Creativity is the means of connectivity with the infinite source of inspiration that exists from within.

Betty Roi, Yoga teacher and Vocalist

What else is as satisfying as leaving your mark on something and making it your own? The year 2011 has definitely been re"mark"able for the Department of Nursing.

- Shared governance has entered its third year, and never before have we seen more direct-care providers involved in the professional practice of nursing.
- Our nurses participated in and successfully completed the Care Program, designed by our direct-care professionals to recognize the contributions of our nurses to the effectiveness and quality of care given to all PHCS patients.
- We have seen unprecedented gains in quality measures, including our reduction in falls and pressure ulcers, and have been recognized by The Joint Commission as a top hospital.
- PHCS nurses have directly impacted the design of our new hospital; evidence of that influence can be seen throughout the patient care area.
- The commitment of nursing to the safety and care of our patients has been modeled throughout the process of our transition planning.

In 2012, we will continue to make our mark through our pursuit of our Culture of Excellence.

Our professional practice model guides our work through communication, professionalism, privacy and confidentiality, teamwork, service recovery and problem resolution. This is exemplified through the initiation of best practices, such as bedside reporting and purposeful rounding. We have impacted the body of new nursing knowledge through the on-going work of our clinical research council, which is studying medication administration practices and the design of the patient room. Leadership is key, and examples of extraordinary leaders are evident through programs such as the Succession Planning Program and Partnerships for Piece.

On behalf of myself, Barry Rabner, Mark Jones and the rest of the senior management team, I applaud your dedication, and stand proud to be a PHCS nurse. Here’s to sharing your vision, showing what you’re made of, and letting your inner light shine through, for your patients, yourself, and all those you serve.

Susan G. Lorenz RN, DrNP, NEA-BC, EDAC
Vice President, Patient Care Services
Chief Nursing Officer
University Medical Center at Princeton
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Launched in 2009, the Nursing Leadership Succession Planning Program reported continued success, marking its second year of commitment by the Senior Management Team to retain, train and promote nursing staff. Three more qualified and experienced nurses were promoted to management positions in 2011, bringing the total number of nurses promoted through the program to six. The three RNs — Kelly LaMonica, RNC, MSN, Clinical Resource Nurse, Maternal-Child Health; Audrey Amir, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry; and Treeza Menezes, RNC, BSN, CLC, Assistant Nurse Manager, Maternal-Child Health — were selected based on their performance, professional commitment, letters of recommendation and stated short- and long-term professional goals.

They began their journey in November 2010, by attending a four-day Aspiring Nurse Leaders American Organization of Nurse Executives (AONE) training program in Arizona. A mentor was assigned to each RN, and together they selected an organizational task to work on through the PHCS program.

Kelly LaMonica, RNC, MSN, Clinical Resource Nurse, Maternal-Child Health (left)  
Mentor: Sandi Mariani, RNC, MSN, Clinical Resource Nurse, ED (right)

My project primarily involved working on the OB Safety Initiative, which is also a part of the New Jersey Hospital Association. Through the project I became part of LDRP’s Perinatal Committee, which is comprised of OB providers, neonatologists, pediatricians, and nurses. I helped implement checklists to increase safety, including the Pitocin checklist. In working with the Perinatal Committee, we developed a policy following ACOG recommendations for all physicians and nurse midwives to eliminate elective inductions or C-sections before a patient is 39 weeks gestation unless medical reasons require delivery. This is an effort to decrease the number of newborns that require admission to the NICU. I also provided the staff education for the year and worked with my mentor, Sandi, to learn how to apply for continuing education credits.

In January 2011, I was hired as the Clinical Resource Nurse of Maternal-Child Health. Being a part of the Leadership Succession Planning Program has helped me develop the skills needed to be a leader in an organization like UMCP. Participation in the program provided me with training and seminars to help me grow professionally. As part of the program I was included in nursing administration meetings and groups. I gained access to a great deal of resources that I draw on everyday in my current position.

I have formed relationships with the nursing staff on my unit, as well as the doctors and midwives. This gives me the advantage of being able to work with both groups, and being able to relay information and try to improve the working relationships of the nurses and providers.

OB safety has become a passion of mine, and I am always looking for ways to improve the current practices we follow. I look for seminars I can attend to enhance my training, and am involved in many related organizations, such as the Central Jersey Family Consortium and the NJ Hospital Association Perinatal Collaborative. Being a part of the Leadership Succession Planning Program has taught me how to find the resources I need.

Sandi Mariani, RN, has been a wonderful mentor to me. She remains as available for me now as she was during the program. She has a wealth of knowledge about leadership and education, and I will always value the friendship we have formed.
Audrey Amir, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry (center)
Mentors: Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator and Magnet Director (left) and Kathleen H. Seneca, APN, MSN, CNL, Transitional Care Program Director (right)

Under Karyn’s mentorship, I have had two amazing experiences as part of the Leadership Succession Planning Program.

Not many Direct-care Nurses have the opportunity to boast Magnet authorship, but I was lucky enough to author almost the entire New Knowledge Innovations and Improvements chapter of the Magnet document. It was a challenging and phenomenal experience. As I gathered information for the chapter, I had the occasion to meet with many individuals throughout the organization. I gained tremendous organizational skills and knowledge. I learned how to balance work, writing, and family. The greatest feeling, however, came from looking at the final product. I still cannot believe I was given the opportunity to author such an important piece; it is probably the most important document I will ever write.

Once the Magnet document was submitted, in August 2011, I moved to my current leadership position. Since September, I have been a part-time Clinical Nurse Leader trainee on the Telemetry Unit. My opportunities in this role have been numerous and diverse. With the guidance and collaboration of Kathleen Seneca, APN, MSN, CNL, Transitional Care Program Director, I have been a co-leader of the multidisciplinary team assembled to create the Clinical Institute Withdrawal Assessment (CIWA) policy, an alcohol withdrawal protocol. With support from Geri Karpiscak, RN, MSN, NEA-BC, Director of Professional Practice, Education, and Customer Service; Lauren Firman, RN, BSN, Nurse Manager, Telemetry; and Casey Templin, RN, BSN, PCCN, Assistant Nurse Manager, Telemetry, I was able to secure a Progressive Care Certified Nurse (PCCN) review course for the staff, which was held in February 2012.

As a CNL trainee, I have the opportunity to be a member of numerous committees, (Skin Integrity Team (SIT), Falls, Clinical Practice, Cardiology Section) and disseminate information I obtained to my colleagues. In my new role, I am fortunate to have another CNL trainee on Telemetry, Alicia Calisto, RN, BSN, PCCN, Clinical Resource Nurse. Together, we are learning and growing, and in the process developing many initiatives related to staff and patient care. We are reinforcing the bedside report process; strengthening our unit-based council and engaging staff; providing educational opportunities; and affording support and guidance to many new RNs. We facilitate core measure adherence in collaboration with Liliana Paun, Monitor Tech, Telemetry and Telemetry’s congestive heart failure core measure reviewer; take a proactive role in skin breakdown prevention; and collaborate with physicians on many fronts to expedite and enhance patient care.

