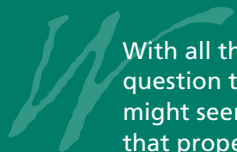






Susan G. Lorenz

Susan G. Lorenz, RN, DrNP, NEA-BC, EDAC
Vice President, Patient Care Services
Chief Nursing Officer
University Medical Center of Princeton
at Plainsboro



With all that we accomplished in 2012 — most notably the move to a new state-of-the-art facility — the question that regularly comes to mind now is “Where do we go from here?” For some organizations that might seem like a daunting question, but for Princeton HealthCare System (PHCS) nurses, the momentum that propelled us through 2012 continues to energize us in 2013.

The power behind our success in any year is marked by our commitment to our patients, who benefit from access to remarkable clinical expertise; caring, compassionate nurses; and an impressive infrastructure that is rare among community hospitals. Patient needs drive our organizational goals and objectives, but it is the professional commitment of our nurses that enables us to excel.

To meet the demands of today’s dramatically changing healthcare system, nurses must continue to change and grow. As we enter a new era of professional practice standards guided by the Institute of Medicine’s Future of Nursing Report, nurses need to tap into their creativity to implement new strategies and be empowered to act on their expertise. Nursing professionalism is about taking a leadership role in caring for our patients; it’s about active participation in addressing challenges, solving problems and sharing perspectives. PHCS is committed to providing the resources to support our nurses in developing these skills and talents. This support is exemplified by the on-going sponsorship of the Clinical Advancement and Recognition of

Excellence (C.A.R.E) Program, support for graduate education, and our continuing commitment to provide resources to assist nurses in developing and completing research projects. On a personal level, I view the ongoing open communications I have with PHCS nurses as a way to further enhance the professional practice environment.

Our accomplishments in 2012 reflect the highest level of nursing professionalism in shaping healthcare, improving patient outcomes and empowering leaders. As you read about our successes over the past year in this annual report, I am sure the message of professional accomplishment will shine through and inspire you to make 2013 another banner year.

On behalf of myself; Barry Rabner, President and CEO, PHCS; Mark Jones, President, UMCP, Senior Vice President, PHCS; and the rest of the senior management team, I want to thank each of you for what you do for every patient and every family every day.



Princeton HealthCare System

*Redefining
Care*



The Department of Nursing Vision Statement

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

Vision



Mission

The Department of Nursing Mission Statement

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



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University Medical
Center of Princeton
at Plainsboro
Princeton HealthCare System



Achieves Magnet® Recognition for Nursing Excellence

As many of you know, UMCPP was involved in a comprehensive evaluation process with the American Nurses Credentialing Center (ANCC) as part its Magnet Recognition Program®. This process has been both rigorous and thorough for all involved—from the direct-care nurse to the nurse managers, directors of nursing, chief nursing officer, executive team and Board of Trustees. On November 12, 2012, UMCPP was proud to congratulate every member of our team on achieving Magnet recognition. This is an impressive and important distinction for our organization, staff, and the communities we serve.

The ANCC's Magnet Recognition Program® recognizes healthcare organizations that demonstrate excellence in nursing services. In fact, Magnet recognition is the highest national credential for nursing excellence, serving as the gold standard for nursing practice. With this achievement, UMCPP joins the Magnet community—a select group of about 395 healthcare organizations out of nearly 6,000 U.S. healthcare organizations. We have always believed that we employ the most qualified and professional nurses. Being recognized by the ANCC for the quality of our nursing staff reinforces that belief.

Research has shown that Magnet organizations demonstrate higher patient satisfaction with nurse communication, availability of help, and receipt of discharge information, as well as lower rates of falls. As a Magnet organization we are making a significant contribution to our community by keeping patients healthy and safe.

Many of us have been personally involved in the Magnet application process, but now we are all invested in maintaining this credential. Earning Magnet recognition is an honor that reaffirms the hard work and dedication of our entire staff and reinforces the core values that underlie how we do our jobs every day.

Congratulations!





Nurses at UMCPH Reported High Job Satisfaction Across the Board

Nurses at UMCPH reported high job satisfaction across the board, scoring 6 percent higher than the national average and 4.5 percent higher than nurses at other Magnet-recognized hospitals for overall job enjoyment, according to a 2012 survey by the National Database of Nursing Quality Indicators (NDNQI). UMCPH's nurses outperformed all hospitals and the group of Magnet hospitals in all 11 survey categories, which measure job satisfaction related to everything from the tasks RNs are required or authorized to perform to the quality of interactions with other nurses and physicians.

Direct-care nurses who spend at least 50 percent of their workday at bedside may participate in the NDNQI survey. At UMCPH, 381 nurses—84 percent of those eligible—responded, compared to a national response rate of 82 percent.

NDNQI calculates a numerical value from the nurses' responses on each question. A score of 60 or above indicates high job satisfaction, while a value of 40 through 60 shows moderate job satisfaction.

At UMCPH, overall job enjoyment scored a 60.72, which represents a 5.1 percent increase over the results of the 2011 NDNQI survey. UMCPH's job satisfaction scores improved in every category included in the survey, ranging from a 2 percent increase in satisfaction with pay to a 13.4 percent increase in nurses' satisfaction with the level of autonomy they are given.

On average, UMCPH's nurses reported job satisfaction that was significantly higher than nurses at all other hospitals, including Magnet-recognized hospitals. Nationwide, 925 hospitals participated in the 2012 survey.

See chart below for results in each survey category.

Category	UMCPH	Average All Hospitals	Average Magnet Hospitals
Job Enjoyment (overall)	60.72	57.26	58.10
Task	54.18	50.45	51.28
RN-RN Interactions	75.28	69.78	70.89
RN-MD Interactions	66.87	61.85	62.66
Decision Making	55.08	49.34	50.72
Autonomy	59.71	53.77	55.01
Professional Status	72.92	67.15	68.92
Pay	44.92	42.52	43.29
Professional Development	67.42	63.02	65.14
Nursing Management	60.65	57.97	58.41
Nursing Administration	58.15	54.65	55.41



quality • excellence • recognition



TRANSFORMATIONAL LEADERSHIP

The Historic Moment That Led to Transformational Change in 2012

It began minutes after 7 a.m., on May 22, 2012, as a young mother and her day-old son were brought through the Emergency Department to a waiting ambulance outside the University Medical Center at Princeton. Exactly seven hours later, the transition was complete, as the last two patients — another new mother and her baby — were transported into the new University Medical Center of Princeton at Plainsboro (UMCPP).

