



Princeton HealthCare System

Redefining Care.



2010 Annual **NURSING** Report

Dear Colleagues,

The **2010 Annual Nursing Report** is dedicated to you, the nurses who work tirelessly to strengthen the infrastructure that allows Princeton HealthCare System to practice excellence in the delivery of care. As a result of your personal and professional contributions, along with the entire interdisciplinary team, we have completed another successful year in our journey toward nursing excellence and Magnet designation.

The year was truly one of transformational healthcare. Promoting health and caring service, we have made significant strides in our model of care, focusing on quality, improving the patient experience and paving the way for the new University Medical Center of Princeton at Plainsboro, scheduled to open in early 2012.

We are poised to make 2011 even more remarkable. Through shared governance, we have created a positive work environment where professional growth and individuality can take root and flourish. Our nurses have been motivated to work beyond Princeton HealthCare System, reaching into the local, state, national and international community to advance nursing as both an art and a profession.

In recognition of the difference you make every day, I, along with all of the members of the senior leadership team, thank you for choosing to proudly serve as Princeton HealthCare System nurses.



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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Princeton HealthCare System

Nursing Leaders

The Department of **Nursing Vision** Statement

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

The Department of **Nursing Mission** Statement

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



Transformational Lead

Succession Planning

The year 2010 marked the second year of the Nursing Leadership Succession Planning Program at University Medical Center at Princeton (UMCP), and we welcomed three aspiring nurse leaders into our program: Audrey Amir, RN, BSN, PCCN, Direct-care Nurse Telemetry, Kelly Lamonica, RN, BSN, RNC-OB, Clinical Resource Nurse LDRP and Treeza Menezes, RN, BSN, CLC, Direct-care Nurse LDRP.

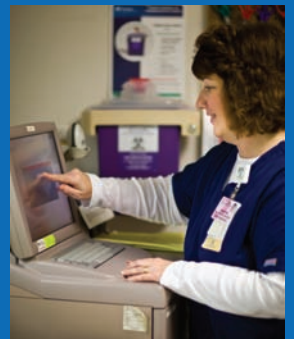
Our goals for the UMCP Nursing Leadership Succession Planning Program are clearly summarized in the application essay from Audrey: "An art and a science, leadership and nursing go hand in hand. As patient advocates all nurses are leaders. However, to have a greater impact on patient outcomes nurses need leaders in the forefront; to change policy, integrate patient care, improve working conditions, and to inspire and instill passion. The art of leadership comes from within and can be observed through mentorship. Leadership skills can be developed with a strong educational background. The foundation of the Nursing Leadership Succession Planning Program at UMCP combines an educational component with mentorship."

— Geri Karpiscak, MSN, RN, NEA-BC, Director Professional Practice, Education and Customer Service

Lean-Six Sigma Yellow Belt and Green Belt Certifications

University Medical Center at Princeton has joined other healthcare organizations in adopting the Lean-Six Sigma Methodology. Lean-Six Sigma is a set of tools aimed at improving key business processes. It involves looking at ways to eliminate waste, improve on-time performance and consistently deliver exceptional service.

Through the PHCS' Transforming Healthcare Quality Initiative, nurses are now joining the ranks of Yellow Belt and Green Belt holders. Training is being provided by Frank Mlinarec, a Lean-Six Sigma Master Black Belt from Caldwell Butler & Associates. Lessons cover topics ranging from data collection and basic statistical analysis to quality improvement and communication among co-workers. The 2010 training class includes Yellow Belts Humility Sumayang, BSN, RN-BC, Assistant Nurse Manager, ACE Unit and Lisa Johnson, BSN, RN, CAPA, ECT Suite Coordinator, as well as Yellow and Green Belt holders Karyn Book, MSN, RN, CMSRN, CLSSGB, Professional Practice Administrator, Sandra Evanko, RNC, CLSSGB, Clinical Project Manager, Sheri Glanding, BSHA, RNC, CLSSGB, Clinical Project Manager, Lynda Proto, MSN, RN-BC, CLSSGB Nurse Manager, Maternal Child Health, Debbie Millar, RN, CLSSGB Site Director, Community Education & Outreach, and Barbara Yost, RN, BSN, MBA, CLSSGB Vice President of Continuum of Care Services.



These Lean-Six Sigma techniques have been used in the Emergency Department to decrease the time it takes for arriving patients to receive medical care, as a result increasing patient satisfaction and improving outcomes. The reduction was accomplished by training nurses on the types of information to gather and by changing the way documentation is entered into the computer system to require fewer keystrokes. The team worked on the so-called "cognitive encounter" process to better allow a physician to start care on several patients almost simultaneously during busy times.

Lean-Six Sigma is a perfect process for nursing procedures; both use planning, checking, implementation and evaluation as a basis for improvement.

— Lynda Proto, MSN, RN-BC, CLSSGB, Nurse Manager, Maternal Child Health



ership



Caldwell Butler & Associates — Surgery Workout Team for Process Improvement

Princeton HealthCare System kicked off the next cycle of Transforming Healthcare, the organization-wide quality initiative that began in the fall of 2009, with the Waste Walk and In-Quality Staffing. This initiative has engaged employees, physicians, and the entire management team to help them reach important decisions about identifying and eliminating waste and determine how to ensure we have the right people in the right place at the right time. Caldwell Butler & Associates (CBA) will continue to work with us, as they have throughout Transforming Healthcare.

