to CN2 is a required advancement. Clinical Nurse 3 (CN3) and Clinical Nurse 4 (CN4) incorporate that expanding scope of influence and are elective advancement tiers for nurses who desire additional professional development. Each clinical nurse tier has its own job description and nurses who advance are promoted to a new role within the organization.

The transition to a new professional advancement program required a lot of education for the nursing staff. The CARE Committee offered portfolio workshops, Q&A sessions, and peer-to-peer support to help nurses navigate the interim program and to introduce the new CARE format.

There are four opportunities per year for nurses to advance. In the first cycle, 18 nurses earned promotion to the new CN3 and CN4 tiers (14 to CN3, and four to CN4). As the second cycle approaches in early 2021, the CARE Committee is again offering workshops and support sessions to assist nurses looking to advance. The new CN3 and CN4 nurses are mentoring their colleagues through the program.

With our commitment to the professional development of clinical nurses also comes plans to continue offering workshops, counseling programs, and increased access to educational activities and many other professional development opportunities that support such growth.

The following nurses were among the first to advance in our interim CARE program:

CN3

Jane Clark, BSN, RN
Corabeth (Maria) Reyes, BSN, RN, OCN
Claire Abdill, BSN, RN
Beth Brogan, RNC-OB, C-EFM
Barbara Johannes, RN, C-EFM, CCE
Sheena Mathew, RNC-OB, IBCLC
Sujana Mallipattu, BSN, RN
Christine Kelly, BSN, RNC-MNN, IBCLC
Krystle Coughlin, BSN, RNC-NIC
Cynthia Gould, BSN, RN
Deborah Lord, BSN, RN, SCR
Monica Walmsley, BSN, RN
Stacy Horowitz, BSN, RN-BC, CARN
Christina Massoni, BSN, RN

CN4

Maria Gould, MSN, RNC-NIC
Kristyn Compitello, BSN, RNC-MNN,
IBCLC, CPN, CMSRN
Jillian Ventura, BSN, RN, SCR
Shana Joshua, MSN, RN, CBC

Princeton Health Nursing and Clinical Support Staff Excellence Awards

During Nurses' Week each year, the dedicated nurses and support staff of Princeton Health are recognized for their embodiment of the behavioral expectations (BE standards) of professionals and caregivers defined by the organization. Awards are also given in recognition of excellence in preceptorship and exceptional leadership. The highest honor is to be recognized as the Princeton Health Nurse of the Year and Support Staff Person of the Year. The nominations for these awards are read and voted on by nursing peers and leaders. The tradition has been to celebrate the winners through an awards ceremony at the conclusion of Nurses Week annually in May. Due to the continued presence of the pandemic and a focus on maintaining safety, the awards ceremony could not be held in person. Instead, each winner learned that they had won the award when they were "ambushed" during one of their work shifts. At the ambush, they were greeted by their peers and nursing leaders and presented with their award and a sash to wear during the remainder of their shift so that patients would also recognize their achievement. The 2020 Princeton Health Nursing and Clinical Support Staff Excellence Award winners are as follows:



BE Compassionate Award
Nurse Winner
Jordan Mento, BSN, RN,
Critical Care Unit



BE Compassionate Award
Support Staff Winner
Bernadette Fernandez,
Telemetry



BE Present Award
Nurse Winner
LeeAnn Popovich, MSN, RN-BC,
Clinic



BE Present Award
Support Staff Winner
Rachonda Coleman,
Labor & Delivery



BE Empowered Award
Nurse Winner
Alyse Dugan, BSN, RN,
Labor & Delivery



BE Empowered Award
Support Staff Winner
Alexa Cottrell,
Telemetry



BE Collaborative Award
Nurse Winner
Alice Savacool, BSN, RN,
Perioperative Unit



BE Collaborative Award
Support Staff Winner
Taunya Duda,
Ambulatory Surgery Center, Princeton



BE Accountable Award
Nurse Winner
Kristyn Compitello, BSN, RNC-MNN,
IBCLC, CPN, Float Pool



BE Accountable Award
Support Staff Winner
Denise Keys,
Telemetry



Preceptor Award
Nurse Winner
Lorna Barron, BSN, RN, CCRN,
Critical Care Unit



Preceptor Award
Support Staff Winner
Sandra Stevens,
Telemetry



Leadership Award
Nurse Winner
Susan Straszynski, DNP, RNC-OB, C-EFM, CPLC,
Department of Education



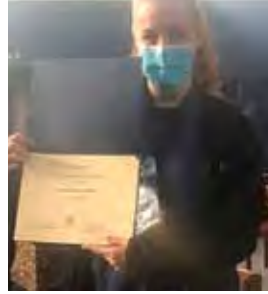
Nurse of the Year Award
Nurse Winner
Lakeisha Gayles, RN,
Acute Care of the Elderly