Approximately 110 patients were transferred from Princeton to Plainsboro on Patient Move Day. During the same time frame, the staff at the new hospital treated 65 patients in the Emergency Department, admitted six new patients, and delivered two babies.

Patient Move Day — May 22, 2012 — was a carefully planned and orchestrated effort involving over a year and a half of preparation by more than 200 teams and committees. Nursing leadership and nursing staff were involved from the start, to ensure the transition would meet the necessary goal of maintaining

the continuity of care for all patients. The Patient Move Team contributed to the development of a 139-page manual organized by Linnea Gilmour, RN, BSN, Manager of Nursing Resources, which guided staff step-by-step through the transition process.

Carol Schwab, RN, CMSRN, Float Pool Nurse and Patient Move Day Transport/Way Finder Educator, was instrumental in educating the transport nurses and “way finders” (volunteers or employees who were present at every turning point along the patient move route to guide



visitors in the right direction or answer any questions) on navigating the patient transport route, making for smooth transitions to patients' new, private, state-of-the-art rooms.

Exceptional Medical Transport, which provided the ambulances and staff to transport patients, met with Connie Johnson, RN, BSN, WCC, LLE, DAPWCA, Wound Care Nurse, to devise a plan to protect the skin integrity of all patients, including those at the highest risk for breakdown during the move. Successful collaboration between the Skin Integrity Team (SIT) and Exceptional Medical Transport resulted in zero hospital-acquired skin-related injuries.

In preparation for the big day, on April 24 the Patient Move Team put their plan to the test by transporting members of the Senior Management Team to the new facility. The purpose of the mock move was to stage a variety of patient scenarios and routes to test the communication plans and moving processes. The Patient Move Team rehearsed moving a total of 13 mock patients to the new facility, and plans and procedures for the actual move day were adjusted based on issues that arose from the exercise.

Jennifer Johansen, RN, BSN, OCN, Assistant Nurse Manager, MNO, assisted in preparing the MNO staff for the hands-on experience of the actual move and acclimating them to the new facility. Casey Templin, RN, BSN, PCCN, Assistant Nurse Manager, Telemetry, held one-on-one meetings with all of the nursing staff scheduled to work the day of the move to discuss their roles at UMCP and UMCP, and to answer questions regarding the details of the move. The sessions included reviewing all of the forms each patient would need, how to handle isolation, media patients, and other special situations, and encouraged staff to share their anxieties and feelings about the move. These sessions helped staff feel confident in their roles prior to the move.

At 2 a.m. on May 22, the Incident Command Center (ICS) team, which was charged with providing overall administration and communication controls for both facilities, arrived at the hospital. The ICS was staffed with key multidisciplinary decision makers and remained open until the last unit officially reported out. The team's key responsibilities included handling all patient tracking (departures and arrivals), any changes in the sequence plans and major emergencies.

transformational • community • exceptional

compassionate



transition



The early morning hours started with all night shift charge RNs prioritizing each patient in the order in which they would be moved. Once each unit's patient sequencing was received by the ICS, Sara Moghadam, RN, BA, PCCN, Nursing Performance Improvement Coordinator, and Luchy Colon, RN, GRN, Float Pool Nurse, handled the inter-sequencing of all patients, with an eye toward preventing any unit from being overwhelmed with too many patients leaving or arriving at one time. Jeffrey Cliver, RN, Staffing Office Coordinator, and Linnea Gilmour, RN, BSN, Manager of Nursing Resources, were responsible for continued coordination of patient sequencing and flow throughout the day, making changes as needed and communicating information to all parties.

Kathy Ryan, RN, BSN, CMSRN, Director of Peri-op Services, and Jennifer Hollander, RN, MSN, CMSRN, CLSSGB, Director of Nursing, served as incident commanders, overseeing all move-related activities at the Witherspoon Campus. The transport team and charge nurses at both locations were fully prepared for the day and led their units and patients through a seamless transition to the new facility.

Patient Move Day was an historic moment for all involved. Teamwork, dedication, and commitment were critical during this transition. Every employee had a unique role and their contributions led to a successful hospital move. The healthcare environment may have been in transition on that day in May, but the ability to provide the highest level of compassionate, patient-centered care through evidence-based practice and state-of-the-art equipment and facilities never waived.

Linnea Gilmour, RN, BSN, Manager of Nursing Resources, and Jennifer Hollander, RN, MSN, CMSRN, CLSSGB, Director of Nursing



DAISY Program in Full Bloom at PHCS

Through the shared governance model, one of the goals of the Nursing Professional Development Council is to recognize nurses throughout the organization. One way the council is achieving this goal is by partnering with the internationally recognized DAISY Foundation, in collaboration with the American Organization of Nurse Executives, to celebrate and honor extraordinary nurses for their compassionate care.

The DAISY Foundation was started in 1999 by the family of J. Patrick Barnes, who died at age 33 from complications of idiopathic thrombocytopenic purpura (ITP). Barnes had been hospitalized for eight weeks, and during that time his family was awed by the compassionate care they all received. To keep his memory alive, the family formed The DAISY (Diseases Attacking the Immune System) Foundation.

Princeton HealthCare System's DAISY Committee, a subcommittee of the Nursing Professional Development Council, began planning the PHCS DAISY Program toward the end of 2011. The committee developed the guidelines for the program, the nomination criteria, the nomination

forms (pamphlets, online forms, and Get Well Network nominations), and ballot boxes. Additionally, committee members educated staff on the recognition program. The program was officially launched in January 2012, and in the first year approximately 375 nominations, mostly from patients and family members, were submitted for the monthly DAISY Award.

Each month, the DAISY Committee, comprised of Lisa Stout, RN; Vanessa Gundersen, RN; Jean Anderson, RN; Maggie Rusciano, RN; Colleen Haraz, RN; Eleanora Soskind, RN; and Ashley Edling, RN, reviews new nominations and chooses the heartfelt story that best

compassionate • extraordinary

meets the nomination criteria. All nominees are recognized at a bimonthly ceremony where they receive a DAISY nominee pin and a copy of their nomination story. The monthly winners are also announced during the ceremony, and each receives a DAISY Award pin, a certificate signed by The DAISY Foundation and PHCS's chief nursing officer, and a healer's touch sculpture. The monthly honoree's photograph and nomination story is also featured on The DAISY Foundation website.