In 2010, Princeton HealthCare Systems' Transforming Healthcare Quality Initiative continued with the development of a Surgical Workout Team, led by Helene (Tina) Herbert, RN, BSN, CNOR, Operating Room Manager. Members of the Surgery Workout Team focused on process improvements in the Operating Room.

The team's first step was to identify the top five delays that prevent on-time starts. The baseline data was collected by the CBA consultants. The delay codes were identified drawing on input from all involved areas, and a Delay Code Tracking Form was developed to be included in the patient chart.

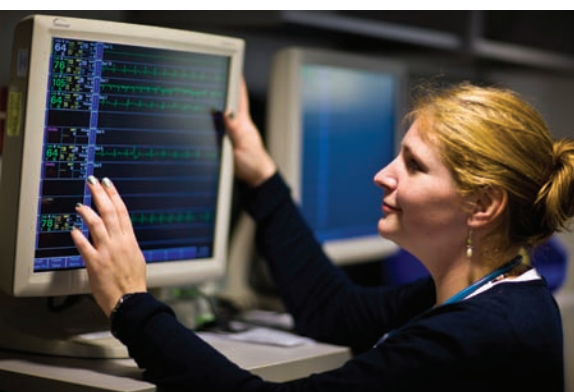
“While treating my patients I take the time to listen and smile.”

Once the baseline data was reviewed by the team, the consultants were instrumental in providing clarity. The 7:30 a.m. “on-time starts” needed to be clearly defined and improved. Delay codes needed to be identified and validated. Categories needed to be established and checklists developed to record results.

The next step was to conduct a rapid cycle test (RCT), which began on Aug. 2, 2010. The goal of the RCT was to increase the baseline data of 14 percent for on-time start of cases. By month's end the successes of the team were evident. The RCT resulted in a 61 percent on-time start for cases in the Operating Room.

Upon completion of the RCT, the Surgical Workout Team agreed that moving out of their comfort zone to focus on process improvement required consistent communication, but was well worth it since as a result their patients reap the benefits from their teamwork. As team leader Tina noted, “teamwork and communication were the key” to success.

— Helene (Tina) Herbert, RN, BSN, CNOR, Nurse Manager, Surgical Services/OR



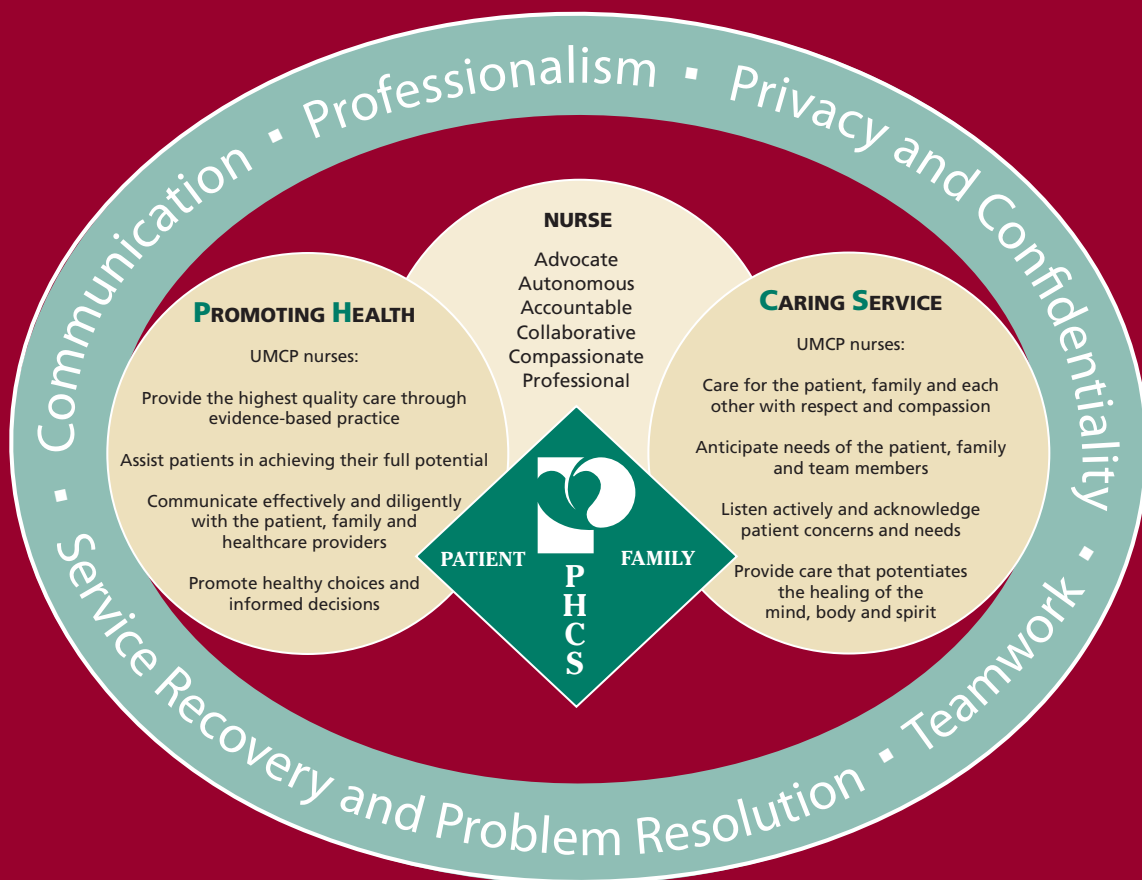
“It helps to greet patients with a warm smile and calming voice.”