Support Staff Person of the Year
Support Staff Winner
Karen Baker,
Maternal Child Health

Penn Medicine Nursing Clinical Excellence Awards

Nurses at Penn Medicine Princeton Health are recognized annually for their contributions to the organization through the Penn Medicine Nursing Clinical Excellence Awards. Each award represents an aspect of clinical excellence. Nominations are read and voted on by nursing peers and leaders. In light of the COVID-19 Pandemic, the awards ceremony for the Penn Medicine Nursing Clinical Excellence Awards needed to be held virtually. The winners of these awards were also “ambushed” and presented their award and sash. Photos from the ambush were displayed during a virtual awards ceremony. The 2020 Princeton Health winners are as follows:



Lillian Brunner Award for
Exemplary Practice
Kelly Toler, BSN, RN-BC,
Princeton House Behavioral Health



Dianne Lanham Award
for Leadership
Kristyn Chiarello, BSN, RN,
Telemetry



Helen McClelland Award for
Research and Innovation
Connie Johnson, MSN, RN, WCC,
LLE, OMS, DWC, Wound/Ostomy Nurse



Rosalyn J. Watts Award for Community/Patient/
Family Relationships
Sharon Cavone, BSN, RN, OCN,
Cancer Center



Victoria L. Rich Award for Transformational Leadership
Kelly LaMonica, DNP, RNC-OB, C-EFM,
Maternal Child Health

VISION

Lead the region in enhancing the health and wellness of each person, to serve through personalized, innovative care and education.



New Degrees

Name	Credentials	Unit	New Degree	Month	School
Annum Ansari	BSN, RN	ACE	BSN	August	Penn State University
Victoria Barnes	MSN, RN, FNP-BC	CCU	MSN	September	The College of New Jersey
Aishah Barry	BSN, RN	ASC- Princeton	BSN	December	Western Governors University
Monika Bogumil	BSN, RN	Center for Digestive Health	BSN	November	Walden University
Marisol Bonds	BSN, RN	PH OP Women's	BSN	December	Chamberlain University
Julie Cargille	DNP, APN, FNP-C, IBCLC	Peri-Op	DNP	May	Rutgers University
Tony Dicken	MSN, RN, PMHNP-BC	Princeton House - Float	MSN	May	Monmouth University
Stephanie DiFonzo	BSN, RN	Princeton House - Wing 3	BSN	December	Grand Canyon University
Rebecca Godofsky	BSN, RN	Care Coordination	BSN	December	The College of New Jersey
Jillian Hart	MSN, RN, WCC	Float Pool	MSN	August	Thomas Jefferson University
Laura Hopirtean	BSNN, RN, PMHN-BC	Eating Disorder Unit	BSN	December	Rutgers University
Kathleen Hubbs	BSN, RN	Nursing Administration	BSN	April	Ashworth College
Alyson Klingler	BSN, RN, CCRN	Acute Rehab	BSN	September	Kean University
Svetlana Kuzmina	BSN, RN	LD	BSN	January	Ivan Horbachevsky Ternopil National Medical University of the Ministry of Health of Ukraine

New Degrees

Name	Credentials	Unit	New Degree	Month	School
Evey Le	BSN, RN	ACE	BSN	May	The College of New Jersey
Tara Long	BSN, RN	Princeton House - Wing 5	BSN	May	Rutgers University
Julianna Lubbe	BSN, RN	MNO	BSN	May	University of Delaware
Kelly Mackey	BSN, RN, C-EFM	LD	BSN	January	Wilmington University
Diana Pichardo	DNP, RN, AGNP-C	SCU	DNP	May	Rutgers University
Griselda Quia	MSN, RN, CPN	Care Coordination	Graduate Certificate in Nursing Informatics	June	Chamberlain University
Belisha Romeo	MSN, RN	Peri-Op	MSN	December	Immaculata University
Alyssa Ryan	BSN, RN	Education	BSN	May	The College of New Jersey
Crystal Satchell	BSN, RN	Float Pool	BSN	July	Grand Canyon University
Kinjalben Shukla	BSN, RN	ACE	BSN	May	Grand Canyon University
Sheryl Smolensky	BSN, RN, OCN	Radiation Oncology	BSN	December	Capella University
Sue Straszynski	DNP, RNC-OB, C-EFM, CPLC	Education	DNP	August	Grand Canyon University
Sharon Tai	BSN, RN	CDU	BSN	December	California University of Pennsylvania
Morris Wambua	BSN, RN, CCRN	Acute Rehab	BSN	December	Thomas Edison University
Jessica Ward	BSN, RN	LD	BSN	October	Walden University
Richshelle White	MSN, RN, C-EFM	MFM	MSN	October	Grand Canyon University