The DAISY Program offers an exceptional opportunity for patients, families, physicians, and coworkers to recognize nurses for promoting health and caring service to patients and family members. While nominated nurses frequently say they were just doing their jobs, knowing that someone took the time to nominate them for a DAISY Award can validate the sense of pride they have in their professional nursing careers.

Lisa Stout, RN, CCE, Program Educator

2012 DAISY Award Winners

Ashley Edling, RN
Nguyenhuong "Winnie" Conghuyentonnun, RN, BSN
Lisette Winans, RN
Joann Biegman, RN
Joan Mastrobattista, RN
Ellen Rodriguez, RN, BSN
Britni Walton, RN
Debbie Brian-Taft, RN, MSN, CPAN
Beth Beckett, RN, BSN, OCN
Anne Mathiews, RN
Jyotsna Patole, RN, BSN, CPN

J6
Homecare
Acute Rehab
EDU
Princeton House Hamilton
Maternity
Medical-Neuro-Oncology
PACU
Cancer Center
Homecare
Pediatrics

caring • exceptional • recognition





Skin Integrity Team Heightens Hospital-wide Awareness

The skin integrity of patients at Princeton HealthCare System is a continuing focus of the Department of Nursing. In-services, led by unit-based champions, are held monthly, and are offered on an as-needed basis by the wound care nurse. As a result of Skin Integrity Team (SIT) educational efforts in 2012, awareness has increased throughout UMCP, resulting in improved patient outcomes. As a result of the heightened awareness of prevention, the last 10 months of 2012 were entirely free of hospital-acquired pressure ulcers.

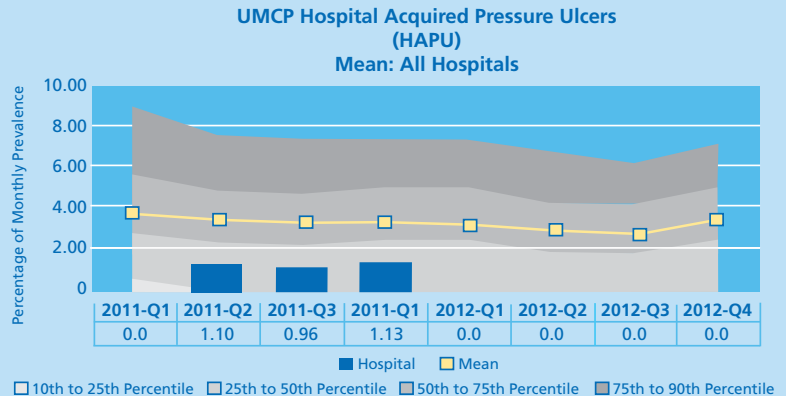
Recognizing that attaining positive patient outcomes is a multidisciplinary process, the team holds monthly meetings with nearly all departments represented, and participates in the quarterly reporting to the National Database of Nursing Quality Indicators (NDNQI) for pressure ulcers. SIT also participated in the annual Hill-Rom prevalence study in the spring of 2012, achieving a perfect performance.

The team had the opportunity to share its practices with others during the New Jersey Hospital Association (NJHA) Pressure Ulcer Collaboration Conference in June 2012, as well as present a poster during the Wild On Wounds Conference, in Las Vegas, NV, in September 2012. A recent Magnet Survey within the hospital reaffirmed the team's success, with the Magnet survey team focusing on SIT's accomplishments.

Launched in 2011, SIT is a multidisciplinary team consisting of representatives from nursing, a medical advisor, a surgical care representation, an infection control nurse, ancillary staff, dietary personnel, physical therapists, documentation staff and information technology staff. In 2012, the team grew to include 40 unit-based champions system-wide. Team members meet monthly to develop successful integration of evidence-based practice relating to skin and wound care to promote pressure ulcer prevention.

In 2012, the following changes took place at UMCP as a result of SIT:

- Monthly house-wide audits
- RN agency and nursing assistant education
- Information technology improvements
- Formulary revisions
- Formation of the Wound Resource Manual







EXEMPLARY PROFESSIONAL PRACTICE

Pain Resource Nurse Program Begins at UMCPP



University Medical Center of Princeton at Plainsboro successfully launched the Pain Resource Nurse Program in 2012. Following a full-day course, which included both pre- and post-testing, 32 nurses successfully completed the program and now sit on the Pain Committee.

The role of the pain resource nurse (PRN) is to function both as a resource and a change agent in disseminating information and interfacing with nurses, physicians, other healthcare providers, patients and families to facilitate effective pain management. UMCPP's pain resource nurses are advised by Pain Committee Chair, Donna Post, RN-BC, BSN, Clinical Instructor, who, along with the hospital's nursing leadership provides educational opportunities and support for the PRNs.

UMCPP's pain resource nurses completed their training course in April 2012, and reconvened after the move to the healthcare system's new facility in June. Their first task was learning about the Pain Dashboard and the significance of

educational • resource

the data it provides. The PRNs then began receiving Press Ganey and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey reports for review on a monthly basis, and used the data to work within their units to formulate strategies for improvement. As a result, units such as SCU, Telemetry and LDRP met their overall goal for pain management for the fourth quarter of 2012.

By attending Pain Committee meetings, the pain resource nurses were regularly educated on upcoming therapies that could be used in a multimodal pain approach for patients. They received tools and training to assist them in analyzing the conversions of patients' pain medication to ensure patient safety. The PRNs were able to utilize their training to assist unit colleagues with pain issues, as well as suggest ways other healthcare providers could utilize these new modalities. This led to a better transition when multimodal pain treatments reached the floor, for example the increased use of IV acetaminophen within the hospital.

On Sept. 18, 2012, a Pain Awareness Celebration provided educational opportunities for all clinical staff, including a lecture on the neurobiology of pain and addiction. Additionally, staff members were invited to attend poster presentations of various pain management strategies offered within the organization. PRNs Amy Miller, RN-C, BSN, Assistant Nurse Manager, ACE, and Juliet Puorro, RN, MSN, OCN, CNL, Clinical Nurse Leader, Surgical Care Unit, displayed their posters as part of the educational event, along with Wound Educator Connie Johnson, RN, BSN, WCC, LLE. The day concluded with a recognition ceremony for the PRNs, formally acknowledging their new roles.