Exemplary Professional Pra

Professional Practice Model and Care Delivery System

In 2010, the Department of Nursing at University Medical Center at Princeton developed and adopted the Professional Practice Model Promoting Health and Caring Service (PHCS), a blended theory combining attributes from both Nola Pender's Health Promotion Model and Jean Watson's Science of Caring Theory. The Professional Practice Model demonstrates our nurses' unique and vital function through two major components: promoting health and caring service.



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Description of the Professional Practice Model Schematic:

The Nurse

The top circle represents the PHCS nurse, a vital component of patient and family care. The PHCS nurse is

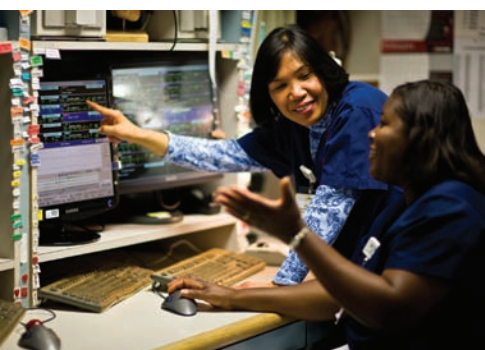
- An Advocate
- Autonomous
- Accountable
- Collaborative
- Compassionate
- Professional

Patient and Family

The circles on the left and right represent nursing excellence and outline how excellence is relayed to patients and families. The diamond shape at the bottom depicts the involvement of the patient, family and all PHCS employees in achieving desired patient outcomes.

Care Delivery System (CDS)

The circle surrounding the nurse represents the CDS and depicts how the nurse promotes health and caring service. PHCS nurses believe that building strong relationships with the patient and family is vital to providing exceptional care. In addition, they work toward robust collegial relationships which contribute to a healthy work environment and positively impact patient outcomes.



Care Delivery System (CDS) Elements

- Communication
- Professionalism
- Privacy and Confidentiality
- Service Recovery/Problem Resolution
- Teamwork

“I speak to each patient on a personal level, making sure they know they are individually cared for and important to me.”

In the patient/family-centered model, patients are active participants in their plan of care and receive multidisciplinary services designed to address their individual needs. As a constant presence, nurses are essential in coordinating patient care and ensuring that patient needs are met. In addition, the information and education they provide allow patients to make informed decisions.

— Karyn Book, MSN, RN, CMSRN, CLSSGB,
Professional Practice Administrator



“Meeting spiritual needs in critical situations regarding a patient’s status is important.”



Structural Empow

UMCP Annual Prostate Cancer Screening

With the help of some wonderful volunteers, UMCP screened 84 underinsured or uninsured men for prostate cancer in less than two hours on Sept. 23, 2010. The screening, in conjunction with the Prostate Conditions Education Council, is part of a research trial tracking men's health history, risk factors, and blood work in relation to their prostate. Each participant is asked to fill out a detailed urological questionnaire, and is then screened for PSA, testosterone and cholesterol levels. The last step is seeing the physician for a digital rectal exam.

We have been conducting this screening yearly at UMCP, and have become more efficient and effective each year, reaching out to all ethnic groups. In 2010, we had the screening questionnaire and consent translated into Mandarin and Spanish, and had volunteers who were fluent in both languages available to help participants. The staff members who volunteered their time were amazing.

RN volunteers included Elizabeth Beckett, RN; Inez Brandon, RN; Liya Gu, RN; Jennifer Johansen, RN; Peggy Lambertson, RN; Monica Lyle, RN; and Sheryl Smolensky, RN.

This prostate cancer screening project is one of three screening projects the Cancer Program holds annually to help underinsured/uninsured patients in the community.

— Sheryl Smolensky, RN, Oncology Research Nurse

Joint Replacement Education Class

Since 2008, UMCP has hosted a biweekly Joint Replacement Education Class for patients scheduled for a total knee or total hip replacement. Patients and their family members are invited to attend the class, taught by a multidisciplinary team of direct-care nurses, physical therapists and discharge planners. The class curriculum was developed by orthopedic surgeons; nurses from Pre-admissions, OR, PACU and J6; and Physical Therapy and Case Management. The nurses who teach the class are certified by the Orthopaedic Nurses Certification Board and have many years of experience on J6.

Susan Anderson, RN, ONC; Susan Greenan, RN, BSN, MA, ONC; Susan Jafar, RN, BSN, ONC; and Ann Laughlin, RN, ONC; taught the class throughout 2010.



Patients who attend the class feel less anxious and better prepared for surgery. The class teaches them to be active participants in their care before, during and after their hospital stay, and is a positive experience for the nurses as well. "It is personally rewarding," says Anderson. "I look forward to seeing the patients on the floor after their surgery and finding out how the class helped them." Laughlin adds, "The class gives us an opportunity to

teach patients in an environment that is more conducive to learning than a busy hospital unit. Our goal for 2011 is to have more patients attend the class. Patients who attend the class come to the hospital better prepared for surgery, and have better outcomes."

— Juliet Puorro, RN, BSN, Clinical Nurse Leader, J6

“Never forget that my patient is a precious person and means the whole world to someone.”

erment



Sands Scholars

The George H. and Estelle M. Sands Nursing Scholarship draws baccalaureate-prepared nurses trained at one of the top nursing schools in the country, the University of Pennsylvania, to work at UMCP. The scholarship is made possible by the generosity of the Sands family, who are long-time residents of Princeton. In exchange for scholarship funds, Penn nursing students commit to two years of work at UMCP. As senior nursing students, Sands scholars complete their clinical practicum at UMCP. By the time they graduate, the new nurses are already familiar with their work environment, enhancing their orientation and preceptorship experience.

