This is an exciting time for Princeton HealthCare System (PHCS) nurses.

At no time in history has our nursing workforce seen such cross-generational diversity, with four generations working side by side! That reality brings with it numerous opportunities to learn from each other. Multi-generational diversity is somewhat new to the nursing world, and it is just one more way PHCS nurses continue to demonstrate their ability to adapt within a changing work environment and provide exceptional patient care.

While the younger nurses have always looked to the most senior nurses for guidance, and continue to do so, many of our more experienced nurses now also turn to their younger, more technologically savvy coworkers for guidance as well, when it comes to computer, cellphone and tablet usage. The result is a mutually beneficial reliance on peer coaching, mentoring and guidance.

It is essential that we each learn how to create collegial relationships with nurses from different generations. In order to do that, we need a foundation for understanding each generation’s unique set of work and personal values. Learning to appreciate each other’s diverse points of view, and placing value on the differences, can help leverage strengths to form even more creative and cohesive work groups. In reality, all generations have much in common. Everyone desires work that provides personal and professional satisfaction; an employer that understands the importance of personal lives; and work that is valued by coworkers, employers and patients. No generation is the best or worst — each is unique and valuable. In the end, understanding the values and needs of each generation, and matching them with the needs of the organization, unit, department and patient, is the key to successfully working in a multi-generational nursing workforce.

The different scenarios detailed throughout this annual report confirm that the multi-generational workforce at PHCS is having a positive impact on the work environment and nursing care. It is essential that we continue the effort by learning about each other and understanding our generational differences. That knowledge will empower us to handle workplace situations with increased insight and will ensure even better care of our patients.

Barbara Christiano, RN, MS, NEA-BC, Vice President, Patient Care Services and Chief Nursing Officer
Janet L. Ready, RN, FACHE, UMCP’s First RN President

University Medical Center of Princeton
Senior Vice President Princeton HealthCare System

Janet L. Ready, RN, FACHE, is the President of University Medical Center of Princeton (UMCP) and Senior Vice President of Princeton HealthCare System (PHCS). She is the first president in the hospital’s history to hold a Bachelor of Science in nursing degree.

Ready is responsible for the operational performance and strategic growth and development of the medical center. She provides management oversight and coordination of all patient care and support services at UMCP and its off-site locations to assure effective and efficient operations consistent with the goals of PHCS.

Ready is the team leader for the executive team, promoting a highly collaborative and committed approach to financial management, operations improvement and quality clinical care delivery. She was previously President of Vassar Brothers Medical Center (VBMC), a $409 million, 365-bed acute care hospital in Poughkeepsie, NY, where she was responsible for the organizational performance and daily operations for all service lines. Under her leadership, VBMC earned numerous awards and recognitions, including HealthGrades’ America’s 100 Best Award in 2014.

Ready’s previous executive roles include Chief Operating Officer of Crystal Run Healthcare, a premier multi-specialty physician practice in Middletown, NY, and Vice President of Administration at Hudson Valley Hospital Center, a $130 million, 120-bed community hospital in Peekskill, NY.

She earned three degrees at Columbia University in New York — a Master’s of Public Health with a focus on health administration, an MBA with a concentration in finance, and a Bachelor of Science in nursing. She is a Fellow of the American College of Healthcare Executives.
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Princeton HomeCare—2015

Princeton HomeCare provides comprehensive in-home nursing and rehabilitation, hospice care and support services. The multidisciplinary services include aspects of therapeutic care, teaching and counseling. In 2015, Princeton HomeCare admitted 4,182 patients with an average daily census of 420 patients.

Also in 2015, Princeton HomeCare’s patient outcomes exceeded the state and national benchmarks in the following indicators:

- Conducting fall risk assessments (99th percentile nationally) and depression assessments (70th percentile)
- 60-day emergency care without hospitalizations (77th percentile)
- Flu and pneumococcal vaccines received (76th and 82nd percentile, respectively)
- Diabetic foot care and education (71st percentile)
- Improvement in bed transferring (68th percentile)
- Assessing pressure ulcer risks and implementing preventative measures (64th percentile)
- Improvement of oral medication management (64th percentile)
- Conducting pain assessments (62nd percentile)
- Improvement in ambulation (61st percentile)

Princeton HomeCare's primary goals are keeping patients at home, returning them to their prior level of independent living and preventing readmissions to the hospital. HomeCare outperforms the national benchmark for hospital readmissions, ranking at the 81st percentile in 2015. To build on that success, Princeton HomeCare implemented Call Me First, a nationally recognized teaching tool to help patients determine when to call HomeCare for assistance instead of inappropriately dialing 911. Call Me First is intended to prevent unnecessary hospital readmissions by intervening before a patient’s issues escalate and he or she must go to the Emergency Department.
Princeton HomeCare also focused on improving medication reconciliation in the home. We monitor medication reconciliation during site visits as well as during interviews over the phone and have achieved 94 percent compliance.

Medication reconciliation is a vital service provided to all patients as they return home from the hospital or another healthcare setting. Many older adults see a number of doctors, any of whom might be prescribing medications to the patient. Unfortunately, patients often do not purchase all of their medications at one location. Princeton HomeCare workers evaluate each patient’s medications, including prescription and over-the-counter drugs, to be sure that he or she is not taking drugs that might interact poorly or ingesting unhealthy dosages of any medicines. Princeton HomeCare has heard from many grateful patients and family members about dangerous medication errors that were corrected or prevented through the program.

Princeton HomeCare partnered with the Jim Craigie Center for Joint Replacement to standardize care across the continuum and has been actively involved in serving the center’s patients. We educated our nursing and therapy staff on the center’s evolving post-operative standards and protocols. As part of a Joint Commission initiative, Princeton HomeCare also provides feedback to the hospital on the level of pain reported at the patient’s first visit and continues to monitor patients as they transition to home and later to outpatient therapy.

The Hospice program provides state-of-the-art symptom management and supportive services to individuals at the end of their lives, their family members and significant others, 24 hours a day, seven days a week, in both the home and facility-based settings. Physical, social, spiritual and emotional care are provided by a clinically directed interdisciplinary team consisting of patients and their families, professionals and volunteers during the last stages of an illness, death and the bereavement period. In 2015, we provided 171 inpatient hospice days at UMCP, a 17 percent increase from the prior year.

The Hospice team has been working collaboratively with hospital staff to refine the hospice medication protocols for pain, dyspnea and agitation to control symptoms and provide support to patients and families.

In 2015, Hospice developed a volunteer preceptor program to mentor volunteers on comfort measures and helping patients and families approach end of life. Nine volunteers participated in the program, called No One Dies Alone (NODA), and more will be added. The program, launched in January 2016 at Merwick Care Center, will fill a void in the community by providing these specially trained volunteers to stay with patients in the final stages of life at times when family members and other loved ones cannot be there.
UMCP Launches Nurse Externship Program

Recognizing the need to provide clinical experience and training opportunities for nursing students, University Medical Center of Princeton (UMCP) created a 12-week Nurse Externship Program that ran from June to August 2015.

The Nurse Externship Program, which will be offered annually, is mutually beneficial for students and UMCP. It gives nursing students an opportunity to translate knowledge into practice and allows them to build their skills and confidence within the clinical setting. The nurse externs gain hands-on experience by working alongside trained preceptors, who help them acquire valuable skills and knowledge in a variety of areas. The program also enables UMCP to evaluate the students as potential nursing staff candidates.

Working in collaboration with our recruiting team, we promoted the program at several nursing schools, interviewed candidates and finally selected five externs. Candidates were required to be entering their final year of an accredited nursing program, maintain a grade point average of at least 3.5 and commit to the goals of the program.