In 2013, pain resource nurses plan to expand their roles, beginning with conducting a formal survey of staff to better understand the biases and practices of health providers within UMCPP. They also will be taking a more active role in educating colleagues through unit in-services and presentations during Pain Awareness Month. Additionally, the group is considering conducting a review and rapid cycle test to find the most useful and efficient standardized tool to assess opiate sedation in patients.

2012 Pain Resource Nurses

Dee Balashingham
Alicia Becker
Rita Biney
Stephanie Dove-Tieku
Sveta Elmoudden
Laura Endrizzi
Catherine Falduto
Chris Faust
Elizabeth Galetz
Susan Greenan
Katie Khey
Ann Laughlin
Grace Paz Marcos
Patsy Mather
Amy Miller
Neha Mistry

Megan Nelson
Olubukola Osinowo
Amy Perez
Faye Pringle
Maryann Protz
Juliet Puorro
Kimberly Rogers
Nicole Schaible
Carol Schwab
Eileen Sheppard-Hinkel
Mary Anne Sheerin
Elizabeth Shokoff
Vaishali Singh
Ginnette Watkins-Keller
Mike Wexler
Charmaine Yates

management • formulate • useful • effective



EXEMPLARY PROFESSIONAL PRACTICE

Princeton HomeCare Task Forces Focus on Patient Satisfaction

In 2012, Princeton HomeCare managers established two task forces to explore patients' perceptions of care and services in an effort to increase patient satisfaction scores. While patients and their families regularly acknowledged the excellent homecare they received, their praise was not accurately reflected in patient satisfaction surveys.

The Satisfaction Task Force was charged with identifying additional ways to satisfy patients and increase referrals. As a result, volunteers from each Princeton HomeCare team (a South Team RN, a North Team RN, a therapist, a private duty scheduler, and a member of the support staff) explored ways to improve communication and market Princeton HomeCare. The task force began by developing scripts for the staff to use at every visit, focusing extra attention on the last visit, to assist the patient in identifying any areas that were not addressed during the course of care and ensure information was being provided in an easy-to-understand way.

The task force also addressed marketing. After reviewing approximately 40 suggestions, the team decided that a sturdy, washable shopping bag emblazoned with Princeton Homecare and the PHCS logo should be given to each patient on admission. By using the bag for shopping, patients would be able to show their support for Princeton Homecare and also receive cash back for using eco-friendly bags. The bags are expected to be ready for distribution in 2013.

The second task force — the Professional Practice Committee — was composed of members from every department in Princeton HomeCare. The committee members were asked to focus on improving medication reconciliation scores on the survey. A review of the survey questions revealed that different language was being used when reviewing the medication regime than was incorporated in the survey. By using the same language in both instances, patients gained a clearer understanding of their treatment and medications. The committee developed several suggestions for scripts, and printed them on laminated cards so staff members would be sure they were using the same language presented in the survey.

As a result of these efforts, there has been an improvement in patient satisfaction scores. In 2011, 76.7 percent of patients gave Princeton HomeCare a satisfaction rating of nine or 10; by the end of 2012, that number had risen to 79.6 percent.

Connie Oldham, RN, Director, Homecare/Hospice



Princeton
HomeCare

Princeton HealthCare System

satisfaction • understanding • improvement • praise

Long-term Research Study by the Center for Eating Disorders Care Research Council Continues

The Center for Eating Disorders Care Unit Research Council continued their work on the Institutional Review Board-approved study *Predicting Recovery: Factors that Predict the Long-Term Outcome of Inpatient Treatment of Anorexia Nervosa and Bulimia Nervosa* in 2012.

The Center for Eating Disorders Care Unit Research Council continued their work on the Institutional Review Board-approved study *Predicting Recovery: Factors that Predict the Long-Term Outcome of Inpatient Treatment of Anorexia Nervosa and Bulimia Nervosa* in 2012.

It has been two years since the inception of the project, and the UMCPP team is pleased with the response of the study participants, as well as their determination to help promote improvements in the treatment of eating disorders. All eligible patients admitted to the Center for Eating Disorders Care are invited to participate in the study. The recruitment and retention rate to date is impressive: a total of 52 percent of patients have agreed to participate, and the retention rate from admission survey to discharge survey is 96 percent.

Study participants take surveys on admission to inpatient treatment, on discharge from inpatient treatment and at one year post-discharge from inpatient treatment, with the potential for follow up at two and five years post-inpatient discharge. December 2012 marked the end of the first year of participant surveys, which means that the first post-discharge surveys will begin in 2013.

During initial literature reviews at the onset of the project, very little research was available from studies involving inpatient treatment and outcomes. With the results of this study, UMCPP's Center for Eating Disorders Care Research Council hopes to make a positive contribution to the treatment and outcomes of patients with eating disorders. Some interesting correlations have already started to emerge, although the council is in the beginning stages of running statistical data.

Moving forward, the council is looking into additional support for the project, enlisting additional staff support as well as exploring possible grants for funding for continued work on the study.

Nursing staff members who have been part of the multidisciplinary team since its inception include: Theresa Voigtsberger, RN; Baljit Dodd, RN; Lydia Pitonyak, RN, BSN, CPN; and Melissa Sherman, RN. Other members of the council include: Melinda Parisi, PhD; Elizabeth Frenkel, PhD; and Darlene Snyder, BS. As the project has grown, other unit staff members have joined the team, including: Ramanjit Braich, RN; Colleen Mazzei, BA; and Robin Myers, BA.

Lydia Pitonyak, RN, BSN, CPN, Center for Eating Disorders Care Unit Research Council





NEW KNOWLEDGE & INNOVATIONS

Hybrid Operating Room Suite Opens

The first case in UMCPP's new hybrid operating room suite took place on November 7, 2012, following careful planning and design of the facility. The suite reflects the input of nurses, anesthesiologists, interventional radiologists, and surgeons, with each group helping to define the clinical specifications required to make it a high-functioning multidisciplinary environment. The hybrid OR features modular, radio-translucent surgical tables synchronized with state-of-the-art angiographic systems, all designed for use in sterile environments. This opens the door for completely new therapies, as doctors can safely perform multiple interventions in one session. In this environment, for example, the interventional radiologist and vascular surgeon can seamlessly work together. The suite is also equipped with interchangeable tabletops and flexible equipment.