I am honored in having been chosen to participate in the Leadership Succession Planning Program. The opportunities the program has provided have been immeasurable.

Treeza Menezes, RNC, BSN, CLC, Assistant Nurse Manager, Maternal-Child Health (right)
Mentor: Geri Karpiscak, RN, MSN, NEA-BC, Director of Professional Practice, Education and Customer Service (left)

The Leadership Succession Planning Program has provided a wonderful opportunity to develop my leadership potential. Through this training program, it became clear to me that excellent patient care requires individuals with strong leadership and advocacy roles to manage rapidly changing healthcare systems and complex healthcare organizations.

Nurses must understand how to lead in order to understand how to nurse. The skills of communicating effectively, managing conflicts, delegating and evaluating the work of others, using critical thinking and taking charge of our own careers are important commodities in today’s healthcare environment. These skills are also prerequisites for any nurse interested in a formal leadership position.

My mentor has been a strong support and guide in this endeavor. I also had opportunities to learn from other leaders in various departments, who enlightened me on the methods in which they support nursing, patient safety, and quality staffing. The program has enabled me to apply the lessons in my present unit, where I am now the Assistant Nurse Manager. With the support of my manager, Lynda Proto, RNC, MSN, CLSSGB, Nurse Manager, Maternal-Child Health, I have been able to implement positive changes in the unit for efficient procedures and care. Responsibility, accountability, teamwork and empowerment are the keys to this success.

I have completed the Online Nurse Manager Leader Orientation Modules, and have obtained my certification in Inpatient OB. I am now working on my Nurse Manager Leader Certification.

It is truly a wonderful experience, and a great honor, to be selected for a leadership role at PHCS through this program. It has given me enormous confidence and the enthusiasm to contribute to the strategic vision and mission of PHCS in the coming years.
PARTNERSHIPS FOR PIECE PROGRAM

As part of PHCS’s strategic plan to provide comprehensive care across the lifespan for patients, a new initiative was launched in the third quarter of 2011 called Partnerships for PIECE (Patient-Centered, Integrated Elder Care and Empowerment). The Partnerships for PIECE project augments two well-established and successful PHCS geriatric-focused programs: the Acute Care of the Elderly Unit (ACE) and the NICHE (Nurses Improving Care for Healthsystem Elders) program. This project is being funded by the Robert Wood Johnson Foundation’s New Jersey Health Initiatives 2011: Transitions in Care grant, which was awarded July 2011.

Ensuring seamless transitions for patients across the healthcare continuum has become a national imperative, designed to mitigate the adverse outcomes of less-than-optimal patient handoffs to the next level of care. Nationally, one in five Medicare patients is re-hospitalized within 30 days of their last admission; it is believed that 75 percent of these readmissions are avoidable. At PHCS, the readmission rate is well below the national average, at just 15 percent. PHCS provides acute care services annually to more than 3,300 patients age 70 or older.

Partnerships for PIECE aims to improve transitions for these older adults by employing a three-tiered approach: 1) an Advance Practice Nurse (APN) navigation program that will support patient transitions back home, 2) consulting with and training skilled nursing facility partners to strengthen transitional communications, and 3) a data registry to improve and streamline electronic communication across systems.

The APN navigation program design employs two nationally recognized evidence-based transitional care models to identify patients at-risk for readmission and provide these patients and their caregivers with the information and tools needed to better manage their chronic illnesses. These are the Transitional Care Model developed by Mary Naylor, a nurse researcher from the University of Pennsylvania, and the Care Transitions Intervention (CTI), developed by Eric Coleman, MD, MPH, a physician from Denver, Colorado.

Last fall, the Transitional Care Model’s screening tool to identify patients most at risk for readmission was imbedded into the electronic nursing admission assessment. All eligible at-risk patients are offered an opportunity to participate in the CTI program. Once enrolled, a specially trained PHCS CTI coach visits the patient and caregiver once in the hospital and once at his or her home, and then calls at least three times over the next four weeks to guide participants in following four areas of healthcare: 1) to create and use a Personal Health Record to improve communication with healthcare providers, 2) to learn how to identify red flag warning signs that may indicate the individual’s medical condition is getting worse, and identify when and whom to call, 3) to understand medications and how to take them, and 4) to confidently participate in his or her own care during follow-up healthcare provider visits.

A recent study found 19 percent of discharged patients had an adverse event, and 66 percent of these adverse events were related to a medication discrepancy. Therefore, each patient enrolled in the CTI program is offered a pharmacy consult to review their discharge medications, the reasons for taking the medications and the potential side effects of the medications.

PHCS has partnered with nine skilled nursing facilities to design better processes to create seamless transfers as the patient transitions from the acute care setting to the post-acute setting. PHCS has also partnered with New Jersey Goals of Care, a nonprofit organization...
to help patients and their healthcare providers match patient goals of care with available medical therapies. David Barile, MD, Medical Director of New Jersey Goals of Care, has been working closely with each of the nine partners to adopt the POLST (Physicians Orders for Life-Sustaining Treatment) form, which helps guide healthcare providers when discussing goals and preferences for care with their patients. As members of the statewide New Jersey POLST pilot project, all nine partners, with Dr. Barile’s guidance, are currently creating new policies and procedures, and educating staff, residents and community members on the POLST form.

Additionally, the nine partners are adopting evidence-based methods created by the Institute for Healthcare Improvement (IHI) to enhance communication and develop algorithms to recognize early medical decompensation in skilled nursing home residents.

Lastly, PHCS’s Information Technology Department is providing the capability for post-acute care providers to access secured information pertaining to their patients. A robust, secure Health Information Exchange will enable the community provider to have access to the necessary information to provide quality post-hospitalization follow-up care for patients.

The newly launched Partnership for PIECE program is gaining traction. Physicians, medical residents, clinical nurse leaders, social workers, case managers and nurses are all identifying patients who could benefit from the services of a CTI coach, and are requesting consults. The nine skilled nursing facilities are enthusiastically adopting the POLST form and IHI suggestions for reducing readmissions from a skilled nursing facility. The efforts of the Transitional Care Program will be captured anecdotally and by defined metrics, and will be reported to organizational stakeholders, as well as the New Jersey Health Initiatives and the Robert Wood Johnson Foundation.