Our 2015 nurse externs were Alanna Barry, Tiffany Gagliardo, Kelsey Lorenz, Dana Piemonte and Christina Rietzen.

Lopa Patel, RN, MSN, ONC, Clinical Instructor and GetWell System Manager
In 2015, PHCS reinstated the RN Residency Program, a comprehensive program for exceptional graduate nurses interested in starting their nursing careers with a well-rounded, evidence-based foundation. The 16-week program, running from August to December, is designed to facilitate the effective, appropriately paced transition of a new graduate into the work environment.

The 2015 RN residents were Cathyrn Andreanidis, Jacqueline Bender, Michelle Bradford, Victoria Buck, Michelle Cottrell, Michelle Dassa, Christina Devalue, Tony Dicken, Betty Glauberzon, Julia Gopstein, Caroline Murphy, Kelsey Rosko, Julie Tiangco and Cristina Zamora. They rotated through different units and areas of the hospital during the residency period and were oriented as new nurses. Upon completion of the program the residents were matched to a specific unit based on their preferences and PHCS’ needs.

Wendy Luca, RN, MSN, OCN, Clinical Instructor
UMCP Reports 14 Months CLABSFI-Free

At the close of 2015, UMCP marked 14 consecutive months without a central line-associated bloodstream infection (CLABSFI), a preventable condition that often leads to severe morbidity and even death.

A CLABSFI-free environment was achieved using several strategies developed by a multidisciplinary group including representatives of infection control, nursing leadership, education, staff nurses and information technology (IT).

The group suggested implementing a “Standardized Dressing Change Day” to promote consistent adherence to central line dressing change protocol. With IT’s assistance, the electronic medical record was modified to facilitate this change. Since April 2014, Thursday has been the designated day to change all central line dressings.

In 2014, multiple-point prevalence studies were conducted along with focused, hospital-wide education. The Nursing Education Department collaborated with infection control to provide education several times throughout the year, including during the Clinical Skills Fair and Float Nurse Education Day. These educational opportunities helped increase awareness of the CLABSFI issue.

CLABSIs are one of the publicly reported hospital-acquired infection rates, and the Centers for Medicare and Medicaid Services (CMS) does not reimburse hospitals for treating hospital-acquired CLABSIs, which can cost as much as $40,000 per incident. UMCP submits CLABSFI infection data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), the nation’s most widely used healthcare-associated infection tracking system. NHSN gives UMCP the ability to see its data in real time and share the results with clinicians as well as leadership. The data is also shared with CMS via NHSN.

In an effort to maintain a zero CLABSFI rate, UMCP will continue exploring new and innovative products, rounding on each unit, providing staff education and following evidence-based practices to prevent infections.

Tracy Rocco, RN, MSN, Infection Control Nurse
UMCP received The Joint Commission’s Gold Seal of Approval® for hip and knee replacement following a rigorous on-site survey in December 2015.

The Gold Seal of Approval, which applies to surgical procedures and care provided through the Jim Craigie Center for Joint Replacement at UMCP, is a renewal of the certification awarded by The Joint Commission after the center first opened to patients in November 2013.

Certification requirements address three core areas: compliance with consensus-based standards; effective use of evidence-based clinical practice guidelines to manage and optimize care; and an organized approach to performance measurement and improvement activities.

Last spring, in U.S. News & World Report’s Best Hospitals for Common Care ratings, UMCP ranked in the top 10 percent of hospitals nationwide for both hip replacement and knee replacement. The Jim Craigie Center offers the latest minimally invasive procedures, research-based clinical protocols and a thorough program of pre- and post-operative care for patients receiving total knee or total hip replacements. Patients receive care from experienced, board certified orthopaedic surgeons and anesthesiologists who are supported by specially trained staff, including nurse anesthetists, hospitalists, orthopaedic-certified nurses, physical and occupational therapists and specialized technicians.
The nurses of University Medical Center of Princeton are dedicated to promoting health and caring service by providing our patients with exceptional nursing care in an environment that empowers, educates and nurtures patients and guides them and their families through the healthcare system.
Clinical nurses throughout Princeton HealthCare System (PHCS) continue to participate in the C.A.R.E Program, which recognizes RNs for professional achievements and contributions that benefit their peers, other professionals, ancillary personnel and the community.

In 2015, 265 RNs participated in the program, receiving recognition for their accomplishments in areas such as academic achievement regarding nursing degrees and certifications; educational activities promoting their professional growth; teaching activities; involvement in professional nursing organizations; participation in research and evidence-based practice; publication in a hospital-based, local or national venue; and special projects addressing a recognized need on their unit or within PHCS.

RNs in the C.A.R.E. Program can aspire to levels from RN1 through RN5, based on the types of contributions and involvement they have achieved in the aforementioned areas. This year the System-wide Professional Council recognized the first participant to reach RN5.

To earn that recognition in 2015, Michael Katzman, RN, BSN, ONC, Float Clinical Nurse, accomplished the following: a new certification, a podium presentation, teaching, serving as chair of the Skin Integrity Team (SIT) Committee, relevant research, undertaking a special project on prevention of skin tears in the post-partum population (see the following article), and winning a Nursing Excellence Award.

Laura Kelly, RN, Direct-care Nurse, AM Admissions
Managing Skin Tears With MEDIHONEY®

In the hospital or long-term care setting, clinicians will see skin tears in all shapes, sizes and etiologies. As with pressure ulcers, the aim is to prevent them. But when they occur, skin tears are painful for the patient, challenging to treat, and can open the door to other problems, such as infection and delayed wound healing. Having a skin tear dressing protocol and dressing application training in place for staff is essential.

In 2015, we updated our skin tear dressing algorithm to simplify the process and develop a consistent standard of care. The algorithm now includes just two products to promote a moist wound-healing environment: a silicone dressing and a honey-based dressing line, MEDIHONEY®. The silicone dressing provides gentle adhesion, while MEDIHONEY® helps promote removal of debris from the wound and enhances conditions for healing.

MEDIHONEY® contains active leptospernum honey, and promotes healing in two ways: 1) It acts as an osmotic engine to immediately draw fluid from deeper tissues to the wound surface. This stimulates the wound environment, bathing the wound and cleaning away any devitalized tissue. Its low pH (3.5–4.5) helps modulate the pH of the wound, contributing to an acidic environment conducive to wound healing. Together, these two mechanisms create an optimal, moist wound-healing environment appropriate for skin tears that promotes granulation tissue formation and re-epithelialization.

MEDIHONEY® is available in various formats: calcium alginate, hydrogel colloidal sheet dressing, gel, paste and honey colloid. This offers the clinician choices to provide the most appropriate product for a particular skin tear.
This article discusses the skin tear healing rates found in a 60-patient evaluation when using a skin tear algorithm tool. The purpose of the evaluation was to assess the ease of use of the tool, obtain data to further investigate why skin tears were occurring (i.e., prevalence of device, fall, or tape-related skin tears), and make recommendations for preventing skin tears. Healing rates were witnessed post dressing application and documented in the patient’s chart.

**Evaluation**

Within a 30-day period, our facility treated 60 patients with skin tears related to a variety of factors, including devices, tape, trauma, and falls. The wounds were categorized using the Skin Tear Audit Research (STAR) skin tear classification system. The STAR classification tool was newly instituted in our facility and was chosen over other classification tools because it was simple to understand, helps categorize skin tears, and could be documented easily by all staff. Skin tear severity categories include: 1a (edges can be realigned to normal position; skin/flap not pale, dusky, or darkened), 1b (edges can be aligned; skin/flap pale, dusky, or darkened), 2a (edges cannot be realigned; skin/flap not pale, dusky, or darkened), 2b (edges cannot be realigned; skin/flap pale, dusky, or darkened), or 3 (flap completely absent). We also implemented our treatment algorithm in conjunction with this STAR tool to provide facility-wide skin tear guidelines.