“I ensure patients and family members are well informed, especially when giving discharge instructions.”

2010 she achieved certification in Maternal/Newborn nursing and completed the STABLE education program, preparing her for the stabilization of critically ill newborns.

Carol Hanselman, RN, BSN, started on Telemetry, and currently works in the Emergency Department. Carol graduated in 2009 from Penn with a BSN as well as a BS in economics from the Wharton School, with a concentration in healthcare management. She volunteers with LifeNet International in Burundi, Africa, where she aims to develop a sustainable quality healthcare system for vulnerable populations. In 2010, she submitted an article to the *Global Public Health Journal* titled “Increasing Primary Health Care Through Nurse Entrepreneurs: A Pilot Program in Burundi.”

Juliet Puorro, RN, BSN, graduated from Penn in 2006. She completed her clinical experience on J6 and began working there upon licensure. She was a member of the Admission to Discharge Workout Team, the Falls/Pressure Ulcer Task Force, the Nursing Quality Council, and the Patient Experience Council in 2010. She is currently pursuing her MSN at The College of New Jersey. She will start as a Clinical Nurse Leader on J6 in 2011 and will be member of the Magnet Writers Team.

Casey Templin, RN, BSN, PCCN, graduated in 2007. She completed her clinical practicum in the ED, and upon licensure began working on Telemetry, where she became an Assistant Nurse Manager in 2010. Currently, she is member of the Admission to Discharge Workout Team. As a chair of the Clinical Practice Council, she has been involved in equipment selection for the new hospital. She also obtained the Progressive Care Certified Nurse certification in 2010 and is working toward her AACN subspecialty certification in cardiac medicine.

The current Sands Scholars are:

Laura “Lucky” Anderson, RN, BSN, who graduated from Penn in December 2009. Her first bachelor’s degree is in government and women’s studies from Dartmouth College. She completed her clinical experience on B2 Oncology, and began working as a direct-care nurse on J6. She is a member of the J6 Clinical Practice Council

and will be a member of the Magnet Writers Team in 2011. In the future, she would like to teach nursing students and conduct nursing research.

Kristin Doloff, RN, BSN, RNC, graduated in 2007 and began working on LDRP, where she did her senior practicum. Since that time she has been cross-trained to serve in the labor, nursery, and postpartum areas on the floor. In the fall of





New Knowledge, Innov

Catheter-Associated Urinary Tract Infections

Catheter-Associated Urinary Tract Infection (CAUTI) rates are among the publicly reported hospital-acquired infection rates. Recently, the Centers for Medicare and Medicaid Services stopped providing reimbursement for hospital-acquired CAUTIs.

A comparison by the Infection Control Team between our CAUTI rate and catheter utilization ratio with the current, published benchmarks (Centers for Disease Control and Prevention's National Healthcare Safety Network system) revealed an opportunity for improvement to remove catheters sooner. The CAUTI Prevention Subgroup was developed and is facilitated by Anna Clark, RN, Infection Control Nurse, and Dr. David Barile, the physician champion on this initiative.

The CAUTI Prevention Subgroup presented their findings to the Nursing Quality Council. The group discussed the issues and potential barriers, and offered suggestions and assistance to facilitate the project.

With the support of the Nursing Quality Council and the Infection Control Committee, changes occurred rapidly, and a significant impact was recognized. Education regarding CAUTI and prevention measures was provided to staff on all units. The number of catheter days is now monitored more closely, and an electronic assessment is used to assist nurses in the monitoring process. Additionally, each catheter is evaluated for necessity.



In mid-September 2010, the prevention efforts were taken a step further. The electronic medical record system was further enhanced to allow for an automated catheter discontinuation order to be generated based on indications that the nurse selects during the daily catheter verification assessment. Use of this new electronic process has effectively decreased catheter utilization so that in 2010 nine out of 10 units were consistently below

or comparable to benchmark for catheter utilization. Furthermore, the number of CAUTIs has been on a downward trend.

— Christine Andreyko, RN, BSN, PCCN, GRN, Direct-care Nurse, Telemetry
— Kathleen Hill, BSN, RN, CIC, Infection Control Coordinator

Robotic Surgery

The PHCS Robotic Surgery Program was launched in the Operating Room in the fall of 2009, and to date over 100 procedures have been completed.

“By providing holistic, non-judgmental, and passionate care to all patients is a key to quality care.”

To handle the various facets of the program, Kiersten Scully, RN, BSN, CNOR, was appointed as the Robotic Coordinator to, among other things, address patient safety, staff education, scheduling, technological components of the system, supply and instrument needs and component storage logistics.

Since robotics covers several service areas, communicating as a team is extremely important, as is being knowledgeable and adaptable in the different procedures. With this in mind, as the program was being instituted joint meetings were held with management/administration, anesthesia staff and



surgeons to review surgeons' needs, what was expected to further the education process and any problems or concerns related to nursing or anesthesia.

Initial training encompassed reviewing the training modules from Intuitive

Surgical and hands-on training with the company representative. The system was set up in one of our rooms and dry runs were completed to make sure we had not overlooked anything. Some of the lengthy procedures were spread between two shifts. A competency checklist has been created, which is used to identify when a nurse or surgical technician is capable of performing independently in a procedure.