Kathleen H. Seneca, APN, MSN, CNL, Transitional Care Program Director
Exemplary Professional Practice

APPLYING THE PROFESSIONAL PRACTICE MODEL

University Medical Center at Princeton nurses provide care under the Professional Practice Model PHCS (Promoting Health and Caring Service). Nurses work in collaboration with other members of the healthcare team to provide quality patient care. The model is consistent with the state Department of Nursing’s vision, mission and values of patient-centered care, communication, evidence-based care, service, teamwork, and respect. As a result of this model, changes have been made across the organization.

Background
An example of an application of the Professional Practice Model was the design, purchase, and installation of custom whiteboards at every patient’s bedside, following research by the Staff Nurse Advisory Council. The custom whiteboards enable nurses to apply the following aspects of the Professional Practice Model:

- Assisting patients in achieving their full potential
- Communicating effectively and diligently with the patient, family, and healthcare providers
- Providing care that potentiates the healing of the mind, body, and spirit

Methods
Blank whiteboards previously existed in the patient room, as a tool to enhance communication. To ensure even more effective communication, a custom UMCP whiteboard was developed by the Staff Nurse Advisory Council indicating “fields” to be filled in by nursing staff on each shift. Fields include names of the members of the care provider team, plan of care for the day, pain management goals, diet, activity, and discharge plans. By presenting a patient’s care information in a visual and prominent fashion, the patient and family members are encouraged and empowered to participate in their care. A dedicated area for “Family Notes” allows family members to leave encouraging notes or reminders for their loved ones. Including the room number and the day’s date help keep patients oriented, and name and telephone number fields keep care team members accessible to patients and family members.

The whiteboard was adapted to meet the needs of patients in certain areas. The use of the board itself has been adapted as well. In ICU, nurses began recording patients’ admission weights and updating a daily weight side-by-side on the whiteboard, in addition to noting the patient’s fluid balance, for at-a-glance information during daily interdisciplinary rounds. On J6, Surgical, the whiteboard serves as a communication tool between the nursing staff, the physical therapy staff, and the patients. Physical therapists will indicate a patient’s goal for range of motion or length of time in the continuous passive motion machine following knee replacement. Patients are more active participants in their care when they know what their goal is, and nurses can help ensure patients are reaching their postoperative range of motion potential.

Outcomes
Custom whiteboards were installed in all inpatient areas in early 2011. A significant increase in survey responses in two areas in particular have increased consistently since the Professional Practice Model was adopted, in part due to better communication occurring at the bedside through the use of whiteboards. The two questions are:

- During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Did the nurse explain things in a way you understood?


Juliet Puorro, RN, MSN, ONC, CNL, Clinical Nurse Leader, J6, and Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator and Magnet Director
Our Journey to Nursing Excellence began in May 2011, when Gary Snyderman, RN, MSN, Director of Nursing at Princeton House Behavioral Health, surveyed the nursing staff and found them overwhelmingly interested in achieving Magnet status. As a result, Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator, visited our campus to discuss the Magnet process.

In the early phase of our journey, three councils were organized, consisting primarily of direct-care nurses, including: 1) the Nursing Quality and Safety Council, 2) the Direct Care Council, and 3) the Professional Nursing Council/Nurse Excellence Council. By August 2011, the fourth council, Nursing Board Council, was formalized.

As the process evolved, the Professional Nursing Council/Nurse Excellence Council began focusing their efforts on special projects, committee work, a newsletter, and National Nurses Week. By September, the council had nominated co-chairs in an effort to organize their efforts more effectively.

Additionally, a group of nurses launched special interest groups to become resident nurse experts in clinical issues to better serve our patients. Four of our nurses became our experts in the area of diabetes, researching the disease, creating a PowerPoint presentation, and becoming the go-to people for guidance and advice. One of our nurses became the wound care specialist, providing education and treatment assistance to our psychiatric nurses.

Another nurse became our CARE Program representative, serving as the liaison between UMCP and Princeton House. She eagerly spread the word to nursing staff about the CARE Program; as a result, many of our nurses participated in the program and were recognized for their efforts. The CARE Program promotes clinical achievement and advancement through recognition and reward of clinical excellence in nursing and at the bedside. This program ensures that Registered Nurses who provide direct patient care continue to have opportunities to be recognized and rewarded for their commitment to nursing excellence, skill advancement and clinical quality improvement, and achievement.

In November, three of our night shift nurses worked together to develop our Magnet newsletter, which was launched in January 2012. The lead article featured the night shift’s success in improving their Press Ganey scores.

The Journey to Nursing Excellence continues to be a gratifying experience for the nurses at Princeton House, who have become committed to promoting their professional development, and contributing to meaningful patient and practice issues. They have taken on roles they may not have had the opportunity to in the past, and have embarked on challenges that were not available before. Clearly, the nurses at Princeton House have built a firm foundation for their Journey to Nursing Excellence, and look forward to achieving Magnet status.

Gary Synderman, RN, MSN, Director of Nursing, Princeton House Behavioral Health
NEW FALL RISK ASSESSMENT TOOL ROLLED OUT

A single fall can unleash a chain of events causing a patient to deteriorate and possibly die in the most severe cases. Nurses are the key to fall prevention in the acute care setting. With this in mind, the Fall Prevention Team, a subcommittee of the Nursing Quality Council, was charged with developing an enhanced fall prevention protocol. The Fall Prevention Team is comprised of Direct-care Nurses, physical therapists, managers, risk management, educators, and the nursing administrative staff.

One of the major accomplishments of the team in 2011 was the selection and implementation of a new fall risk assessment tool, the Johns Hopkins Fall Risk Assessment Tool (JHFRAT), and risk-level identification protocol. A rapid-cycle test was completed by Juliet Puorro, RN, MSN, CNL, Clinical Nurse Leader, J6, and Susan Jafar, RN, BSN, ONC, Direct-care Nurse, J6, to compare patient scores with both tools. The JHFRAT was found to identify patients at risk while also categorizing them as low-, moderate-, and high-risk patients.

The team members created a protocol to identify at-risk patients conspicuously to all members of the healthcare team, and then provided education hospital-wide at unit-based meetings and huddles, and with a rolling cart.

Outcome
The number of falls since April 2011 has decreased considerably from 3.2 falls to 0.8 falls in December.

Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator and Magnet Director, and Sara Moghadam, RN, BA, PCCN, Nursing Performance Improvement Coordinator
IMPROVEMENTS TO INFORMATION SYSTEMS FOR PRESSURE ULCER PREVENTION

At UMCP, a strong collaboration exists between Direct-care Nurses and clinical analysts. Several RNs in the Information Technology Department have experience working as Direct-care Nurses at UMCP, including:

• Nune Mehrabyan, RN, MS, Clinical Analyst
• Susan Sunyak, RN, BSN, CEN, Clinical Analyst
• Beverly Mansfield, RN, BSN, Clinical Analyst
• Mary Schulz, RN, BSN, IT Educator
• Miriam Lecureux, RN-C, LDRP, RN, IT Super User
• Dawn McGowan, RN, Critical Care RN, IT Super User

In 2011, many practice improvements occurred as a result of nurse involvement in technology and information systems design. Pressure ulcer prevention is an example of one marked improvement in practice.