MEDIHONEY® Paste or Hydrogel Colloidal Sheet (HCS) dressing was used on all 60 skin tears. MEDIHONEY® Paste was used under a silicone dressing or sometimes spread on top of a porous silicone contact layer, enabling reapplication of the paste without disturbing the wound area. The gentle, non-adherent HCS dressing can be used on its own and should be applied directly to the wound area. Staff were instructed to change the dressings as needed or at 70 percent saturation.

All 60 skin tears progressed or healed completely before patient discharge. The staff reported that after applying MEDIHONEY® patients noted a decrease in pain. Dressing changes were non-traumatic, and often the MEDIHONEY® dressings could be left in place for days, reducing frequency.

*Published in OSTOMY WOUND MANAGEMENT® JUNE 2015*

*By Connie Johnson, MSN, RN, WCC, LLE, OMS, DAPWCA, and Michael Katzman, BSN, RN, WCC*
One Family’s Legacy of Supporting Nursing Education

Having worked as an operating room nurse during the 1940s in the former Princeton Hospital, Estelle Sands had a passion for the nursing profession and a commitment to UMCP, which she passed along to the next generation.

A 2015 gift from the George H. & Estelle M. Sands Foundation, now administered by son Jeffrey Sands, daughter-in-law Betsy Sands and daughter Deborah Sands Gartenberg, will fund a five-tier nursing development program at UMCP that includes retaining Magnet® status by helping with the costs associated with the credentialing process, expanding succession planning, providing education and professional development opportunities and the PHCS RN Residency Program.

“This comprehensive development program will prepare nurses for their evolving role in today’s hospital setting, and at the same time translate to positive patient outcomes and high patient satisfaction. It is the cornerstone of our efforts to attract and retain the best possible nursing staff,” said Karyn Book, RN, MSN, CMSRN, CLSSGB, Director of Professional Practice, Nursing, UMCP.

The program builds on the Sands Scholars Program, which, thanks to Estelle, was established in 2002 at the University of Pennsylvania. The scholarship supports up to eight students each year, who begin work at UMCP after graduation.

“Supporting this nursing professional development initiative seemed a natural extension of what my mother’s wishes were years ago. She believed, as we do, that nurses have an enormous impact on patients’ experience during their hospital stay, and that nurse training and development is vitally important,” said Jeffrey Sands.

Although Estelle passed away in 2009, her legacy of caring for the community lives on through the nurses at UMCP and the many patients whose lives they touch. The Sands Foundation’s new gift will help UMCP continue to lead the region in nursing excellence and quality patient care.

Reprinted from PHCS Foundation News, Winter 2015
UMCP Introduces Early Mobility Initiative in CCU

The common practice in treating critically ill patients is to admit them to Intensive Care Unit (ICU) and sedate and immobilize them while they are being medically stabilized. Often this requires them to be on complete bed rest. During this phase, patients lose significant muscle mass and strength that leads to neuromuscular weakness, also called ICU-acquired weakness. Other adverse effects of prolonged bed rest are muscle atrophy, pressure ulcers, atelectasis and bone demineralization. It may also result in impaired self-care and ambulation deficits, poor quality of life and hospital readmissions. (Caraviello et al 2010 stated that ventilator-acquired pneumonia occurs within 3-10 days of intubation in 25 percent of the patients. Additionally the financial implications are significant. Mechanical ventilation can cost up to $1,522 per day per patient, and can increase a patient’s hospitalization costs by $40,000.)

Early mobilization for patients in the ICU is a well-established and recommended evidence-based practice, according to the American Association of Critical Care Nurses (AACCN). Recognizing the benefits, in 2015 the Critical Care Unit (CCU) at UMCP introduced a life-changing practice. The PHCS Foundation has been instrumental in the implementation of this nurse-driven protocol on early mobility in CCU.

Funding for this initiative was used to form a multidisciplinary team consisting of physicians, nurses, rehabilitation therapists, respiratory, pharmacy, IT and performance improvement. The first three quarters of 2015 were spent in extensive planning. The team was charged to design a protocol based on current evidence, clinical practice guidelines and best practice. This protocol outlined inclusion/exclusion criteria and absolute contraindications for patient participation in the program. A clinical electronic documentation was developed for nursing and rehabilitation disciplines. Education and performance improvement plans were established, and appropriate equipment was procured.

In September 2015, the CCU Early Mobility Initiative was successfully implemented. The Early Mobility Program Team expects to achieve significant improvement in clinical outcomes, such as decreasing the number of ventilator days; decreasing the use of sedation; decreasing patient length of stay in the hospital and increased physical therapy referral. Ultimately, these outcomes will not only lead to improved functional status and quality of life but will reduce patient treatment costs.

Mindy Tanpiengco, BSN, RN, CCRN, Nurse Manager, Critical Care/Intermediate Care
UMCP Nurses Partner with TCNJ

Research demonstrates that hospitals with higher proportions of BSN-educated nurses produce better patient outcomes. With this in mind, UMCP held information sessions in April and July 2015 for associate degree (AD) nurses who were interested in BSN programs. Those who attended the information sessions were offered an onsite learning option, allowing the AD RNs to earn college credits in a familiar environment by attending traditional semester-long BSN classes taught by TCNJ staff members at UMCP.

Nursing leadership from both UMCP and TCNJ and leadership from PHCS Human Resources collaborated to finalize the specifics of the program. Class sessions were scheduled for Wednesday evenings to accommodate both day shift and night shift RNs. The first class began September 2, with 16 UMCP RNs and 16 enrollees from other hospitals participating.

Lopa Patel, RN, MSN, ONC, Clinical Instructor and GetWell System Manager
Pink Glove Dance
UMCP Nurses Participate in Pink Glove Dance

Two hundred Princeton area volunteers worked hard on a dance routine, sported pink outfits and pink gloves, and strutted their stuff in a video for thousands to see, all to support a local group that serves breast cancer survivors — and their efforts paid off.

The UMCP group took second place in the Pink Glove Dance competition for a video featuring breast cancer survivors and scores of volunteers dancing to Taylor Swift’s “Shake It Off.”

About 18,000 people cast online votes for the hospital’s video, conceived and choreographed by UMCP nurses. In the video, volunteers dressed in pink cheer and dance alongside breast cancer survivors, representing the critical role that support from others plays in treatment and survivorship. The video concludes with our champions racing together to a finish line.

Princeton HealthCare System designated the $5,000 second place award to go to the Breast Cancer Resource Center at the Princeton YWCA. Alexander Wolfson, MD, a board certified anesthesiologist on the PHCS Medical Staff and Medical Director of the UMCP Center for Ambulatory Surgery—Monroe, and his spouse, Natasha Wolfson, MD, matched the donation with a $5,000 pledge, and hospital staff members raised an additional $2,000 for the resource center before the video voting began, bringing the total amount raised to $12,000.

A celebration in honor of the second place finish was held at the hospital to kick off National Breast Cancer Awareness Month in October 2015.