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

ation, and Improvements



Environmental Influences that Improve Outcomes Research – Phase 2 Model Room

In November 2010, Dr. Susan Lorenz, RN, DrNP, NEA-BC, EDAC, Chief Nursing Officer; Inez Brandon, RN, BSN, OCN, Assistant Nurse Manager, J7; Donna Covin, RN, MSN, CNL, Clinical Nurse Leader, ICU/CCU; Jayanti Ingle, DPT, MPH, Rehab Manager; andCarolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator; completed Phase 2 of the four-phase research project titled “Environmental Influences that Improve Outcomes.” The purpose of Phase 2 was to explore the differences between the model room and a current private room regarding the ability of hospital staff to provide care in three critical situations. The critical situations were a Code Blue scenario, fall scenarios both in the room and in the bathroom, and a medical administration scenario.

The study used a mixed-method, non-experimental, comparative design to measure the differences in the three critical situations. The sample size was relatively small: medication administration used five participants, Code Blue used 24 and falls used 10.

The variables were the design elements that impacted the care. Both rooms were divided into three separate zones: the caregiver zone, the patient zone, and the family zone. The variables in the caregiver zone included the size of the doorway, the configuration of the entryway, the design of the nurse server, the location of the sink, trash, and location of the personal protective equipment. The variables in the patient zone were the space between the headwall and footwall, space around the bed, space needed for equipment, design of the bathroom, and location of handrails. The variables in the family zone included the location of the furnishings, as well as other general design elements, and the configuration and size of the room.

The participants in the study were employees from University Medical Center at Princeton, and included staff members from numerous departments, including physicians. The volunteers were asked to complete a survey at the end of each scenario to rate their perception of the effect of the design intervention on their ability to perform care. The results of Phase 2 led to multiple changes in the model room, including a change in the placement of the toilet, a

revision of the nurse server, a change in the placement of the shower call bell, and a change in the placement of the clock, to name a few.

Phase 3 was set to begin in February 2011, and will be an Institutional Review Board-approved study to determine differences in outcomes between joint replacement patients in the model room versus a comparable private room.

— Inez Brandon, RN, BSN, OCN, Assistant Nurse Manager, J7

Bedside Report

Traditionally, change of shift reporting has been performed away from the bedside and away from patients and



families, but in 2010, two of UMCP’s Nurse Managers identified an opportunity to improve patient safety, communication and patient collaboration in the plan of care by introducing bedside reporting.

Prior to implementing the change in the reporting process, a literature review was completed with the help of direct-care nurses. A report template was developed as well as a process for bedside handoff.

The process was first tested on J6, the Surgical Unit, using initiatives established through the national initiative, Transforming Care at the Bedside (TCAB). Challenges were identified during the trial period by the direct-care nurses, and the process was modified using role playing, observation and patient/family feedback. Following these modifications, the bedside handoff was implemented on all medical-surgical units.

Since its implementation, staff members have reported an increase in accountability and communication among caregivers as a result of shared visualization of patients and collaborative discussion of the patient’s plan of care.

— Kathy Ryan, BSN, RN-C, Nurse Manager, J6
— Daphne Berei BSN, RN-C, Nurse Manager, ACE Unit

Princeton HealthCare System's Certified Nurses

Board certification of nurses plays an increasingly important role in the assurance of high standards of care for patients and their loved ones.

Acute Rehab
Maryann Protz

AM Admissions
Beth List
Frances McKinley

B2/ACE
Eileen Aneskewich
Daphne Berei
Chin-Ying Chang
Veronica Dizon-Tiongko
Leslie Feldman
Rebecca Godofsky
Kelly LaCava
Amy Miller
Sheenamol Nair
Olubukola Osinowo
Humility Sumayang
Hong Yan

B5/Telemetry
Audrey Amir
Christine Andreyko
Alicia Calisto
Lisa Davis
Gary Greenfeder
Natalie Georges
Simy Joseph
Sara Moghadam
Sara Philip
Kathleen Seneca
Casey Templin

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

Cardiac Cath Lab
Carolynn Cosico-Ramirez
Maria Lourdes Torralba
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

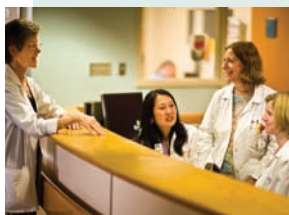
Diabetes
Debbie Brown-Kuhn
Sheila Handel
Nancy Rhodes

Department of Medicine/ Cancer Program
Ellen Land
Monica Lyle

Eating Disorders
Lydia Pitonyak

Department of Education
Carolynn Bitzer
Geraldyn Karpiscak
Patricia Lum
Melinda Petillo

Emergency Department
Christina Allen
Robin Boyer
Randi Killian
Mark Mackavanaugh
Maureen McAteer
Kristen Montefusco
Lori Sletta
Christine Wiggins
Regina Zupanc



Endoscopy
Noreen Darbenzio
Donna Eicke
Lynne Forester
Colleen Haraz
Sau Jung
Berbeth Meisel
Eleanora Soskind
Lynette Thompson
Jeong Yoon
Karen Zipper

Float Pool
Alicia Becker
Toni Cranmer
Debra Davies
Nancy Hassanein
Maria Hevery
Melissa LaGrotta
Jyothi Nagalla
Carol Schwab

Health Information Management
Katherine Arton
Federico Carbonell

Homecare
Patricia Anene
Tina Bergner
Shirley Collins
Christine Diaz
Ann Mathiews
Naomi McCarty
Sheryl Moncrief
Cynthia Raymond
Imelda Remolado
Teresa Scott
Maryanne Sherrin
Sandra Toles
Ellen Williams
Judith Wilson