Methods
A multidisciplinary Skin Integrity Team was formed in August 2011 to reduce pressure ulcers.

After a process of research and analysis, nurses suggested the following changes to reduce pressure ulcers:

• Make wound-related reports readily available to all managers, assistant managers, clinical nurse leaders, and skin champions
• Add more descriptive definitions to the Braden scale components to improve the identification of patients at risk
• Add descriptions to the staging component of pressure ulcers to improve the proper staging of pressure ulcers
• Add pressure ulcer resources to the Knowledge Icon in QCPR, the clinical documentation system

Who Was Involved
Nune Mehrabyan, RN, MS, IT Clinical Analyst, worked closely with Inez Brandon, RN, MSN, OCN, CNL, Clinical Nurse Leader, MNO, to ensure the availability of wound-related reports, adding two reports (Pressure Ulcer with Braden Scale and Pressure Ulcer Report). These are used to round on patients at risk of skin breakdown.

Mehrabyan also worked with Gary Greenfeder, RN, BSN, PCCN, Direct-care Nurse, Telemetry, to expand the Braden scale’s verbiage to improve on the proper identification of patients at risk of skin breakdown. By providing objective definitions, this improved the consistency of Braden scoring among nurses.

Susan Sunyak, RN, BSN, CEN, IT Clinical Analyst, and Nune worked closely with Juliet Puorro, RN, MSN, ONC, CNL, Clinical Nurse Leader, J6, to ensure that a peripheral assessment would generate automatically when a patient is placed in Buck’s traction. This additional focused assessment will draw a nurse’s attention to possible decreased sensation, circulation, and mobility of a limb affected by a femur fracture, heightening the vigilance for pressure ulcer development.

Sara Moghadam, RN, BA, PCCN, Nursing Performance Improvement Coordinator, worked with Information Technology to ensure that pressure ulcer resources were available to all physicians, as well as nursing and ancillary staff.

Mehrabyan updated the staging verbiage to the current National Pressure Ulcer Advisory Panel (NPAUP) definitions, and included descriptions under each stage to help the RN more accurately stage pressure ulcers. Previously, only the stage was listed, not the description of the appearance. Additionally, “Unstageable” and “Suspected Deep Tissue Injury” were not included in the list of options in the former version.

Nune worked with Juliet to develop a process to identify patients at risk of developing pressure ulcers to all care providers. By mirroring the process used for other precautions (allergies, infection, fall, etc.), vigilance for pressure ulcer precaution will improve. To hardwire the alert, the precaution appears on any patient with a documented Braden score of 18 or less. The red alert triangle appears next to the patient’s name. The precaution details are visible by clicking on the icon. The precaution details also print out on change-of-shirt reports.

The proposed changes detailed above went into effect after the November 13, 2011, and January 29, 2012, QCPR rollovers, the scheduled downtimes for the installation of system changes and improvements. With each rollover, a QCPR newsletter is released to detail changes.

Outcomes
Since November 2011, a marked decrease in the incidence of hospital-acquired pressure ulcers has occurred. The Skin Integrity Team continues to look for ways to hold rates at zero, and continues to work collaboratively with Information Technology.

Juliet Puorro, RN, MSN, ONC, CNL, Clinical Nurse Leader, J6

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Juliet Puorro, RN, MSN, ONC, CNL, Clinical Nurse Leader, J6
The Clinical Advancement and Recognition of Excellence Program (CARE)™ provides eligible Registered Nurses the option to be recognized for their achievements, contributions, and progress through 5 different levels (RN 1, 2, 3, 4, or 5).
The CARE Program™ was developed by the System-Wide Professional Nursing Council, in collaboration with senior nurse leaders, using a blend of nursing models and theories. The goal of the program, launched in April 2011, is to recognize and reward professional nurses who develop and promote clinical excellence in nursing practice, research, and evidence-based practice. The program provides a structure and framework for the development of clinical excellence in nursing and patient care by encouraging PHCS nurses to develop a professional portfolio of their work and accomplishments, identify career goals, network, promote a positive image of nursing and, by example, be the change they want to see in the future of nursing and healthcare.

A total of 183 Direct-care Nurses from departments and units across Princeton HealthCare System were accepted into the program. Nurses at PHCS can be seen proudly wearing their “I C.A.R.E” buttons in recognition of their acceptance into the program. The positive response of the program applicants was both inspiring and empowering. The System-wide Professional Nursing Council and senior nurse leaders felt a sense of honor and pride to be part of such an amazing experience and read about all of the hard work, dedication, future goals, and accomplishments of PHCS's nurses.

This program ensures that Registered Nurses who provide direct patient care continue to have opportunities to be recognized and rewarded for their commitment to nursing excellence, skill advancement, clinical quality improvement, and achievement. As the encouragement of professional and educational growth and development will surely increase the quality of patient care, and advance the nursing profession, it will also enhance recruitment and retention of exceptional nurses within the organization.

Charmaine Yates, RN, Direct-care Nurse, Float Pool
UMCP NURSE RESIDENCY PROGRAM

UMCP's nine Nurse Residents are becoming acclimated with their permanent units of hire. Over the course of 16 weeks, the Nurse Residents had the opportunity to immerse themselves in a variety of both clinical and didactic learning experiences. In early December 2011, the new graduate nurses were hired to the unit of their choice within the hospital.

Each nurse will undoubtedly proudly reflect back on his or her residency experience and the many advantages this initial training program offered. The program allowed participating nurses to become familiar with the many leadership roles throughout the hospital and how they might best utilize their skills to become more involved. The relationships developed between the residents will promote active teamwork, and will serve as a constant source of support while on the job.

UMCP's nine Nurse Residents have taken their experience to heart, spelling their success as:

**The R.N. R.E.S.I.D.E.N.T.S.**

R: Recognizing we’ve finally reached our goal. Today, and every day, we’re registered nurses!

N: New experiences daily. No one day has been the same, nor will it ever be the same; we have been fortunate enough to gain exposure to many a place and unique areas here at UMCP.

R: Realizing our own strength within, and that of others, in every nurse, patient, and team member.

E: Everyday is an opportunity, a fresh start, an open mind, a committed heart.

S: Striving toward excellence and not perfection, as we are human, but always compassionate.

I: Improvement of our skill sets takes time, with every inquiry and action, but knowing there will always be room for growth.

D: Discovering that our role extends beyond the textbook or any formal schooling we’ve had. The real education starts NOW.