The video competition was part of an annual campaign by the medical supply company Medline to raise breast cancer awareness and funding for related charities. Hospitals and other organizations across the country were invited to submit videos for the competition. There were three categories — one for hospitals of 300 beds or more, a second for hospitals of fewer than 300 beds, and a third for non-healthcare organizations.
Over the last few years, there has been a steady increase in patients being admitted to Princeton House Behavioral Health who have diagnoses of both psychiatric and addiction issues. This steadily growing population of dual-diagnosis patients poses unique challenges. These patients have primary psychiatric disorders such as major depression, anxiety or bipolar disorder. In addition, they have a diagnosis of substance abuse/dependence on alcohol, benzodiazepines and/or opiates. Many of these patients will also have medical issues requiring treatment.

Each problem the patient has needs to be addressed simultaneously. Special attention must be given to not only the effects of treatment on the patient for each disorder but how each treatment may interact with the other. Many medications given for both psychiatric and addiction issues are sedating and can suppress respirations. Therefore, while in treatment this population must be carefully and continuously assessed, monitored and evaluated to prevent any untoward events.
In order to safely monitor issues related to sedation in these patients, nursing developed the Princeton House Psychiatric Sedation Scale (PHPSS), as well as a policy and procedures for its use. All nursing staff was trained in the use of the scale, which was integrated into the existing procedures for monitoring patients. The added procedure was a welcome addition for staff because it provided a standard way to measure and communicate about a patient’s level of sedation. Staff now had procedures for how to measure sedation, distinguish acceptable and non-acceptable levels of sedation, and parameters for when further action was required.

The use of the PHPSS was also incorporated into the treatment team process. Nursing would present evidence of over-sedation in a patient, either as a single event or as a trend. The treatment team would develop a clinical approach for the patient and a formal sedation treatment plan. This information would be passed through the nursing shift report and communicated through the nursing supervisor’s 24-hour report in cases that were considered high risk.

To ensure the sedation policy and procedure was being fully implemented and ingrained into the nursing culture, an audit was conducted. Patients identified as sedated were audited to ensure the scale was consistently applied, sedation levels were noted, the nurse properly documented an assessment, there was physician notification and an evaluation and a treatment plan with interventions to prevent sedation had been instituted.

The over-sedation project has brought awareness of monitoring for sedation and skill to prevent and intervene at Princeton House to a new level. Staff members are diligent in their assessment of patients for sedation and are keenly aware of the importance of taking action and reporting changes in levels of consciousness quickly. This effort has proved to be an essential tool for maintaining patient safety and well-being. With the challenges that have come with an ever-growing population of dually diagnosed patients, nursing has risen to the occasion to meet the needs of this population and provide safe quality care.

Gary Snyderman, RN, MSN, Director of Nursing, Princeton House
Screening Oncology Patients for Distress

To promote patient-centered care, the American College of Surgeons Commission on Cancer (CoC) added Standard 3.2, which requires accredited cancer centers to incorporate distress screenings into the standard delivery of care of oncology patients and provide resources or referrals for psychosocial needs to patients identified with distress.

At UMCP’s Edward & Marie Matthews Center for Cancer Care, a Distress Screening Tool Workgroup was formed in January 2013 to meet this challenge. Clinical nurses who cared for oncology patients were identified and invited to join the workgroup. The team was nurse-driven and consisted of RNs from the Medical Neurology Oncology (MNO) Unit, the UMCP Breast Health Center, the hospital-owned medical oncology office and the outpatient cancer center, as well as cancer program administration.

On January 10, 2013, when the workgroup reviewed the validated National Comprehensive Cancer Network (NCCN) Distress Tool (DT), members felt the tool assessed for distress triggers that were broader than the resources currently available to support oncology patients. The workgroup designed its own DT to align with the support services readily available to UMCP patients. This included:

- Social work outsourced to CancerCare
- Registered dietitian two hours per week
- Oncology nurse navigator full-time

The seven-item DT was developed with a 0-5 Likert scale. Scores of 4-5 were designated as triggers indicating distress that necessitated referral to support staff for follow-up care. An algorithm was designed to guide clinical nurses to make the appropriate referrals.

The DT was piloted for six months, from March through September 2013; 369 DTs were completed, which triggered a total of 152 referrals to support services. The results revealed that 41 percent of the cancer patients who were screened demonstrated distress symptoms as measured by the DT. This is concordant with data reported by the Institute of Medicine (IOM, 2008), which states that 23 to 43 percent of cancer patients experience significant psychosocial distress.
Following the success of the pilot, the DT was moved to become a formal process across the institution. On January 9, 2014, it was reviewed and approved by the Clinical Practice Committee and the Cancer Committee.

On March 18, 2014, Lopa Patel, RN, MSN, ONC, Clinical Instructor & GetWell System Manager, and Britni Walton, RN, BSN, ONC, Clinical Nurse, MNO Unit, delivered rolling cart education to all inpatient nursing units. Lori McMullen, RN, MSN, ONC, Senior Oncology Nurse Navigator, Clinical and Program Manager, Matthews Center for Cancer Care, educated clinical staff at the Breast Health Center and the Cancer Center via staff meetings and created a “Huddle” announcement that was sent to all UMCP clinical nurses.

Walton, McMullen, Audrey Amir, RN, MSN, Clinical Nurse Leader, MNO Unit, and Nune Mehrebyan, RN, MS, Clinical Application Analyst, Information Technology, formed a workgroup to collaborate on transforming the DT to an electronic format.

Triggers were developed to prompt clinical nurses to screen for distress when a patient is admitted with a new cancer diagnosis or is currently undergoing active treatment for a cancer diagnosis.

Screening patients at UMCP for distress has added an opportunity to engage them in conversations concerning a holistic and integrative care delivery model in the sense that it is inclusive of their life issues, not just their cancer diagnosis, and involves internal and external support services in the delivery of care.

A second benefit is offering patients the opportunity to self-refer to support services they might not have considered had they not had the chance to self-reflect while completing the DT, or may not have realized was available. The DT resulted in an additional 75 referrals to support services (licensed social worker, registered dietitian, oncology nurse navigator and chaplain) not related to symptoms of distress. The Chaplaincy Department was particularly pleased, as they had not previously been a part of the care of the oncology outpatient population.

Lori McMullen, RN, MSN, ONC, Senior Oncology Nurse Navigator
Succession Planning Fellowship Continues at UMCP

In 2015, the Department of Nursing offered the Succession Planning Fellowship for four registered nurses. Applicants were required to submit their applications, which included a letter of intent and recommendations from their nurse managers and directors, in December 2014. The program offered three tracks: Leadership & Management; Education; and Research. Once the fellows were chosen by nursing administration, they were paired with a mentor from that area of expertise. They worked together on a project or several projects throughout the year.

The 2015 Succession Planning Fellows were:

Sophia Desrosiers, RN, BSN, MA, Direct-care Nurse, Telemetry, Education Track
Griselda Quia, RN, MSN, CPN, Assistant Nurse Manager, Pediatrics, Education Track
Ashley Palmisano, RN, ONC, Direct-care Nurse, Surgical Care Unit, Leadership & Management Track
Jen Wiley, RN, BSN, Direct-care Nurse, Telemetry, Leadership & Management Track
I was a direct-care nurse on the telemetry unit for two and a half years when the opportunity arose to apply for succession planning. Prior to entering nursing school, my long-term goal was to become a nurse educator. I enjoy the process of research, development and instruction in relation to nursing processes, skills and patient safety.