A major advantage of this high-tech environment is that it allows both open surgery and catheter-based imaging therapies to take place in the same operating room. The hybrid OR enables the team (surgeons, interventionalists, nurses, anesthesiologists, and technicians) to perform a new spectrum of minimally invasive therapies, with the goal of providing better patient care. These complex minimally invasive endovascular and percutaneous procedures allow patients to be discharged faster (in five days compared to an average of 10 days) and reduce patient rehabilitation needs.

The OR staff and Interventional Radiology staff all received training in the hybrid OR. Interventional Services worked with educators from the OR, as well as Nursing Services, to provide an orientation program for both experienced and novice staff of various disciplines. Both the OR team and

the Interventional Radiology team received on-site education from Philips, the manufacturer of the digital subtraction angiography unit with multipurpose capabilities. Radiology interventional technologists received in depth training at an off-site venue in Cleveland, Ohio. Interventional Radiology staff received education from the OR educator regarding aseptic techniques, such as handwashing and scrubbing, as well as the circulator's and scrub's role in procedures. The perioperative educator, in conjunction with the interventional team, scheduled in-services on new equipment.

Staff education continues, and staff from outside the operating room environment are welcome to observe a procedure. Staff may contact Mindi Mahoum at mnahoum@princetonhcs.org.

Mindi Nahoum, RN, MA, Nurse Manager, Interventional Services



Center for Emergency Care Implements Change to Better Serve Patients

The University Medical Center of Princeton at Plainsboro embarked on a journey to better serve patients and the community by moving to a beautiful state-of-the-art facility in May 2012. Recognizing that Emergency Department overcrowding and lengthy wait times have become a difficult problem to solve for most EDs throughout the country, the UMCPP Center for Emergency Care seized this opportunity to change one of its fundamental aspects of care to better serve patients.

The ED team designed its new floor plan to accommodate a change in how a patient moves through the department, implementing a rapid medical evaluation process. The new process was adapted from evidence-based practice principles based on current emergency medicine research. The process keeps an open bed readily available for an advanced practitioner (physician, physician assistant, or nurse practitioner) to examine a patient. By opening an internal results waiting area, the patient, once seen, can wait in comfort for treatment and discharge, thus opening a bed in the rapid medical evaluation area.

The benefits of a speedier evaluation and shorter wait times are many. The process provides a means of identifying life-threatening issues for faster intervention. It also increases patient safety and satisfaction, as well as staff satisfaction, and decreases wait times and overcrowding.

There is little published data in the area of rapid medical evaluation. As a result, this project can help other EDs resolve overcrowding and lengthy wait times.

The Institutional Review Board-approved project started with data collection in March 2012, ending in January 2013. The principle investigator, Kim MacAvoy-Sorochen, RN, BA, and co-investigator Chris Allen, RN, BSN, both direct-care nurses in the Emergency Department collected and filtered a large amount of data from electronic medical records. Improvements were identified, particularly in the amount of time it takes a patient to see a doctor. The first presentation of the data was in March 2013, at the New Jersey State Emergency Nurses Association conference. The investigators hope to publish all of the results in the summer of 2013.

Kim MacAvoy-Sorochen, RN, BA, Direct-care Nurse, ED, and Chris Allen, RN, BSN, Direct-care Nurse, ED

advanced • journey • community • accommodate

Wing 1





Princeton House Improves Medication Reconciliation

In early 2011, Princeton House Behavioral Health (PHBH) established a committee to re-educate staff members in all units on how to properly complete medication reconciliation forms, since the format used seemed to vary between staff members and units. Training took place between April and December of that year, and as a result, by December 2012 a vast improvement has been recorded in the consistency of form completion. As new nurses join PHBH, they are being trained as well, ensuring proper compliance throughout the 100+ bed facility.

An overall improvement has been recorded on all units, with 100 percent compliance in many of the tracked areas.

This initiative continues to date, with a dashboard presented at both the performance improvement and all staff meetings. The goal is to exceed 90 percent compliance in all categories.

Dan Friel, RN, Nurse Manager, General Psychiatric Unit



**Princeton House
Behavioral Health**
Princeton HealthCare System

compliance • performance

2012 Clinical Advancement and Recognition of Excellence (C.A.R.E.) Nurses

RN 1

Teodora Baltaretu
Ramanjit Braich
Robin Cherney
Danielle Galanowsky
Christine A. Munger
Jennifer Neumann
Janis L. Richards

RN 2

Christina Allen
Nancy Alpaugh
Eileen Aneskewich
Jeannie Arena
Rachel Ayers
Pamela Bloom
Jennifer Bolton
Jeannine Booth
Christina Brescia
Bih-Ju Tsai Brody
Elizabeth Brogan
Ashley Charmello
Loretta Chipin
Me Ouk Choi
Jessica Cohen
Luchy A. Colon
Kathleen Cooney
Karen Cote
Debra Davies
Jill DeStefano
Andrea Devlin
Kristin Doloff
Sandra Dutcher

Ashley C. Edling
Donna Eicke
Pam Ellet
Jamie Ellmer
Carol Fabian
Claire Fazio
Mayda Federovitch
Mary Ellen Finn
Nick Fottis
Lakeisha Gayles
Sharon E. Hamilton
Barbara Heruska
Christine B. Hicks
Murielle Jeanty
Qinghe Jiang
Shana Joshua
Fanta Kallon
Vida Kaplan
Catherine Knott
Laurie K. Kopanyi
Cheryl A. Kotarski
Kristen Kreider
Meghan R. Kwiatkowski
Kelly J. Lacava
Galit Landau
Cori Levesque
Martine Lubin
Andrea Lynn
Dawn Mabin
Mary M. Maguire
Aileen Margiotto
Ann Mathiewes
Senora McDonald

Neha Mistry
Kristen Montefusco
Teri Nachtman
Sheena Nair
Mollie Nutkiewicz
Amber Parker
Kristen M. Peterson
Barbara Pevahouse
Jane M. Platt
Katherine B. Posch
Stephanie A. Reed
Kim Rogers
Patricia Rogers
Franco Savini
Shannon Scott
Darrell Smith
Donna Starling
Maria Stout
Marcia J. Szochet
Catherine Taaffe
Lauren Varvi
Janet Viscomi
Loretta Voorhees
Deborah Walsh
Karla Weekes
Dianne Willan
Hong Yan
Allison M. Yiacas
Jeong Yoon
Jung S. Yun