ICU/CCU
Lorna Barron
Aruna Blaszczak
Donna Covin
Mayda Federovitch
Charles Gallagher
Claudius Henry
Neliza Ly
Jennifer Mac
Wen Ou
Kristen Peterson
Marsha Szochet
Mindaline Tanpiengco
Cecelia Villaruz
Janet Viscomi

Infection Control
Kathleen Hill

Infusion Room
Beth Beckett
Jordana LeBlanc
Lori Anne Leonard
Barbara Pevahouse
Linda Powel

Information Technology
Susan Sunyak

J6
Susan Anderson
Susan Greenan
HeeSoo Hong
Susan Jafar
Ann Laughlin
Ann Marie Lippin
Barbara Reese
Kathy Ryan
Maria Luisa Stout

LDRP
Stacy Booher
Roni Brennan
Elizabeth Brogan
Barbara Demetrician
Esta Desa
Jill Destefano
Margy Deysher
Kristen Doloff
Pamela Ellet
Sveta Elmouden
Carol Fabian
Claire Ann Fazio
Sheena Jabu
Barbara Ketterer
Kelly LaMonica
Miriam Lecureux
Yu-Fung Lin
Patsy Mather
Geraldine McGuire
Melissa Parker-Combes
Sharon Petty
Neydin Rivera
Dawn Rittley
Nicole Rook
Susan Straszynski
Dee Vandergrift
Dzung Vu
Annie Way
Jung Yun

J7/MNO
Jennifer Allen
Veronica Amegavluie
Michelle Basilone
Inez Brandon
Stella Chang
Allyson Freda
Katherine Glidden
Liya Gu
Murielle Jeanty
Qinghe Jiang
Wendy Luca
Denise McGinley
Jennifer Neumann
Myanh Thi Nguyen
Adena Romeo
Elaine Tarnofsky
Binh Tran
Eva Treder
Malinda Lee Welser

Nursing Administration
Karyn Book
Barbara Christiano



Paula Davis
Rebecca Doherty
Sandra Evanko
Sheri Glanding
Jennifer Hollander
Denise Kurtz
Susan Lorenz
Carolyn Schlesier

Occupational Medicine
Maureen Abbott
Mary Hays
Barbara Koprowski
Colleen Rossi

OR
Joan Boczany
Jennifer Bousenberry
Bih-ju Brody
Gail Haftel
Sharon Hamilton
Helene (Tina) Herbert
Wyndona (Joy) Hubbard
Ann King
Susan Macera
Samantha Marquis
Fe Moreo
Lori Mozenter
Janet Napolitano
Mollie Nutkiewicz
Paige Schurr
Kiersten Scully
Josephine Waseleski

Outpatient Clinic
Jeanette Levin
Ann Marie Maldarelli
Teri Nactman
Karen O'Brien
Lee Ann Popovich
Karen Rossi
Joan Saccenti
Lisa Schade-Button
Laura Snare
Mary Ellen Spencer

PACU
Susan Ayres
Loretta Chipin
Danielle Daab
Eileen Devlin
Wayne Elmer
Mary Lou Gaffney
Mary Maguire
Debra Taft
Dianne Willan

Pain Management
Carol Burns
Christine Faust
Diane Foreman
Ann Perry
Donna Post

Pediatrics
Lynda Proto
Griselda Quia



Performance Improvement
Augusta Agalaba
Lynn Bennett
Kathleen Rauch

Princeton House
Ion Crueru
Brenda Evans
Crystal Fitzpatrick
Rick Pessagno
Eileen Sheppard-Hinkel
Gary Snyderman
Coleen Toler
Susan Varga
Jackie Zaremba

Radiation Oncology
Cindy Asta

Radiology
Cathy Kyne
Vida Kaplan

SCN
Maja Baclayon
Katherine Faul
Barbara Goldfluss
Maria Gould
Barbara Heruska
Kimberly Hogan
Karen Kraehenbuehl
Brenda Laypelka
Margaret Lim
Donna Seitz
Grace Shah
Bella Edessa Somera
Marilyn St. Rose
Michelle Valdez

Surgery Center
Diane Brewer
Tonimarie Brusnahan
Janet Donnelly
Terri Fink
Christine Hicks
Laurie Kopanyi
Cheryl Kotarski
Marie Nurko
Jane Platt
Paddi Rogers
Linda Vazquez
Kamman Viterito
Jeong Yoon

Awards

Christine Andreyko, RN, BSN, PCCN, GRN, Direct-care Nurse, Telemetry, nominated for the 2010 Nursing Spectrum Award

Carolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator, nominated for the 2010 Nursing Spectrum Award

Karyn Book, MSN, RN, CMSRN, CLSSGB, Professional Practice Administrator, nominated for the 2010 Nursing Spectrum Award and certified in Lean-Six Sigma Yellow Belt and Green Belt

Inez Brandon, RN, BSN, OCN, Assistant Nurse Manager, J7, nominated for the Organization of Nurse Executives of New Jersey (ONE-NJ) Aspiring Nurse Leader Award

David Clark, RN, CLSSGB, Nurse Manager, ED, nominated for the 2010 Nursing Spectrum Award

Donna Covin, MSN, RN, CNL, Clinical Nurse Leader, ICU/CCU, finalist for the 2010 Nursing Spectrum Award