Under the leadership of mentors Karyn Book, RN, MSN, CMSRN, CLSSGB, Director of Patient Care Services and Professional Development, and Lopa Patel, RN, MSN, ONC, Clinical Nurse Educator and GetWell Systems Manager, I have had the opportunity to demonstrate my ability to be autonomous and develop my public speaking skills by presenting at the Patient Care Services Leadership Meetings and by:

- Conducting hospital-wide preceptor courses in the spring and fall of 2015
- Developing standardized education materials for patients with the diagnoses of atrial fibrillation, heart failure, pneumonia and COPD
- Conducting hands-on education with nursing staff on medical neurology oncology (MNO) and telemetry on new patient skin preparation procedures prior to applying electrodes and leads to help increase skin adherence and decrease false alarms and alarm fatigue
- Taking over the daily operation of Project RED, including the development of a separate database for observation patients; training three additional clinical nurses on database utilization and telephone call backs; and adding nutritionist consultations
- Retraining and coaching staff nurses on scanning barcodes related to medication administration and developing new procedures for returning medications to the pharmacy that need review due to medication error messages
- Collaborating with clinical pharmacist to develop new telemetry medication teaching sheets
- Researching, developing and conducting a Teach-back course
- Taking the lead on coordinating the vital signs devices trials as well as compiling and analyzing the results

Succession planning has given me the confidence to step outside of my comfort zone and collaborate with medical doctors, specialists and nursing leadership in order to develop meaningful education opportunities for patients and staff. It has truly been a positive experience for my career development and advancement, and has helped me become a stronger and more confident nurse.

Sophia K. Desrosiers, RN, BSN, MA, Direct-care Nurse, Telemetry
Griselda Quia’s Story:

I am grateful to be chosen as one of the recipients of the Succession Planning Fellowship this year. Throughout the year, I worked with my mentor, Wendy Luca, RN, MSN, OCN, on multiple projects.

The first project was the pediatric pain/distraction box. The kit contains distractions such as bubbles, Play-Doh and books for children of all ages, to alleviate pain or anxiety in a non-pharmacological way. Needle-stick procedures are the most common source of pain and distress for children in the healthcare setting, but the pain box’s use is not limited to needle-stick procedures such as IV insertion, IM injection and lab draws. The kit can be applied to any nursing procedures that might cause emotional or physical distress to children, such as inserting a Foley catheter, inserting an NGT, and even suctioning a baby. A draft box was first created and presented to the staff in five departments: the Pediatric Unit, Pediatric Clinic, Radiology, Outpatient Laboratory and Emergency Department. Feedback was obtained from the staff, and the box was modified accordingly. A permanent pain box was delivered to the Pediatric Unit, Pediatric Clinic, Radiology, Outpatient Laboratory and Emergency Department, and it was noted that children and parents were less anxious when using the tool kit.

The second project related to sharps safety and pharmaceutical waste disposal. In an effort to educate staff to the proper handling and disposal of sharps and pharmaceutical waste, an interactive poster is created and made into a rolling cart for education. In a three-week period, the cart was taken to various units and used to educate nurses. The poster was also presented during the September Skills Fair and will be a part of Skills Fair starting in 2016.

The third project was a continuing education credit presentation. The presentation focused on care of the pediatric patient. The lecture was developed to help non-pediatric nurses to be more pediatric-friendly, thereby improving the pediatric experience.

Griselda Quia, RN, MSN, CPN, Pediatric Unit
Ashley Palmisano’s Story:

I was one of the chosen participants for this year’s Nursing Succession Planning Fellowship Program in the leadership and management track. I was paired with Jennifer Hollander, RN, MSN, CMSRN, CLSSGB, Director of Nursing, as my mentor. I had the opportunity to shadow her and several managers through the year, learning as much as I could about their different roles.

The pelvic wellness project has been the largest project I have dedicated my time to. Being able to launch a program from the start has been an invaluable learning experience. I’ve worked with multiple departments, including IT and Marketing, wrote and posted job descriptions, interviewed and hired a nurse navigator, led steering committees and much more. I also had the opportunity to scribe for The Joint Commission, participate in the discharge re-design team, audit charts in the Jim Craigie Center for Joint Replacement, and, most recently, began writing for the Magnet document.

Ashley Palmisano, RN, ONC, Surgical Care Unit
I cannot even begin to explain how valuable the Succession Planning Fellowship has been over the past year. When I applied for the program I knew that it would help me further develop my leadership skills, but I had no idea how much I was going to gain from the experience. In the succession planning management track I was able to work collaboratively with individuals from almost every area of the hospital. Some of the projects I worked on over the past year included writing policies and educating staff to ensure compliance with The Joint Commission’s national patient safety goal regarding alarm management; completing research regarding best practices for reducing “noise” in the centralized telemetry monitoring room associated with false alarms; and the planning, development and implementation of a clinical decision unit.

This program has helped me develop both personally and professionally, and my hope is that I will be able to share and demonstrate the valuable skills I have learned throughout this past year, and one day become an influential nurse leader within the organization.

Jennifer Wiley, BSN, RN, Assistant Nurse Manager, Telemetry
<table>
<thead>
<tr>
<th>IRB Board #</th>
<th>Protocol Type</th>
<th>Principal Investigator</th>
<th>Title of Study/Protocol</th>
<th>Approval Date</th>
<th>Re-Approval Date/Study Closure Date</th>
<th>Final Report of Findings/IRB Closure Date</th>
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<td>Joan Aprigliano, RN</td>
<td>Stroke/Cognitive Assessment and the Functional Independence Measure</td>
<td>02/23/09</td>
<td>03/05/10</td>
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<td>2203</td>
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<td>Christine Andreyko, RN</td>
<td>Sleep Hygiene</td>
<td>07/27/09</td>
<td>07/26/10</td>
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<td>Audrey Amir, BSN, RN, PCCN and Sue Tronto, BSN, RN</td>
<td>Implementation of a Quiet Zone: Effects on Nurse Interruptions and Distractions, Medication Pass Time and Medication Safety</td>
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<td>Sue Lorenz, VP</td>
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<td>Adena Romeo, RN, MSN, ONC, APN-C</td>
<td>An Investigation into the Presence of Compassion Fatigue, Burnout, Compassion Satisfaction, and Self Transcendence in Oncology Nurses</td>
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<td>2220</td>
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<td>Sue Lorenz, VP</td>
<td>Environmental Influences that Improve Outcomes-Amendment 1</td>
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<td>Lydia Pitonyak, RN, BSN, CPN Nurse Manager</td>
<td>Predicting Recovery: Factors that predict the long-term outcome of inpatient treatment for anorexia nervosa and bulimia nervosa&quot;</td>
<td>5/23/11</td>
<td>5/22/12</td>
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<td>Kim MacAvoy-Sorochen, RN, BA and Dave Clark, Administrator</td>
<td>Improvement of Emergency Department (ED) Patient Throughput Time by Use of A Change in Department Layout/Geography and Implementing a Rapid Medical Evaluation (RME) Model</td>
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<td>Jeanette Levin, RN and Lila Mae Flavin-P’ton University Student (Outpatient Clinic)</td>
<td>Protocol for Research on Health Behaviors</td>
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<td>Daniel Rivera, RN Hypodermoclysis in Emergency</td>
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<td>Michael Katzman, RN, BSN, ONC, WCC</td>
<td>Skin Tear Risk Assessment Analysis</td>
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<td>Treeza Menezes, RN</td>
<td>Teamwork and Effective Communication Results in Employee Job Satisfaction“</td>
<td>9/12/14</td>
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<td>Sara Moghadam, RN</td>
<td>Princeton Healthcare Injury Screening Tool: Reaching Beyond Fall Prevention</td>
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<td>Subha Kukkala, DNP</td>
<td>Changed title 1/16/15 to: Gap Analysis and Recommendations to Promote Exclusive Breastfeeding</td>
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<td>1/15/16</td>
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<td>Dr. Rachel H. Adler, RN (Associate Professor of Anthropology, TCNJ)</td>
<td>Exploring meanings of Rule Breaking Behaviors Among Committed Psychiatric Patients at Princeton House</td>
<td>3/25/15</td>
<td>3/24/16</td>
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<td>Kristyn Compitello, BSN, RN-CA and Ashley Charmello, BSN, RN-C</td>
<td>Multi-Center Study for the Psychometric Testing of the Humpty Dumpty Inpatient Scale</td>
<td>4/22/15</td>
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</tbody>
</table>
2015 Clinical Advancement and Recognition of Excellence (C.A.R.E.) Nurses