RN 3
Mary E. Aitken

Susan Anderson
Christine Andreyko
Susan Ayres
Devaki Balasingham
Lorna Barron
Alicia Becker
Elizabeth Beckett
Dolores Blauth
Julia Blum
Stacy Booher
Jacqueline Bradner
Debra Brian-Taft
Julie Cargille
Gail E. Charette
Georgine Charles
Patricia Chehanske
Anna Cheung
Kristyn Compitello
Debra Cristelli
Ion Cruceru
Judith Davis
Esta Desa
Eileen Devlin
Sveta Elmoudden
Kimberly M. Enterline
Catherine Falduto
Jennifer Fox
Daniel Friel
Rebecca Godofsky
Vanessa A. Gundersen
Susan Jafar
Sheena Jebu
Jennifer Johansen

Judith Kelly
Laura Kelly
Coleen Kelly-Toler
Mary Kiensicki
Karen L. Kraehenbuehl
Subha Jyothi Kukkala
Fayez Labib
Amy G. Lazzari
Lorianne Leonardi
Jeannette Levin
Sandra A. Long
Monica Lyle
Kim MacAvoy-Sorochen
Natatili Macoon
Ann Marie Maldarelli
Alice Matey
Frances A. McKinley
Molly Meek
Treeza Menezes
Amy L. Miller
Denise Monahan
Meghan Nelson
Stefanie Nicosia
Chioma Obiukwu
Andrew O'Rahilly
Olubukola Osinowo
Kelly Peate
Lee Ann Popovich
Griselda Quia
Barbara D. Reese
Brenda Reyes-Sussman
Dawn A. Rittley
Adena A. Romeo Ratliff

Margaret Rusciano
Debbie Savastano
Nicole Schaible
Carol Schwab
Toni Seibert
Grace E. Shah
Amanda B. Sheehan
Eileen Sheppard-Hinkle
Elizabeth Shokoff
Lori Sletta
Maryellen Spencer
Susan L. Straszynski
Hina Summers
Casey Templin
Sheila Troiano
Susan Tronto
Susan C. Varga
Marites Ventus
Kamman A. Viterito
Josephine M. Waseleski
Michael Wexler
Lisette Winans
Mary A. Zegarski
Jordana Zisman

RN 4

Gail Haftel
Lisa J. Johnson
Lori O. Mozenter
Nicole L. Rook
Charmaine E. Yates

2012 Nurses Week Nominees and Winners

2012 Direct-care Nursing Excellence Winners and Nominees

Overall Direct-care Winner

Nicole Rook

ER

Nelson DeLaCruz

EDU

Baljit Dodd
Brenda Reyes-Sussman (Winner)

Pediatrics

Judith Kelly

ACE

Cori Levesque
Kiera Pallop
Veronica Dizon-Tiongko (Winner)

Acute Rehab

Lisette Winans
Paula Wardlow (Winner)

ICU/CCU

Lorna Barron
Mary Vilardi (Winner)

OR

Mary Zegarski

PACU

Debbie Brian-Taft

LDRP

Nicole Rook (Winner)
Susan Strazinsky

SCN

Grace Shah

Telemetry

Ampy Nebres
Kathleen Windfelder (Winner)

J6

Megan Nelson

J7

Brigitte McNamara
Denise McGinley
Elizabeth Kaczorowski
Eva Treder
Nicole Kuczinski
Catherine Toto (Winner)

Float Pool

Carol Schwab
Debra Davies
Toni Cramer
Karla Weekes
Nicole Schaible (Winner)

Outpatient Clinic

Stella Molineros (Winner)

HomeCare

Kathy Brady
Imelda Remolado
Cherianne Reed
Conghuyentonnun "Winnie" Nguyenhuong (Winner)

2012 Leadership Nursing Excellence Winners and Nominees

Nurse Leaders

Mary Aitken
Beth Beckett
Michelle Basilone
Jeffrey Cliver
Kristyn Compitello
Katherine Gliddon

Rebecca Godofsky
Jennifer Johansen
Sandi Mariani
Sara Moghadam
Lope Patel
Juliet Puorro (Winner)
Casey Templin

Nurse Managers

Caorlina Biala
Toni Brusnahan
Linnea Gilmour
Katrina Pfeiffer
Lydia Pitonyak
Deborah Richey
Humility Sumayang (Winner)
Mindaline Tanpienco

Continuing Education Credits Offered

Date	Topic	Credit Hours
January 4	Treatment Challenges: A Patient with Active Re-traumatization and Multiple Comorbid Conditions	1.0
January 9	Ketamine Infusion Therapy for Depression	1.0
January 14	Basic Arrhythmia Course	7.5
January 23	Harnessing Psychology to Promote Healthy Behavior	1.0
February 1, February 2	PCCN Review Seminar	14.0
February 9	Preceptor 101 Course	4.0
February 10	CAUTI: Issues and Solutions	1.0
February 13	Affordable Care Act	1.0
February 16	Slings and Things	1.0
February 14	A Systems-based Approach to Treating Adolescents with Depression and Anxiety	1.0
February 23	Charge RN Course	5.5
February 27	The Science of Sleep	1.0
March 7, March 9	Car Seat Safety	1.0
March 7	Differentiating Between Psychosis and Personality Disorder	1.0
March 8, March 16, March 21, April 4	Psychopharmacology Update	1.0
March 12	The Pharmaceutical Pipeline for Alzheimer's Disease	1.0
March 12	Resistance vs. Apathy	1.0
March 13	Surgical Day	7.0
March 14	Charge RN Course	5.5
March 20	Partnerships for PIECE: Communication & Teamwork	1.0
March 26	Recent Advances in Suicide Risk Assessment	1.0
April 5	Pain Resource Nurse	6.6
April 9	Stress Hardiness: A Path to Resilience	1.0
April 11	Rapid Assessments	1.0
April 23	Stigma in Mental Health	1.0
May 2	Treatment Dilemmas in Treating Adolescent with Multiple Hospitalizations	1.0
May 2	The Treatment of an Adolescent With Major Depressive Disorder and Psychotic Disorder NOS	1.0
May 8	Basic Arrhythmia Course	7.5
May 8	Multicultural Considerations in Heteronormativity: Treating the Adolescent	1.0
June 6	Medical Complications Arising From Psychotropic Medications in Treating Bipolar Disorders	1.0
June 12	The Bridge Drawing: A Projective Assessment Used with Princeton House Patients	1.0