E: Each patient and each person has a story to tell. We have the ears to listen and time to share.

N: Never giving up, even when chaos is inevitable, birthed from these experiences is strength and courage, making us resilient no matter where our travels may lead.

T: Time, is a precious and invaluable resource. We make the time to take the time, with patients, family and the interdisciplinary team.

S: Success, for now, today, and in the future. Our standards have been established from day one, we strive to achieve the very best, for the rest of our time here at UMCP.

UMCP’s Nurse Residents came under the guidance of Wendy Luca, MSN, RN-OCN, Clinical Instructor. Wendy served as an invaluable resource, a pillar of both support and guidance, in addition to an empathetic ear and a passionate heart. She advised the residents to embrace nursing as not just a job, but a career. In considering every day a new day, Wendy emphasized the importance of seizing learning opportunities, both large and small. In addition, she advised residents to seek a mentor they admire for encouragement, advice and counsel. Additionally, as many professionals in healthcare recognize, Wendy placed great emphasis on the importance of nurturing one’s own soul in order to be able to provide compassionate, dedicated care to patients, families and the UMCP community.

Tips for RN residents and all RN staff:

- Learn something new every week.
- Take advantage of all opportunities to learn new skills.
- Join a committee/council.
- Focus on your career, not just your job.
- Bring your soul to work every day.
- Nourish your spirit and your body.
- Give to yourself so you can give to your patients.
- When in doubt, trust your gut and do the right thing.
- There is value in questioning why.
- Find a mentor who truly understands, will give you honest assessments and career guidance, will be a good sounding board.

Brigitte McNamara, RN, BSN, Direct-care Nurse, MNO
HIGHLIGHTING UMCP BSN NURSES

Elevating the formal educational level of nurses is an important component of the Nursing Strategic Plan. The goal set in the 2010-2012 UMCP Nursing Strategic Plan is to continually increase the number of full-time and part-time BSN-prepared Direct-care Nurses by five percent each calendar year. In 2010, UMCP increased its total number of full-time and part-time Direct-care BSN-prepared nurses from 195 to 215, an increase of 10.25 percent. In 2011, the total number rose from 215 to 233, an increase of 8.5 percent.

Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator and Magnet Director

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HIGHLIGHTING UMCP CERTIFIED NURSES

The Nursing Strategic Plan details a goal of certifying 250 nurses by the end of 2012. To meet this objective, a minimum increase of a 5 percent annually is expected. Goals are based on the March Certification Day numbers.

In 2009, 189 UMCP nurses were certified in a professional specialty. The actual number of certified nurses in March 2010 was 212, a 12 percent increase in one year. The actual number of certified nurses in March 2011 was 236, a 12 percent increase in one year. This includes nurses at all levels with specialty certifications.

Karyn Book, RN, MSN, CMSRN, CLSSGB, Professional Practice Administrator and Magnet Director
NURSING SHARED GOVERNANCE

Nursing Board
Outgoing Chair—Robin Boyer, RN-C, BSN, CEN, Direct-care Nurse, Emergency Department
New Chair—Stefanie Nicosia, RN, BSN, Direct-care Nurse, Telemetry
Co-Chair—Susan Jafar, RN, BSN, OCN, Direct-care Nurse, J6

Nursing Clinical Practice Council
Outgoing Chair—Amy Lazarri, RN, BSN, CEN, Direct-care Nurse, Emergency Department
New Chair—Kathleen Cooney, RN, BSN, Direct-care Nurse, J7/MNO
Co-Chair—Carol Schwab, RN-BC, Direct-care Nurse, Float Pool

Nursing Research Council
Outgoing Chair—Inez Brandon, RN, MSN, OCN, CNL, Clinical Nurse Leader, J7/MNO
New Chair—Juliet Puorro, RN, MSN, ONC, CNL, Clinical Nurse Leader, J6
Co-Chair—Ashleigh Thompson, RN, BSN, Direct-care Nurse, Outpatient Infusion

Nursing Quality Council
Outgoing Chair—Sandra Long, RN-BC, Direct-care Nurse, Emergency Department
New Chair—Mary Aitken, RN-C, Assistant Nurse Manager, B2/ACE
Co-Chair—Stephanie Reed, RN, Resource Nurse, Float Pool

Nursing Professional Development Council
Outgoing Chair—Lisa Stout, RN-BC, Program Educator and Patient Experience Representative
New Chair—Brenda Reyes-Sussman, RN, Direct-care Nurse, Eating Disorders Unit
Co-Chair—Nisha Nicoletti, RN, Direct-care Nurse, Mother/Baby

Staff Nurse Advisory Council
Outgoing Chair—Mindy Tanpiencgo, RN, BSN, CCRN, Nurse Manager, ICU/CCU
New Chair—Susan Anderson, RN, ONC, Direct-care Nurse, J6
Co-Chair—Alicia Calisto, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry

System-Wide Professional Nursing Council
Outgoing Chair—Charmaine Yates, RN Direct-care Nurse, Float Pool
New Chair—Sandi Mariani, RN-BC, MSN, Clinical Resource Nurse, Emergency Department
Co-Chair—Susan Straszynski, RN Direct-care Nurse, Mother/Baby
UMCP ON THE PATH TO ATTAINING NEW BABY-FRIENDLY DESIGNATION

Kelly LaMonica, RNC, MSN, Clinical Resource Nurse, Maternal-Child Health

Breastfeeding has been an important part of UMCP’s maternity practice for many years. UMCP’s many of Maternal-Child Health nurses are certified lactation consultants, and all nurses on the unit have received training in breastfeeding and encourage and support breastfeeding.

In addition, UMCP is working toward obtaining a new Baby-Friendly Designation. Conferred by UNICEF and the World Health Organization, Baby-Friendly Designation confirms a healthcare system’s commitment to breastfeeding.

The rigorous application process requires implementation of 10 procedures, including:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 30 minutes of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in,” allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

UMCP has been following many of these steps for some time. All healthcare providers can have an impact by being knowledgeable enough to be able to speak to women about the benefits of breastfeeding. Maternity staff is always willing to help. With everyone’s support, breastfeeding success can be increased.
EATING DISORDER UNIT — UNIT BASED COUNCIL CONDUCTS LONG-TERM MULTIDISCIPLINARY RESEARCH STUDY

In an effort to identify data to contribute to the overall improvement in care and treatment of patients with eating disorders, the Eating Disorder Unit Research Council is currently conducting an Institutional Review Board-approved study titled *Predicting Recovery: Factors that Predict the Long-Term Outcome of Inpatient Treatment of Anorexia Nervosa and Bulimia Nervosa*.