Sandra Evanko, RNC, CLSSGB, Clinical Project Manager, Lean-Six Sigma Yellow Belt and Green Belt

Sheri Glanding, BSHA, RNC, CLSSGB, Clinical Project Manager, Lean-Six Sigma Yellow Belt and Green Belt

Lisa Johnson, BSN, RN, CAPA, ECT Suite Coordinator, Lean-Six Sigma Yellow Belt

Geri Karpiscak, MSN, RN, NEA-BC, Director Professional Practice, Education, and Customer Service, nominated for the Mercer County Changemaker Award by the American Diabetes Association

Debbie Millar, RN, CLSSGB Site Director, Community Education & Outreach, Lean-Six Sigma Yellow Belt and Green Belt

Lisa Pendleton, RN, Direct-care Nurse, Home Care/Hospice, nominated for the March of Dimes Nurse of the Year Award

Lynda Proto, MSN, RN-BC, CLSSGB Nurse Manager, Maternal Child Health, Lean-Six Sigma Yellow Belt and Green Belt

Nancy Rhodes, RN, MA, CDE, Diabetes Clinician/Educator, nominated for the Mercer County Changemaker Award by the American Diabetes Association

Humility Sumayang, BSN, RN-BC, Assistant Nurse Manager, ACE Unit, Lean-Six Sigma Yellow Belt

Barbara Yost, RN, BSN, MBA, CLSSGB Vice President of Continuum of Care Services, Lean-Six Sigma Yellow Belt and Green Belt



2010 Nursing Excellence Award Winners

Overall Direct-care Nurse of the Year

Eileen Snyder, RN, CNOR, Direct-care Nurse, Surgical Services/OR

Overall Leadership Nurse of the Year

Humility Sumayang, BSN, RN-BC, Assistant Nurse Manager, ACE Unit

J7

Karen Boland, RN, Direct-care Nurse, ED

J6

Linnea Gilmour, RN, BSN, Manager of Nursing Resources

ICU/CCU

Mayda Federovitch, RN, BSN, CCRN, Direct-care Nurse, ICU/CCU

Telemetry

Nathalie Georges, RN, MSN, Direct-care Nurse, Telemetry

LDRP

Miriam Lecureux, RNC-OB, Centricity Perinatal System Manager

SCN

Maria Gould, RNC, Direct-care Nurse, SCN

OR

Eileen Snyder, RN, CNOR, Direct-care Nurse, Surgical Services/OR

PACU

Sandra Dutcher, RN, Direct-care Nurse, PACU

ENDO

Colleen Haraz, CGRN, Direct-care Nurse, Endoscopy

B2

Adrien Apello, RN, BSN, Direct-care Nurse, J7

Acute Rehab

KariAnn Naraine, RN, Direct-care Nurse, Acute Rehab

Pediatrics

Robin Cherney, RN, Direct-care Nurse, Pediatrics

EDU

Melissa Sherman, RN, BSN, Direct-care Nurse, EDU

ER

Kristen Montefusco, RN, BSN, CEN, Direct-care Nurse, ER

Outpatient Services

Barbara Pevahouse, RN, OCN, Direct-care Nurse, Outpatient Infusion

Home Care/Hospice

Tina Bergner, RN, BSN, OCN, Direct-care Nurse, Home Care/Hospice

Assistant Nurse Manager

Humility Sumayang, BSN, RN-BC, Assistant Nurse Manager, ACE Unit

Nurse Manager

Wendy Luca, RN, MSN, OCN, Nurse Manager, J7

Patient Care Services/Educator

Kathleen Seneca, MSN, APN, CNL, Clinical Nurse Leader, Telemetry

Leadership Positions

J6

Barbara Reese, BSN, RN, ONC, Assistant Nurse Manager, J6, NJ Chapter of the National Association of Orthopaedic Nurses (NAON) President

Carolina Biala, RN, Assistant Nurse Manager, J6, NJ Chapter of NAON President Elect

Lopa Patel, RN, Assistant Nurse Manager, J6, NJ Chapter of NAON Education Committee Member

Juliet Puorro, RN, BSN, Clinical Nurse Leader, J6, NJ Chapter of NAON Board Member

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

B5

Kathleen Seneca, MSN, APN, CNL, Clinical Nurse Leader, Telemetry, The College of New Jersey Clinical Instructor

B2

Elizabeth Beckett, BSN, RN, OCN, Direct-care Nurse, Outpatient Infusion, Mercer County Oncology Nursing Society President

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

Wendy Luca, RN, MSN, OCN, Nurse Manager, J7, Mercer County Oncology Nursing Society Treasurer

Adena Romeo-Ratliff, RN, MSN, OCN, APN-C, Assistant Nurse Manager, J7, Mercer County Oncology Nursing Society Secretary and The College of New Jersey Adjunct Faculty Member

LDRP

Nicole Rook, MSN, RNC-OB, C-EFM, Direct-care Nurse, LDRP, The College of New Jersey Clinical Instructor

EDU

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

OR

Ann King, RN MSN CNOR, Director, Surgical Services, Association of Perioperative Registered Nurses (AORN) Princeton Chapter 3109 President

Patricia Lum, RN, BSHA, CNOR, CMLSO, Perioperative Educator, AORN Vice President

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

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

Endoscopy

Trina Brinkley, RN, MSN, Nurse Manager, Endoscopy, Chair of Emerging Young Leaders Mentorship Program