RN 1
Barbara Cianflone
Karen Genthner
Stella Molineros
Kate Pasqualone

RN 2
Yvonne Adkins
Rowena Aguirre
Nancy Alpaugh
Kathy Amber
Veronica Amegavluie
Susan Anderson
Patricia Anene
Eileen Aneskewich
Jeannie Arena
Julie Bacalla
Shruti Balwalli
Patricia Bechamps
Delores Blauth
Bih-Ju Tsai Brody
Senora Brooks
Samantha Ceponis
Littymol Chacko
Stella Chang
Loretta Chipin
Ivon Crucero
Debra Davies
Judith Davis
Karen Davison
Linda Dennehy
Margaret Deysher
Kimberly Dominguez
Sandra Dutcher
Lindsay Eady
Jamie Elmer
Sveta Elmoudden
Carol Fabian
Christine Faust
Nick Fottis
Jenna Freund
Danielle Galanowsky
Edith Garver
Lakeisha Gayles
Amy Linnea Gilmour
Cynthia Gonzalez
Maria Gould
Nancy Hassanein
Christine B. Hicks
Qinghe Jiang
Jerry John
Ahmaad Johnson
Sau Jung
Fant Kallon
Christine Kelly
Laura Kelly
Allyson Klinger
Catherine Knott
Laurie K. Kopanyi
Cheryl A. Kotarski
Nicole Kuczinski
Meghan Kwiatkowski
Fayez Labib
Kelly Lacava
Jeannette Levin
Kristen Lewis
Sandra Long
Monica Lyle
Cheryl Mallick
Sujana Mallipattu
Jill Mansfield
Aileen Margiottto
Aaron Miller
Annette Mingo
Sheryl Moncrief
Carla Monterroso
Tori Nachtman
Sheenamol Nair
Tania Nandy
Mary Nowell
Chioma Obiukwu
Amber Parker
Tisha Payne
Jenny Peterson
Kristin Peterson
Sara Philip
Beth Post
Faye Pringle
Marissa Rago
Sarah Ragolia
Megan Ratwani
Matthew Redding
Lejanie Reyes
Brenda Reyes-Sussman
Janis Richards
Izetta Roberts
Patricia Rogers
Christine Saunders
Donna Savarese
Tina Senoo
Kathleen Shanaberger
Nandrouti Singh
Sheryl Smolensky
Maryellen Spencer
Donna Starling
Maria Stout
Sharon Stravinsky
Phillip Tran
Sheila Troiano
Maria Valades
Mary Vasselli
Marites Ventus
Kimman A. Viterito
Britni Walton
Karla Weeks
Dianne Willan
Amy Wolfe
Hong Yan
Allison Yiacac
Jeong Yoon
Jung Yun
Hannah Zentner
Regina Zupanc

RN 3
Susan Ayres
Maja Baclayon
Dee Balasingham
Lorna Barron
Alicia Becker
Elizabeth Becket
Galit Bloomer
Julia Blum
Stacy Booher
Ramanjit Braich
Christina Brescia
Debra Brian-Taft
Elizabeth Brogan
Brielle Burd
Julie Cargille
Gail E. Charette
Ashley Charmello
Krisyn Compitello
Debra Cristelli
Lisa D’Angelo
Melanie Delin
Sophia Derosiers
Esta Desa
Eileen Devlin
Amanda Dzwilewski
2015 Clinical Advancement and Recognition of Excellence (C.A.R.E.) Nurses

Ashley Edling
Donna Eicke
Pam Ellet
Mayda Federovitch
Luchy Fernandez
Daniel Friel
Maria Fuhrmann
Kathy Giovannetti
Cynthia Gould
Vanessa Gundersen
Gail Haftel
Sharon E. Hamilton
Jillian Hart
Allison Healy
Geetanjali Jain
Sheena Jebu
Jennifer Johansen
Lisa J. Johnson
Shana Joshua
Keturah Kallens
Erin Kane
Judith Kelly
Karen Kraehenbuehl
Lorianne Leonardi
Martine Lubin
Dawn Mabin
Natatili Macoon
Natalie Martin
Ann Mathews
Cheryl McDonald
Frances A. McKinley
Berbeth Meisel
Nicole Melendez
Treza Menezes
Denise Monahan
Katherine Nyce
Olubukola Osinowo
Pamela Panahan
Jyotsna Patole
Jane Platt
Lee Ann Popovich
Heather Pozzolano
Griselda Quia
Stephanie Reed
Ellen Rodriguez
Kim Rogers
Carol Schwab
Eileen Sheppard-Hinkel
Elizabeth Shokoff
Helen Shropshire
Lori Sletta
Elenora Sokkind
Alicia Stevens
Kimberly Stevens
Lisa Stout
Hina Summers
Karen Swift
Marcia Szochet
Hebe Tangga
Kelly Toler
Kristin Tyrell
Janet Viscomi
Teresa Voigtsberger
Loretta Voorhees
Deborah Walsh
Josephine Waseleski
Jordana Webber
Linda Werner
Jen Wiley
Ellen Winkle
Mary Zegarski

RN 4
Mary Aitken
Nancy Rhodes
Nicole Rook
Susan Straszynski

2015 Leadership Nursing Excellence Winners and Nominees

2015 Leadership Nursing Excellence Winners and Nominees

Nurse Managers/Directors/Administration
Daphne Berei
Carolina Biala (Winner)
Karyn Book
Lauren Firman
Mindi Nahoum
Constance Oldham
Katrina Pfeiffer
Lydia Pitonyak
Humility Sumayang
Mindaline Tanpiengo

Nursing Leadership or Clinical Nurse Leaders
Audrey Amir
Michelle Basilone
Julia Blum
Alicia Calisto (Winner)
Donna Covin
Melanie Delin
Elizabeth Ferrara
Jennifer Johansen
Connie Johnson
Galit Landau
Amy Lewis
Wendy Luca
Kristen Peterson
Donna Post
Faye Pringle
Maryann Protz
Stephanie Reed
Mary Vilardi
2015 Nursing Excellence Awards

Overall Winner-Direct-Care
Michael Katzman

Overall Nursing Leadership Winner
Alicia Calisto

Overall Nurse Manager/Director/Administration Winner
Carolina Biala

Center for Critical Care
Lorna Barron
Alice Matey (Winner)
Philip Tran

Telemetry
Devaki Balasingham
Sophia Desrosiers (Winner)
Stefanie Devine
Lindsay Gagliano
Heather Pozzolano

Medical/Neurology/Oncology Unit
Caroll Adams
Stella Chang
Anisha Pittman
Marissa Rago
Jacquelyn Ryan
Tina Senoo (Winner)
Edita Surbliene
Britni Walton

Acute Care of the Elderly Unit
Jillian Hart (Winner)
Denise McGinley

Float Pool
Alicia Becker
Michael Katzman (Winner)
Karla Weekes

Center for Emergency Care
Jeannie Arena (Winner)
Sandra Long
Kimberly Wainwright
Regina Zupanc