The council is comprised of a multidisciplinary group of nurses, nutritionists and psychologists, working together to identify factors that predict positive long-term outcomes in the treatment of patients with eating disorders.

The study was initially conceived by the Eating Disorder Unit nursing staff, which recognized that, since provision of patient care on the Eating Disorder Unit is a multidisciplinary process, the Research Council should be multidisciplinary as well. As a result, the nursing staff reached out to other members of the unit treatment team — physician, nurses, therapists, dietitians, and mental health associates — to participate in a research study.

Council members have various levels of experience and expertise in research, and include Baljit Dodd, RN; Elizabeth Frenkel, Ph.D.; Melinda Parisi, Ph.D.; Lydia Pitonyak, RN, BSN, CPN; Melissa Sherman, RN, BSN; Darlene Snyder, BS; Theresa Voigtsberger, RN; and Jennifer Windish, RD.

In the early stages of the project, initial literature reviews revealed there was little data from studies involving inpatient treatment and outcomes; most of the studies focused on outpatient and partial treatment. Based on these findings, the decision was made to focus the research study on patient outcomes and recovery of inpatient treatment for eating disorders.

Upon admission to inpatient treatment at the UMCP Eating Disorder Program, all eligible patients are extended an invitation by an Eating Disorder Council member to participate in the study. Participants complete surveys on admission to inpatient treatment, on discharge from inpatient treatment and at one year post-discharge from inpatient treatment. The council hopes to obtain additional long-term data at two years and five years post-inpatient discharge.

To date, the overall response for patient participation has been extremely positive. Overall, patients and their families express a sincere desire to help make a positive difference in the treatment for patients with eating disorders.

*Lydia Pitonyak, RN, BSN, CPN, Nurse Manager, Eating Disorders Unit*
2011 Princeton HealthCare System’s Certified Nurses

Acute Rehab
Gurmit Mann
Maryann Protz
Elaina Weeks

AM Admissions
Beth List
Frances McKinley

ACE
Mary Aitken
Eileen Anesekewich
Daphne Berei
Veronica Dizon-Tiongko
Rebecca Godofsky
Kelly LaCava
Amy Miller
Sheenamol Nair
Kristen Viola

B5/Telemetry
Audrey Amir
Christine Andreiko
Alicia Calisto
Gary Greenfeder
Simy Joseph
Sara Philip
Casey Templin

Breast Health Center
Mary Kiensicki
Beth Kreski

Cardiac & Pulmonary Rehab
Nancy Alpaugh
Mary Ricci
Sally Stout
Loretta Voorhees

Cardiac Cath Lab
Carrollynn Cosico-Ramirez
Allison Lyons
Maria Lourdes Toralba
Allison Yiacas

Community Education
Debbie Birkenstamm
Karen Davison
Bernadette Kelton
Eileen Mansfield
Lisa Mathiasen
Grace McDonald-Largie
Debbie Millar
Gina Oranchak
Anna Orlando
Lisa Stout

Diabetes Management Program
Debbie Brown-Kuhn
Sheila Handel
Nancy Rhodes

Department of Medicine/Cancer Program
Ellen Land
Monica Lyle

Eating Disorders
Lydia Pitonyak

Department of Education
Carolyln Bitzer
Connie Johnson
Geralyn Karpiscak
Wendy Luca
Patricia Lum

Emergency Department
Christina Allen
Robin Boyer
Robert Constantino
Randi Killian
Sandra Long
Sandra Mariani
Maureen McAteer
Kristen Montefusco
Lori Sletta
Kimberly Wainwright
Christine Wiggins
Regina Zupanc

Endoscopy
Noreen Darbenzo
Donna Ecke
Lynne Foerster
Colleen Haraz
Sau Jung
Berbeth Meisel
Eleanor Sokkind
Lynette Thompson
Jeong Yoon
Karen Zipper

Float Pool
Alicia Becker
Lucky Colon
Toni Cranmer
Debra Davies
Nancy Hassanein

Health Information Management
Katherine Arton
Federico Carbonell

Princeton HomeCare Services
Patricia Anene
Tina Bergner
Shirley Collins
Christine Diaz
Ann Mathews
Sheryl Moncrief
Cynthia Raymond
Imelda Remolado
Teressa Scott
Maryanne Sheerin
Sandra Toles
Ellen Williams
Judith Wilson

ICU/CCU
Lorna Barron
Donna Covin
Mayda Federovitch
Jenn Fox
Charles Gallagher
Claudius Henry
Jennifer Mac
Wen Ou
Kristen Peterson
Kimberly Stevens
Marcia Szochet
Mindaline Tapiengco
Jolly Thomas
Janet Viscomi
Kaitlyn Zupanc

Infection Control
Kathleen Hill

The Cancer Center — Infusion Room/Radiation Oncology
Cindy Asta
Beth Beckett
Lori Anne Leonard
Jennifer Neuman
Barbara Pevehouse

Linda Powel
Deborah Richey
Jordana Zisman

Information Technology
Susan Sunyak

J6
Susan Anderson
Dolores Blauth
Susan Greenan
HeeSoong Hong
Suzan Jafar
Fanta Kallon
Ann Laughlin
Ann Marie Lippin
Juliet Puorro
Barbara Reese
Kathy Ryan
Maria Luisa Stout

Maternal-Child Health
Stacy Booher
Roni Brennan
Elizabeth Brogan
Nancy Carroza
Rosita Castone
Barbara Demetrician
Esther Desa
Jill Destefano
Margy Deyshe
Kristen Doloff
Charlene Drost
Pamela Ellet
Svetlana Famil
Carol Fabian
Alan Faith
Noella Folkes
Janet Hesler
Cynthia Hoes
Diane Jackson
Sheena Jebu
Kelly LaMonica
Miriam Lecture
Diana LoGrasso
Patsy Mather
Treeza Menezes
Dinah Mongcoba
Sharon Petty-Stanley
Lynda Proto
Dawn Rittley
Neydine Rivera
Nicole Rook
Donna Savarese
Shannon Scott

Jennifer Sefcik
Susan Staszynski
Dee Vandergrift
Dzung Vu
Debbie Walsh
Ellen Winkle
Jung Yun

MFM
Barbara Ketterer
Richelle White

MNO
Carroll Adams
Jennifer Allen
Veronica Amegavluie
Michelle Basiline
Pamela Bordwick
Inez Brandon
Stella Chang
Melanie Delin
Leslie Feldman
Allyson Fred
Katherine Gildon
Liya Gu
Murielle Jeanly
Qinghe Jiang
Jennifer Johansen
Laura Kelly
Denise McGinley
Mylanh Thi Nguyen
Adena Romeo
Humility Sumayang
Elaine Tarnofsky
Binh Tran
Eva Tredor
Malinda Lee Welser
Jennifer Woodruff
Jacqueline Zaremba