2020 DAISY Winners

The DAISY Foundation's DAISY Award® for Extraordinary Nurses recognizes and honors nurses for the outstanding work they do for patients and families every day. Any nurse at Penn Medicine Princeton Medical Center (PMPMC) can be nominated by a patient, patient's family member or coworker. The nominations are read by a team of nurse peers, and a winner is selected monthly. The 2020 DAISY Award® winners for PMPMC are as follows:

January

Maria Valades, BSN, RN, CEN, CPEN, HNC
Emergency Department

February

Bianca Csapo, BSN, RN
Mother Baby Unit

March

Marissa Harris, BSN, RN, PMHN-BC
Eating Disorder Unit

April

Lisa Sabo, BSN, RN, PMHN-BC
Eating Disorder Unit

May

Samuel Tootleman, RN
Telemetry Unit

June

Samantha Marquis, BSN, RN, CNOR
Ambulatory Surgery Center — Princeton

August

Caroline Rivera, BSN, RN
Float Pool

September

Me Ouk Choi, BSN, RN
Surgical Care Unit

October

Rebekah Backes, BSN, RN
Pediatrics Unit

November

Michelle Bradford, BSN, RN, CEN, CPEN
Emergency Department

VALUES

Communication

Compassion

Collaboration

Excellence

Integrity



New Certifications

Name	Credentials	Unit	New Certification	Organization
Jessa Adiletoo	BSN, RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Victoria Barnes	MSN, RN, FNP-BC	CCU	Family Nurse Practitioner (FNP-C)	American Academy of Nurse Practitioners
Julie Cargille	DNP, APN, FNP-C, IBCLC	Peri-op	Family Nurse Practitioner (FNP-C)	American Academy of Nurse Practitioners
Kristyn A. Compitello	BSN, RN, RNC-MNN, CPN, IBCLC	Float Pool	Maternal Newborn Nursing (RNC-MNN)	National Certification Corporation (NCC)
Amanda Cucaresc	BSN, RN, ONC	SCU	Orthopaedic Nurse Certified (ONC)	American Nurses Credentialing Center (ANCC)
Tony Dicken	MSN, RN, PMHNP-BC	Princeton House	Board Certified Psychiatric Mental Health Nurse Practitioner (PMHNP-BC)	American Nurses Credentialing Center (ANCC)
Alexus Fuentes	BSN, RN, ONC	SCU	Orthopaedic Nurse Certified (ONC)	American Nurses Credentialing Center (ANCC)
Shelby Gies	BSN, RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Sarah Grassi	BSN, RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Laura Hopirtean	BSN, RN, PMHN-BC	Eating Disorder Unit	Psychiatric Mental Health Nurse Certification (PMHN-BC)	American Nurses Credentialing Center (ANCC)

New Certifications

Name	Credentials	Unit	New Certification	Organization
Stacy Horowitz	BSN, RN-BC, CARN	Princeton House	Certified Addictions Registered Nurse (CARN)	The Addiction Nursing Certification Board
Annmarie Murray	RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Christina Nelson	BSN, RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Diana Pichardo	DNP, RN, AGNP-C	SCU	Adult Gerontology Nurse Practitioner-Certified (AGNP-C)	American Academy of Nurse Practitioners
Katie Stevens	BSN, RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Cindy Talerico	BSN, RN, PMHN-BC	Princeton House	Psychiatric Mental Health Nurse Certification (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Maria Valades	BSN, RN, CEN, CPEN, HNC	ED	Holistic Nurse Certification (HNC)	American Holistic Nurses Association (AHNA)
Jillian Ventura	BSN, RN, SCRNP	MNO	Stroke Certified Registered Nurse (SCRNP)	American Board of Neurosciences Nursing (ABNN)
Lisa Wade	RN, C-EFM	LD	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)

Nursing Moments

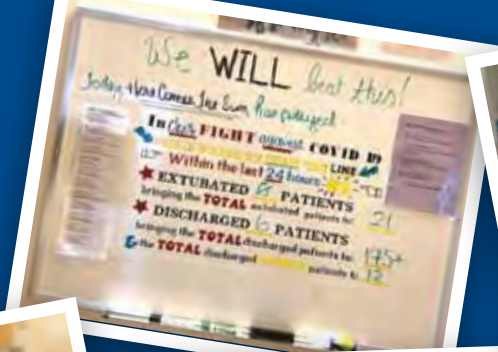




Penn Medicine
Princeton Medical Center



Nursing Moments





Penn Medicine
Princeton Medical Center



BEHAVIORAL EXPECTATIONS (BE STANDARDS)

BE Compassionate

BE Present

BE Collaborative

BE Accountable





Penn Medicine
Princeton Medical Center

thank
you

nurse



Penn Medicine
Princeton Medical Center