Center for Pediatric Care
Littymol Chacko (Winner)
Judith Kelly

Mother-Baby
Sheena Jebu (Winner)
Christine Kelly

Labor and Delivery
Samantha Ceponis
Pamela Ellet
Aileen Margiotto (Winner)
Denise Vieux-Oliver
Ellen Winkle

Surgical Services
Kiersten Scully (Winner)

Neonatal Intermediate Care Unit
Maria Gould
Barbara Heruska
Mary Nowell (Winner)

Center for Eating Disorders Care
Helen Shropshire
Hebe (Eve) Tangga-An (Winner)
Theresa Voigtsberger

Surgical Care Unit
Fanta Kallon
Sarah Knowles
Jeffrey LaSalle
Ashley Palmisano (Winner)

Radiology
Cynthia Gould (Winner)
Amber Parker

Center for Ambulatory Surgery
Kathryn Nyce (Winner)

Princeton Home Care
Patricia Anene
Haeyeon Choi
Jenna Freund (Winner)
Debra Miller
Denise Monahan
Judith Wilson

Acute Rehabilitation
Kathleen Cooney
Alyson Klingler
Paula Anne Wardlow (Winner)

Diabetes Management
Nancy Rhodes (Winner)

Breast Health Center
Mary Kiensicki (Winner)

Maternal Fetal Medicine
Barbara Ketterer (Winner)

Post Anesthesia Care Unit
Kathleen Giovannetti (Winner)

Outpatient Clinic
Ann Marie Maldarelli
Karen O’Brien
Lee Ann Popovich (Winner)

Information Technology
Beverly Mansfield
Mary Schulz (Winner)
Susan Sunyak

Care Coordination
Janis Macdonald (Winner)
Maureen Zielinski

Infection Control
Kathleen Hill (Winner)
Sheryl Smolensky, RN, OCN; Tracey Leahey, BS, RT(T); Deborah J. Richey, RN, M Ed, OCN; and Lori McMullen, RN, MSN, OCN, presented the poster Increasing Patient Satisfaction and Preparedness through Radiation Oncology New Patient Orientation at the Oncology Nurses Society Annual Meeting in Orlando, FL in April 2015.

Lori McMullen, RN, MSN, OCN, Nurse Navigator, Cancer Center, presented a poster and didactic presentation at the ONS National Congress in May 2014 on her work as team leader for the ONS Oncology Nurse Navigator competencies titled Foundational Tools for Oncology Nurse Navigator Programs: Implementing Oncology Nurse Navigator Core Competencies. She also shared the work in Chicago with the American College of Surgeons, Commission on Cancer. She completed a podium presentation at the 39th annual Oncology Nursing Society Congress, in Anaheim, CA, titled Foundational Tools for Oncology Nurse Navigator Programs: Review of the Oncology Nurse Navigator Competency Project. She also conducted a podium presentation for the New Jersey Registrars Association, Princeton, titled Implementing CoC Standard 3.2 Implementing Psychosocial Distress Screening, and one for the Association of Community Cancer Centers’ 31st National Oncology Conference, in San Diego, CA, titled Promoting Patient-Centered Oncology Care: System Wide Implementation of Distress Screening.

The ONS Congress Team selected UMCP’s abstract titled New Patient Radiation Oncology Orientation Program to Increase Patient Satisfaction and Patient Preparedness for a poster presentation to be held at the 40th Annual Congress in Orlando, FL.
## Continuing Education Credits Offered

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Credit Hours</th>
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<tr>
<td>February 13</td>
<td>Basic Arrhythmia Course</td>
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<td>February 20</td>
<td>Redefining the Process—IV Insertion with Phlebotomy</td>
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<td>March 4</td>
<td>Managing Pain in the Older Adult</td>
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<td>March 9</td>
<td>RN Float Team Education Day</td>
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<td>Pelvic Organ Prolapse and Urinary Incontinence</td>
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<td>New Oral Anticoagulants: Novel Oral Anticoagulants</td>
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<td>March 31</td>
<td>RN Charge Nurse Course</td>
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<td>New Oral Anticoagulants: Novel Oral Anticoagulants</td>
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<td>April 17</td>
<td>Preceptor Course</td>
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<td>May 1</td>
<td>Basic Arrhythmia Course</td>
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<td>May 7</td>
<td>11th Annual Research Day: Bedside Research, Everyone Can Do It</td>
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<td>May 13</td>
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<td>Neurocognitive Aspects of Severe And Persistent Mental Illness</td>
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<td>Essentials of Fetal Monitoring</td>
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<td>October 23</td>
<td>Preceptor Course—Tele</td>
<td>2</td>
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<tr>
<td>October 26</td>
<td>Orthopaedic Day</td>
<td>6.50</td>
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<tr>
<td>October 29</td>
<td>Emerging Clinical Challenges in the Treatment of Adolescents and Children</td>
<td>5.50</td>
</tr>
<tr>
<td>October 30</td>
<td>Preceptor Course—Tele</td>
<td>2</td>
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</tbody>
</table>

| Total         |                                                                     | 117.5        |
Cathryn Andreanidis, RN, BSN, Nurse Resident, Telemetry, graduated with her BSN from The College of New Jersey in May 2015.

Ashley Armstrong, RN, MSN, CNM, Float Pool, received her CNM from Rutgers University in May 2015.

Jacqueline Bender, RN, BSN, Clinical Nurse, Nurse Residency Program, LD/Mother-Baby/NICU, received her BSN from Drexel University in June 2015.

Suzanne Cherbet, RN, BSN, Clinical Nurse, Surgical Care Unit, received her BSN from Chamberlain College in December 2014.

Sandy Evanko, RN, MSN, Project Manager, received her MSN from Chamberlin University in October 2015.

Julia Gopstein, RN, Clinical Nurse, Nurse Resident, graduated from The College of New Jersey with her BSN in May 2015.

Angelica Linton, RN, BSN, Telemetry, earned her BSN from Grand Canyon University in May 2015.

Treeza P. Menezes, RNC-OB, MSN, CBC, Assistant Nurse Manager, Mother Baby Unit, received her MSN in leadership and management in April from Western Governors University. She was also re-certified in RNC-OB in December 2014.

Lopa Patel, RN, MSN, ONC, Nurse Educator, graduated with her MSN from Walden University in March 2014.

Tisha Payne, RN, BSN, Clinical Nurse, Emergency Department, graduated from Drexel University with her BSN in September 2014.

Jason Philips, RN, BSN, Clinical Nurse, PACU, graduated with his BSN from Pennsylvania State University in December 2014.

Griselda Quia, RN, MSN, Clinical Nurse, Pediatrics, graduated with her MSN from Drexel University in December 2014.

Nicole Rook, RNC-OB, MSN, CPNP, C-EFM, Clinical Nurse, Nursery, completed her post-masters certificate from Drexel University in June 2014.

Janell Rosania, RN, MSN, FNP-C, Clinical Nurse, Emergency Department, graduated with her MSN from Drexel University and received her Family Nurse Practitioner in September 2015.

Kathy Ryan, RN, MSN, Director of Patient Care Services, graduated with her MSN from Walden University in December 2014.

Lisa Sabo, RN, BSN, Float Nurse, received her BSN from Walden University in May 2015.

Aneta Siwik, RN, Clinical Nurse, Emergency Department, graduated from The College of New Jersey with her BSN in May 2014.

Lori Sletta, RN, BSN, CEN, Assistant Nurse Manager, Emergency Department, graduated with her BSN from Walden University in November 2014.


Allison Yiacas, RN, MSN, Cardiac Cath, graduated with her MSN from Walden University in December 2014.