Nursing Administration
Karyn Book
Barbara Christiano
Paula Davis
Rebecca Doherty
Sandra Evanko
Sheri Glandon
Jennifer Holland
Connie Johnson
Denise Kurz
Susan Lorenz
Sara Moghadam
Carolyn Schlesier
Kathleen Seneca

Occupational Medicine
Maureen Abbott
Mary Hays
Barbara Koprowski
Colleen Rossi
Mary Jane Vinch

OR
Joan Boczan
Jennifer Bounsenberry
Bih-Ju Brody
Allison Fuhr
Gail Haftel
Sharon Hamilton
Wynsdon (Joy) Hubbard
Ann King
Susan Macera
Samatha Marquis
Fe Moreo
Lori Mozenter
Mollie Nutkiewicz
Kiersten Scully
Allison Simon
Josephine Waseleski
Mary Zegarski

Outpatient Clinic
Jeanette Levin
Ann Marie Maldarelli
Maureen McMorley
Tori Nactman
Karen O'Brien
Sara Jane Plehn
Lee Ann Popovich
Joan Sasscenti
Lisa Schade-Button
Mary Ellen Spencer

PACU
Susan Ayres
Debra Brian-Taft
Loretta Chipin
Danielle Daab
Eileen Devlin
Wayne Elmer
Mary Maguire
Lisa Mann
Dianne Willan

Pediatrics
Judy Kelly
Andrea Lynn
Jyotshi Patole
Katrina Pfeiffer
Griselda Quia

Performance Improvement
Lynn Bennett

Princeton House Behavioral Health
Ion Cruce
Brenda Evans
Crystal Fitzpatrick
Lisa Johnson
Rick Pessagno
Eileen Sheppard-Hinkel
Gary Snyderman
Coleen Toler
Susan Varga

Radiology
Vida Kaplan
Cathy Kyne

SCN
Maja Baclayon
Katherine Faul
Barbara Goldfluss
Maria Gould
Barbara Heruska
Karen Kraehnbuehl
Margaret Lim
Brenda Lay Pelka
Donna Seitz
Grace Shah
Bella Edessa Somera
Marlyn St. Rose
Michelle Valdez

Surgery Center
Tonimarie Brusnan
Karen Cote
Janet Donnelly
Terri Fink
Christine Hicks
Lauri Kopanyi
Cheryl Kotarski
Marie Nurko
Jane Platt
Paddy Rogers
Linda Vazquez
Kamman Viterito
Jeong Yoon
2011 Awards

Alicia Calisto, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry, received the NJ League for Nursing 2011 Nurse Recognition Award in the area of Outstanding Nursing Leadership.

Connie Johnson, RN, BSN, WCC, LLE, DAPWCA, Wound Care Nurse, was awarded a proclamation from Hillsborough Township for outstanding dedication to nursing, and received the 2011 Outstanding Research Award from the National Alliance of Wound Care.

2011 Nursing Excellence Award Winners

Overall Direct-care Nurse of the Year
Alicia Calisto, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry

Overall Leadership Nurse of the Year
Kathleen Ryan, RNC, BSN, Nurse Manager, J6

J6
Elizabeth Shokoff, RN, MSN, Direct-care Nurse, J6

B5/Telemetry
Alicia Calisto, RN, BSN, PCCN, Clinical Resource Nurse, Telemetry

ICU/CCU
Lorna Barron, RN, BSN, CCRN, Direct-care Nurse, ICU/CCU

Maternal-Child
Susan Straszynski, RN, Direct-care Nurse, Maternal-Child Health

MNO
Melanie Delin, RN, OCN, Direct-care Nurse, MNO

SCN
Barbara Heruska, RNC, BSN, Direct-care Nurse, SCN

OR
Kiersten Scully, RN, BSN, CNOR, Robotic Coordinator/Direct-care Nurse, Surgical Services/OR

ACE
Luchy Colon, RNC, BSN, Direct-care Nurse, ACE

EDU
Theresa Voitsberger, RN, Direct-care Nurse, EDU

Pediatrics
Christina Caamano-Hussein, RN, BSN, Direct-care Nurse, Pediatrics

ED
Christine Wiggins, RN, CEN, Direct-care Nurse, ED

Float Pool
Charmaine Yates, RN, Direct-care Nurse, Float Pool

Radiology
Vida Kaplan, RN, CCRN, Direct-care Nurse, Radiology

Princeton HomeCare Services
Shirley Collins, RN, Direct-care Nurse, Princeton HomeCare

Outpatient Clinic
MaryEllen Spencer, RNC, BSN, Direct-care Nurse, Outpatient Clinic

2011 CARE RNs

RN 1
Donna Eicke
Christine Hicks
Mary Kiensicki
Laurie Kopanyi
Cheryl Kotarski
Sheryl Moncreef
Janis Richards
Tina Senoo
Dianne Willan
Kathleen Windfelder

RN 2
Christina Allen
Nancy Alpaugh
Eileen Aneskewich
Cindy Asta
Susan Ayres
Devaki Balasingham
Dolores Blauth
Pamela Bloom
Stacy Booher
Jeannine Booth
Christina Brescia
Debra Brian-Taft
Karla Ratliff Britt
Bhi-Ju Tsai Brody
Elizabeth Brogan
Christina Caamano-Hussein
Julie Cargille
Stella Chang
Gail Charette
Patricia Chehanske
Anna Cheung
Jessica Cohen
Lucky Colon
Kristyn Compitello
Melanie Delin
Esta Desa
Jill Destefano
Eileen Devlin
Sandra Dutcher
Ashley Edling
Svetla Elmooudden
Carol Fabian
Claire Fazio
Mayda Federovitch
Theresa Fordyce

2011 CARE RNs

RN 3
Mary Aitken
Audrey Amir
Susan Anderson
Jeannie Arena
Lorna Barron
Elizabeth Beckett
Alicia Calisto
Lucy Colon
Kathleen Cooney
Kari Crane
Toni Cranmer
Debra Cristelli
Ivan Crucero
Kristin Doloff
Diane Driver
Kimberly Enterline
Daniel Friehl
Rebecca Godofsky
Maria Gould
Liya Gu

RN 4
Carolina Biala
Robin Boyer
Lisa Johnson
Katrina Pfeiffer
Adena Romeo Ratliff
Nicole Rook
Dawn Sparacio
Lisa Stout
Charmaine Yates
2011 Leadership Positions

Audrey Amir, RN, BSN, PCCN, promoted to Clinical Resource Nurse, Telemetry

Elizabeth Beckett, RN, BSN, OCN, Assistant Nurse Manager, Outpatient Infusion, Mercer County Oncology Nursing Society President