Date	Topic	Credit Hours
June 13	The Scientific and Evidence Base for Skin-to-Skin Contact	1.50
June 25	Resiliency in Children	1.0
June 28	Partnerships for PIECE: Communication & Teamwork	1.0
July 9	Impairment, Restrictions, Limitations and Psychiatric Disability	1.0
July 10	Differential Diagnosis in Children	1.0
July 23	Integrated Treatment for Depression and Substance Abuse Disorders	1.0
August 13	New Recreational Street Drugs	1.0
August 14	NJ Sharing Network Organ & Tissue Donor Process	1.0
August 14	The Impact of Grief and Loss	1.0
August 27	Obesity and Mental Health	1.0
September 5	A Bipolar Adolescent With Possible Lamictal Rash	1.0
September 5	Asperger's Symptoms vs. Sexual Trauma: Defferential Diagnosis	1.0
September 6	Breastfeeding: Evidence-based Strategies	5.5
September 10	Hope for Flowers at 40: A Story for Our Time	1.0
September 11	Preceptor 101 Course	4.0
September 19, September 26	The IMCU Training Program	6.25
September 24	Prolonged Exposure Therapy for PTSD	1.0
October 8	Inside the Investor's Brain: Advances in Neurofinance	1.0
October 9	Angry Child (It's Not an APP)	1.0
October 11	Charge RN Course	5.5
October 22	Categories and Controversies: The Ethical Implications of DSM-5	1.0
November 7	Cardiology Day 2012	5.75
November 12	Pharmacotherapy of Alcohol Dependence	1.0
November 13	Working with Treatment Resistance in Depressed Patients	1.0
November 26	Kids Don't Want to Fail	1.0
December 5	A Pregnant Teenager with Depression and PTSD	1.0
December 9	Basic Arrhythmia Course	7.5
December 10	Psychopharmacologic Treatment of Affective Disorders and Anxiety in Pregnancy	1.0
December 12	Research Day	5.75
Total		2138.7

Degrees Awarded

Veronica Chimel, RN, BSN, J6, received her BSN from Felician College in Lodi and is currently enrolled in Rowan University in Glassboro, pursuing her CSN.

Jane Platt, RN, BSN, University Medical Center at Princeton Surgical Center, attained her BSN degree from Immaculata University in August after 30 years of nursing.

Tonimarie Brusnahan, RN, MSN, CCRN, CNOR, ACNP-BC, Director of Nursing, MAP Ambulatory Surgical Center and Endoscopy Unit, graduated in May from UMDNJ with an MSN in adult acute care and passed the acute care nurse practitioner certification in July.

Paul Yiacas, RN, Patient Care Tech, ED, graduated from Mercer County Community College with his RN license in December, and will begin his nursing career at UMCPP in the Emergency Department in spring 2013.

Stefanie Nicosia, RN, MSN, Direct-care Nurse, Telemetry, completed the Nurse Practitioner Master's Program at Rutgers University and passed her exam.

Alex Wildman, RN, BSN, Direct-care Nurse, Telemetry, received his BSN from Drexel University.

Elizabeth Galetz, RN, MSN, Direct-care Nurse, Telemetry, received her MSN from Drexel University in June.

Kathleen Windfelder, RN, BSN, Direct-care Nurse, Telemetry, completed the Wound, Ostomy, Continence Program at La Salle University, and will be completing clinicals and sit for her boards in fall 2013.

Julia Blum, RN, BSN, Direct-care Nurse, Telemetry, graduated from Grand Canyon University with a BSN in February.

Dee Vandegrift, RN, BSN, Direct-care Nurse, Mother Baby Unit, received her BSN from the University of Delaware.

Karen Boland, RN, BSN, Direct-care Nurse, ED, graduated in June with her BSN degree from Drexel University.

Jennifer Hollander, RN, MSN, CMSRN, CLSSGB, Director of Nursing, graduated from Walden University in April with her Master's Degree in nursing with a focus on administration.

Publications

Ahmaad Johnson, RN, BSN, Direct-care Nurse, Surgical Care Unit, had an article accepted into the *Journal of Asthma & Allergy Educators*. The article, titled *Primary Care Providers' Attitudes and Beliefs About Patients' Complementary and Alternative Medicine Use for Asthma Self-Management: An Exploratory Study*, appeared in the December 2012 issue.

Leadership Positions

Elana Toboul, RN, Direct-care Nurse, CCU, was elected to the American Association of Critical Care Nurses, Central New Jersey Board, as Treasurer-Elect.

Mary Zegarski, RN, CORN, became the OR Fracture Management Team Lead in December 2012.

Allison Rovillos, RN, CORN, became Neuro/Spine Team Lead Coordinator in November 2012.

2012 Poster Presentations

Cardiac Rehabilitation Process Improvement: Weight Loss and Exercise Strategies

April 2012 TriStates Symposium of Cardiac and Pulmonary Rehabilitation, Princeton
Presenters: Nancy Alpaugh, RN, BC, Cardiac Rehab Direct-care Nurse and
 Loretta Voorhees, RN, BC, Cardiac Rehab Direct-care Nurse

Creating a Web-based Preoperative Joint Replacement Education Program

May 2012 2012 National Association Orthopedic Nursing Congress, New Orleans
Presenter: Juliet Puorro, RN, MSN, ONC, Clinical Nurse Leader, Surgical Care Unit

Implementation of a Quiet Zone: Effect on Nurse Interruptions and Distractions, Medication Pass Time and Medication Safety-Phase I

June 2012 Organization of Nurse Executives of New Jersey (ONE/NJ) 10th Annual Research Day, Princeton
Presenters: Susan Tronto, RN, MSN, Direct-care Nurse, Perioperative Unit, and Audrey Amir, RN, BSN, PCCN, Direct-care Nurse, Telemetry

Skin Integrity Team

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenter: Judy Kelly, BSN, RN, COCN, CPN, Pediatrics, on behalf of the Skin Integrity Team

Side by Side: A Case Series Comparing Cost and Effectiveness of Leptospermum Honey and Collagenase

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenter: Connie Johnson, BSN, RN, WCC, LLE, Wound Care Nurse
This poster received the first place Case Study Poster Award during the 2012 Symposium on Advanced Wound Care Fall Conference in Baltimore, MD.