Other Accomplishments

Miriam Lecureux, RNC-OB, Maternal Child Nursing Informatics, was elected member-at-large to the Centricity Perinatal User Group (CPNUG) board for a two-year term beginning October 2015.

Lori Sletta, RN, BSN, CEN, Assistant Nurse Manager, Emergency Department, earned her Yellow Belt, Lean Six Sigma in May 2014.

Lori McMullen, RN, MSN, ONC, Nurse Navigator, Cancer Center, presented Preparing Professional Nurses for Cancer Survivorship Care, sponsored by the National Cancer Institute, Memorial Sloan Kettering Cancer Center and the City of Hope. She was also appointed to the Oncology Nursing Society Special Interest Group Leadership Council.

The 2014 Innovator Award was presented to the Matthews Center for Cancer Care for distress screening implementation. The project highlights interdepartmental and interdisciplinary collaboration led by RN staff and is recognized as a best practice for cancer programs.
The following Critical Care Unit nurses received critical care certification: Brielle Burd, CCRN, Clinical Nurse; Catherine Douylliez, CCRN, Clinical Nurse; Lindsay Eady, CCRN, Clinical Nurse; Neliza Ly, RN, PCCN, BSN, Clinical Nurse; Heather Edstrom, CCRN, Clinical Nurse; and Hannah Zentner, CCRN, Clinical Nurse.

The following Labor and Delivery Unit clinical nurses received certification in electronic fetal monitoring (C-EFM) from the American Nurses Credentialing Center (ANCC): Samantha Anderson, RN, BSN, CBC, C-EFM; Deborah Belardo, RN, BSN, C-EFM; Christine Anobile, RNC-OB, BSN, C-EFM; Angelica Bey, RN, MSN, C-EFM; Stacy Booher, RNC-OB, BSN, C-EFM; Sharon Braconi, RN, C-EFM; Roni Brennan, RNC-OB, C-EFM; Elizabeth Brogan, RNC-OB, C-EFM; Laurie Bulinsky, RN, C-EFM; Nancy Carrozza, RN, C-EFM; Cynthia Castellano, RNC-OB, C-EFM; Samantha Ceponis, RN, BSN, C-EFM; Katie Chudy, RN, BSN, C-EFM; Lisa D’Angelo, RN, BSN, Margaret Deysner, RN, C-EFM; Pamela Ellet, RNC-OB, C-EFM; Edna Foley, RN, C-EFM; Danielle Galanowsky, RN, BSN, C-EFM; Maureen Gugliatto, RNC-OB, BSN, C-EFM; Eileen Gutcho, RN, C-EFM; Keturah Kallens, RN, C-EFM; Catherine Knott, RN, BSN, C-EFM; Jessica Mazza, RN, BSN, C-EFM; Kelly McGovern, RN, BSN, C-EFM; Esmerelda Mogue-Doyle, RN, C-EFM; Mary Jane Olsen, RNC-OB, C-EFM; Sharon Petty, RNC-OB, C-EFM; Beth Post, RNC-OB, C-EFM; Valerie Ramirez, RNC-OB, C-EFM; Lisa Recchione, RN, BSN, C-EFM; Neydín Rivera, RN, C-EFM; Ellen Rodriguez, RN, C-EFM; Catherine Sass, RNC-OB, C-EFM; Shannon Scott, RNC-OB, MSN, C-EFM; Barbara Scullion, RN, C-EFM; Jamie Tricarico, RNC-OB, C-EFM; Ellen Winkle, RNC-OB, BSN, CBC, C-EFM; Jung Yun, RNC-OB, C-EFM; and Cheryl Raymond, RNC-OB, C-EFM.

Paddy Chehanske, RN, BSN, C-EFM, Nurse Manager; Labor and Delivery; Carol Fabian, RNC-OB, BSN, C-EFM, Assistant Nurse Manager, Labor and Delivery; and Sharon Stravinsky, RN, BSN, C-EFM, Assistant Nurse Manager, Labor and Delivery, received certification in electronic fetal monitoring (C-EFM) from the ANCC.

Kelly LaMonica, RNC-OB, MSN, C-EFM, Perinatal Risk Clinical Nurse Leader, Labor and Delivery, received certification in electronic fetal monitoring (C-EFM) from the ANCC.

Sveta Elmoudden, RNC-OB, C-EFM, Clinical Nurse, Mother Baby Unit; Sheena Jebu, RNC-OB, IBCLC, C-EFM, Clinical Nurse, Mother Baby Unit; and Treeza Menezes, RNC-OB, MSN, C-EFM, Assistant Nurse Manager, Mother Baby Unit, received certification in electronic fetal monitoring (C-EFM) from the ANCC.

Lacey Lisner, RN, BSN, CBC, C-EFM, Nurse Navigator, Pelvic Wellness, received certification in electronic fetal monitoring (C-EFM) from the ANCC.
Certifications

Susan Straszynski, RNC-OB, MSN, C-EFM, Nurse Educator, Maternal-Child, received certification in electronic fetal monitoring (C-EFM) from the ANCC.
Miriam Lecureux, RNC-OB, C-EFM, Maternal Child Nurse Informatics, received certification in electronic fetal monitoring (C-EFM) from the ANCC.

The following Maternal-Fetal Medicine nurses received certification in electronic fetal monitoring (C-EFM): Barbara Johannes, RNC-OB, C-EFM, Clinical Nurse; Barbara Ketterer, RNC-OB, C-EFM, Clinical Nurse; Joan Saccenti, RN, C-EFM, Clinical Nurse; Grace McDonald Largie, RN, C-EFM, Clinical Nurse; and Richshelle White, RN, C-EFM, Nurse Manager, Maternal Fetal Medicine.

Dawn McGowan, RN-BC, BSN, Clinical Application Analyst, received her certification in nursing informatics.

Alyson Klingler, CCRN, BSN, Clinical Nurse, Acute Rehabilitation Unit, received her certification in rehabilitation nursing.

Christine Kelly, RN, BSN, IBCLC, Clinical Nurse, Mother Baby Unit; Julie Cargille, RN, BSN, IBCLC, Clinical Nurse, Mother Baby Unit; Sheena Jebu, RNC-OB, IBCLC, Clinical Nurse, Mother Baby Unit; Diana Thibodeau, RN, IBCLC, Clinical Nurse, Mother Baby Unit; and Linda Bellaus, RN, IBCLC, Clinical Nurse, Mother Baby Unit, obtained international board certified lactation consultation certification.

Jeffrey LaSalle, RN, BSN, Clinical Nurse, Acute Care of the Elderly Unit, became geriatric certified in February 2015 and medical-surgical certified in April 2015.

Loretta Voorhees, RN-BC, BSN, achieved recertification in cardiac vascular nursing in March 2015.

Cheryl Swanson, RN, BSN, BC, Assistant Nurse Manager, Post Anesthesia Care Unit; Nicole Britsch, RN-BC, BSN, Acute Care of the Elderly Unit; Jill Mansfield, RN, BSN, Clinical Nurse, Acute Care of the Elderly Unit, Nicole Melendez, RN, Assistant Nurse Manager, Acute Care of the Elderly Unit; and Skye Lindey Berntson, RN-BC, BSN, Clinical Nurse, Acute Care of the Elderly Unit, obtained geriatric certification.

Kathleen Hill, RN, BSN, CIC, Infection Control Coordinator, achieved re-certification in infection control.

Amy Wolfe, RN, Clinical Nurse Surgical Care Unit, received her medical-surgical certification in October 2014.
Our mission is to provide the highest level of compassionate and patient-centered care through innovative evidence-based practice, education and research.