Carolina Biala, RN, BSN, Interim Nurse Manager, J6, NJ Chapter of National Association of Orthopaedic Nurses (NAON) President Elect

Carolyln Bitzer, RN, MSN, APN, BC, FNP, CS, Clinical Nurse Instructor, New Jersey State Nurses Association (NJSNA) Region 4 Vice President of Membership and National Nursing Staff Development Organization (NNSDO) Affiliate Advisory Committee member

Alicia Calisto, RN, BSN, PCCN, promoted to Clinical Resource Nurse, Telemetry

Kristyn Competillo, RN, BSN, Direct-care Nurse, promoted to Assistant Nurse Manager, ACE Unit

Kimberly Enterlin, RN, BSN, CCRN, promoted to Assistant Nurse Manager, ICU/CCU

Katherine Gliddon, RNC, BSN, Direct-care Nurse, promoted to Assistant Nurse Manager, MNO Unit

Susan Greenan, RN, BSN, ONC, Direct-care Nurse, J6, Mercer County Community College Clinical Instructor

Catherine Hegedus, RN, BSN, Direct-care Nurse, EDU, Princeton Health Commission Member/Princeton Alcohol & Drug Alliance Liaison

Jennifer Johansen, RN, BSN, OCN, Direct-care Nurse, promoted to Assistant Nurse Manager, MNO Unit

Kelly LaMonica, RNC, MSN, promoted to Clinical Resource Nurse, Maternal-Child Health

Wendy Luca, RN, MSN, OCN, Clinical Instructor, Mercer County Oncology Nursing Society Treasurer

Patricia Lum, RN, BSHA, CNOR, CMLSO, Interim Nurse Manager, Surgical Services, Association of Perioperative Registered Nurses (AORN) Vice President

Monica Lyle, RN, BSN, OCN, Direct-care Nurse, J7, Mercer County Oncology Nursing Society Vice President

Treeza Menezes, RNC, BSN, CLC, promoted to Assistant Nurse Manager, Maternal-Child Health

Lopa Patel, RN, Clinical Instructor, NJ Chapter of NAON Education Committee Member

Katrina Pfeiffer, RN, MSN, CPN, promoted to Interim Clinical Manager, Pediatrics

Juliet Puorro, RN, MSN, ONC, CNL Clinical Nurse Leader, J6, NJ Chapter of NAON Board Member

Barbara Reese, RN, BSN, ONC, Assistant Nurse Manager, J6, NJ Chapter of NAON President

Nancy Rhodes, RN, MA, CDE, Diabetes Clinician/Educator, NJ Chronic Disease Advisory Council for the State Department of Health Chair

Deborah Richey, RN, MA, OCN, promoted to Nurse Manager of the Cancer Center

Adena Romeo-Ratliff, RN, MSN, OCN, APN-C, Direct-care Nurse, MNO, Mercer County Oncology Nursing Society Secretary and The College of New Jersey Adjunct Faculty Member

Nicole Rook, RNC, MSN, C-EFM, Direct-care Nurse, Maternal-Child Health, The College of New Jersey Clinical Instructor

Kathleen Seneca, APN, MSN, CNL, Transitional Care Program Director, The College of New Jersey Clinical Instructor

Patricia Soto, RN, Direct-care Nurse, Surgical Services/OR, AORN Princeton Chapter 3109 Secretary

Marcia Szochet, RN, CCRN, promoted to Interim Assistant Nurse Manager, ICU/CCU

Eileen Snyder, RN, CNOR, Direct-care Nurse, Surgical Services/OR, AORN Princeton Chapter 3109 Treasurer

Mindaline Tanpiengco, RN, BSN, CCRN, promoted to Nurse Manager, ICU/CCU

2011 Degrees Awarded

ASC
Jane Platt  BSN

BS/Telemetry
Faye Pringle  BSN

ED
Kristine Martinho  MSN

Float Pool
Toni Cranmer  BSN

ICU/CCU
Martine Lubin  BSN

J6
Juliet Puorro  MSN

Maternal-Child Health
Diane Driver  MSN

MNO
Inez Brandon  MSN

Pediatrics
Veronica Chmiel  BSN

Princeton House Behavioral Health
Theresa Fordyce  MSN
Susan Varga  MSN
## 2011 Continuing Education Credits Offered

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Credits</th>
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<tbody>
<tr>
<td>January 10</td>
<td>Care Eating Disorders</td>
<td>1.0</td>
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<tr>
<td>January 20</td>
<td>Thyroid &amp; Parathyroid Surgery</td>
<td>1.0</td>
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<td>January 24</td>
<td>Mental Health &amp; Social Policy</td>
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<td>February 4, May 18, July 28, September 29, December 2</td>
<td>Basic Arrhythmia Review</td>
<td>7.5</td>
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<td>February 6</td>
<td>Neurobiological Legacy of Trauma</td>
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<td>February 7</td>
<td>Trauma/Sub. Abuse/Self-Destruction</td>
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<td>February 17, March 22, June 16, October 20</td>
<td>Preceptor 101 Course</td>
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<td>Neuroimaging/Decision Making</td>
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<td>March 2</td>
<td>Managing/Making Change Webinar</td>
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<td>March 17</td>
<td>Preceptor Refresher</td>
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<td>Grief, Loss and Mourning</td>
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<td>March 31</td>
<td>Risk Management Charting</td>
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<td>April 11</td>
<td>Basic EKG Interpretation</td>
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<td>Through the Eyes of One</td>
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<td>May 3</td>
<td>Cultural Diversity Day</td>
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<td>May 11</td>
<td>Smoking Cessation</td>
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<td>May 19</td>
<td>Institute of Medicine Report</td>
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<td>Surgical Ground Rounds</td>
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<td>May 26</td>
<td>Radiation Oncology Treatments</td>
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<td>Tumor Registry Cancer Stats</td>
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<td>Moral Distress</td>
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<td>June 8</td>
<td>Stroke Education Day</td>
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<td>July 14, August 10, September 29, October 13, October 26, November 30, July 25</td>
<td>PICCs &amp; PORT/VAD Review</td>
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<td>September 30</td>
<td>Nursing Research Mini Series, Session 3</td>
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<td>October 10</td>
<td>The Ethics of Resisting &amp; Accepting Death</td>
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<td>The Challenges of Running Very Small Groups</td>
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<td>December 7</td>
<td>Pain Management Setting of Opioid Dependence</td>
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<td>Diabetes Mini Series, Part II</td>
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## 2011 Publications

Connie Johnson, RN, BSN, WCC, LLE, DAPWCA, Wound Care Nurse, published an article in nursing.advanceweb.com/Archives titled *A-Way-With-Wounds*, as well as an article in news.nurse.com/article/20111107/NJ02/111070056 titled *NJ Notable Nurse*.
Redefining Care