Heightened Awareness Through Risk Assessment Raises Moving Standards, Successful Prevention From Old House to New House

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenter: Mike Katzman, BSN, RN, ONC, Float Pool

Pain, Odor, Dignity, Wounds: Management of a Complex Oncology Patient With Multiple Wounds

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenter: Denise McGinley, BSN, RN, BC, MNO Unit

Improving Nursing Quality Indicator Outcomes With the Use of Nursing Informatics

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenters: Sara Moghadam, BA, RN, PCCN, Nursing Performance Improvement Coordinator, and Nune Mehrabyan, MS, BSN, Information Technology

Rapid Cycle Test Comfort Becomes Compliance

September 2012 Wild on Wounds Conference, Las Vegas, NV
Presenter: Skin Integrity Team members presented the poster for Alicia Calisto, BSN, RN, PCCN, Telemetry

Thirst for Knowledge Thursdays

October 2012 New Jersey State Nurses Association Professional Summit, Atlantic City
Presenter: Wendy Luca, RN, MSN, OCN, Clinical Instructor

Together We Are One

October 2012 New Jersey State Nurses Association Professional Summit, Atlantic City
Presenters: Lopa Patel, RN, ONC, Clinical Instructor, and, Natatili Macoon, RN, ONC, Direct-care Nurse, SCU

Patient Education

November 2012 Patient Education Awareness Day, Princeton
Presenters: Donna Starling, RN, Direct-care Nurse, ED and Lakeisha Gayles, RN, Direct-care Nurse, ED

Certifications

Inez Brandon, RN, MSN, CNL, ONC, Clinical Nurse Leader, J7/MNO, and **Juliet Puorro**, RN, MSN, CNL, OCN, Clinical Nurse Leader, J6, passed their Clinical Nurse Leader certification exams.

Kimberly Stevens, RN, ICU, passed her Geriatric Certification exam in December.

Jennifer Woodruff, RN-C, BSN, Direct-care Nurse, J7/MNO, and **Jennifer Johansen**, RN-C, BSN, Assistant Nurse Manager, J7/MNO, both earned Oncology Nurse Certification in November.

Katherine Gliddon, RN-C, BSN, Direct-care Nurse, J7/MNO; **Caroll Adams**, RN-C, BSN, Direct-care Nurse, J7/MNO; **Catherine Falduto**, RN, BS, Direct-care Nurse, J7/MNO; **Qinghe Jiang**, RN-C, BSN, Direct-care Nurse, J7/MNO; and **Humility Sumayang**, RN-C, BSN, Nurse Manager, J7/MNO, completed training to become chemotherapy competent in December.

Miran Kim, RN, OCN, Direct-care Nurse, Outpatient Infusion, received her OCN certification.

Sheryl Smolensky, RN, OCN, Direct-care Nurse, Radiation Oncology, received her OCN certification.

Barbara Ketterer, RN, LDRP, Direct-care Nurse, LDRP, obtained certification in OB Ultrasound/First-Second-Third Trimester Ultrasound for the OB Practitioner in October.

Christina Allen, BSN, RN-BC, CEN; **Rachel Ayers**, BSN, RN, CEN; **Amy Lazzari**, BSN, RN, CEN; **Amber Parker**, BSN, RN, CEN; **Kari Crane**, BSN, RN, CEN; and **Cherique Timbang**, RN, CEN, all Direct-care Nurses in the Emergency Department, passed the Certified Emergency Nurse examination in the spring of 2012.

Nancy Rhodes, RN, MA, CDE, Diabetes Educator, Diabetes Management Program, attained re-certification through December 2016 as a Certified Diabetes Educator.

Linda Bellaus, RN, Direct-care Nurse, Mother Baby Unit, and **Kristin Doloff**, RN, Direct-care Nurse, Nursery, both achieved their lactation counselor certification.

Sveta Elmoudden, RN, BSN, Direct-care Nurse, Mother Baby Unit, received pain resource RN certification.

Inez Brandon, RN, MSN, Clinical Nurse Leader, Medical-Oncology-Neurology Unit, was re-certified in hospice and palliative nursing through December 2016.

Lopa Patel, RN, ONC, passed her orthopedic certification exam.

Franco Savini, RN, BSN, is earned geriatric certification in fall/winter 2012.

Donna Covin, RN-BC, MSN, Clinical Nurse Leader, Education, was re-certified as a clinical nurse leader.

Nicole Heinz, RN, BSN, Pediatrics, obtained her pediatric certification in December 2012.

Other Accomplishments

Kim MacAvoy-Sorochen, RN, BSN, Direct-care Nurse, ED, and **Christina Allen**, RN, BSN, Direct-care Nurse, ED, presented their research on the internal results waiting (IRW) model of care in the ED at the quarterly Emergency Nurses Association meeting, held at UMCPP in the fall of 2012. They also presented their research at the annual research fair held at UMCPP in December 2012.

The eighth annual Nursing Research Day took place on December 12, featuring UMCPP researchers **Susan Lorenz**, RN, DrNP, NEA-BC, EDAC, Chief Nursing Officer; **Audrey Amir**, RN, BSN, PCCN, Direct-care Nurse, Telemetry; **Susan Tronto**, RN, MSN, CMSRN, Direct-care Nurse, PACU; **Lydia Pitonyak**, RN, BSN, Nurse Manager, Eating Disorders Unit; **Terri Voigtsberger**, RN, Direct-care Nurse, Eating Disorder Unit; **Jeannette Levin**, RN, CDE, Direct-care Nurse, Clinic; **Kim Macaoy-Sorochen**, RN, BSN; and **Christina Allen**, RN, BSN, in addition to outside scholars.

Lopa Patel, RN, ONC, Clinical Instructor, had her abstract on succession planning, which was turned into a poster, accepted for the 2013 New Jersey League of Nursing Convention.

Vanessa Gunderson, RN, ACE Unit, and **Franco Savini**, RN, ACE Unit, have started conducting weekly pressure ulcer prevalence rounds on the unit as members of the Skin Wound Assessment Team/Skin Integrity Team Committee, in order to reduce the risk of elderly patients developing pressure ulcers.

Cori Levesque, RN, Direct-care Nurse, ACE Unit, recently completed the charge nurse orientation on ACE.

The following RNs have completed the charge nurse course in the ED in 2012 and have been assuming charge nurse duties:

Kristen Montefusco, RN, BSN
Jeannine Booth, RN, BSN
Donna Starling, RN

Hina Summers, RN, Direct-care Nurse, SCU, attended the New Jersey State Nurses Association Professional Summit.

Jessica Soto, RN, originally a NA on EDU, passed the RN exam and is orienting on the ACE Unit.



Princeton HealthCare System