Diabetes Management

Nancy Rhodes, RN, MA, CDE, Diabetes Clinician/Educator, Garden State Association of Diabetic Educators Executive Board Member, New Jersey Department of Health and Senior Services Chronic Disease Advisory Council Division of Diabetes Prevention and Control Chair

Degrees Awarded

Peds

Veronica Chmiel BSN
Katrina Pfeiffer MSN
Lynda Proto MSN

B5

Lisa Davis MSN
Nathalie Georges MSN
Rosy Roby MSN
Kathleen Seneca MSN

J6

Susan Jafar BSN
AnneMarie White BSN

J7

Luchy Colon BSN

ED

Jeannie Arena BSN

Endoscopy

Trina Brinkley MSN

Homecare

Patricia Karlen BSN

Continuing Education Credits Offered, 2010

Date	Topic	Credits
January 21	Fracture Management	1.0
March 10	Preceptor Meeting	0.5
March 23	Endoscopic Update	3.0
April 20	Caring for the Autistic Child	1.0
May 4	Caring for the Caregiver	0.75
May 4	PICCS & PORTS	1.0
May 10	Differential Diagnosis	1.0
May 13	Preceptor Course/New Preceptors	4.0
May 19	Hot Topics in Stroke Care	6.0
May 24	Family Relations	1.0
June 2	Cardiology Day	5.0
June 14	Yoga-Scientific Perspective	1.0
June 24	Nursing Grand Rounds	1.0
June 28	Mandatory Abuse Reporting	1.0
July 12	Suboxone Treatment 2010	1.0
July 22	Skin & Wound Update Day	5.5
July 26	Darkest Moments Depression	1.0
August 9	Medical Marijuana	1.0
August 13	Pediatric Education Program	3.75
August 23	Multiple Minority Stress	1.0
September 13	Substance Use Disorders	1.0
September 14	What's New in Pain Management	1.0
September 21	Research Day	2.75
September 27	Psychiatric Disorders	1.0
September 30	\$\$\$ & Sense of Pressure Ulcer	1.0
October 11	Dementia	1.0
October 22	Trends in Palliative Care	1.0
October 25	Treatment of OCD	1.0
October 26	Urine Drug Screening	1.0
October 28	Orthopedic Education Day	5.0
November 8	Research About Suicide	1.0
November 18	Treatment in Mental Health & Substance Abuse	1.0
November 22	Self Disclosure in Psych	1.0
December 6	Geriatric Certification Review Course	13.0
December 11, 14, 20, 30	Basic EKG Interpretation	6.5
December 13	Assessment of Trauma Patient	1.0

Total CEUs Offered

79.75 credits

Poster Presentations

Orientation Program Successfully Launches New Nurses into Professional Practice

January 2010 Clinical Nurse Leader (CNL) Summit
San Diego, CA

Presenters: Kathleen Seneca, MSN, APN, CNL, Clinical Nurse Leader, Telemetry
Donna Covin, MSN, RN, CNL, Clinical Nurse Leader, ICU/CCU

Improving DVT and PE Prevention for Surgical Patients

March 2010 Association of Perioperative Registered Nurses (AORN) National Conference
Denver, CO

Presenters: Mollie Nutkiewicz, RN, BSN, Direct-care Nurse, Surgical Services/OR
Eileen Snyder, RN, CONR, Direct-care Nurse, Surgical Services/OR

Benefits of Implementing an ACE Model of Care

April 2010: Annual Nurses Improving Care for Healthsystem Elders (NICHE) Conference
Baltimore, MD

Presenter: Daphne Berei, BSN, RN-C, Nurse Manager, ACE Unit

Promoting Restorative Sleep for the Geriatric Patient on a Telemetry Unit

April 2010 Annual Nurses Improving Care for Healthsystem Elders NICHE Conference
Baltimore, MD

Presenter: Christine Andreyko, RN, BSN, PCCN, GRN, Direct-care Nurse, Telemetry

EB Approach to the Stryker Infusion Pump

April 2010 Annual Medical Surgical Nurses Convention
San Francisco, CA

Presenter: Barbara Reese, BSN, RN, ONC, Assistant Nurse Manager, J6

Neutropenia: Spread the Word

May 2010 34th Oncology Nursing Society Congress
San Diego, CA

Presenters: Inez Brandon, BSN, RN, OCN, CHPN, Assistant Nurse Manager, J7
Monica Lyle, BSN, RN, OCN, Direct-care Nurse, J7
Jordana LeBlanc, BS, RN, OCN, Direct-care Nurse, J7
Wendy Luca, RN, MSN, OCN, Nurse Manager, J7
Carolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator
Jennifer Neumann, BSN, RN, OCN, Direct-care Nurse, J7

Promoting Restorative Sleep for the Geriatric Patient on a Telemetry Unit

June 2010 Meridian Health Geriatric EBP Conference
Neptune, NJ

Presenter: Christine Andreyko, RN, BSN, PCCN, GRN, Direct-care Nurse, Telemetry



Precepting Our Preceptors: Ongoing Education and Development of Our Clinical Experts

July 2010 National Nursing Staff Development Organization
National Convention
San Diego, CA

Presenters: Carolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator
Sandra Mariani, MSN, RN, Clinical Nurse Educator

Implementation of Bedside Report

September 2010: Annual Nursing Management Congress
Dallas, TX

Presenters: Daphne Berei, BSN, RN-C, Nurse Manager, ACE Unit
Kathy Ryan, BSN, RN-C, Nurse Manager, J6

The Theory of Authentic Caring for Protection of Visiting Nurses from Street Gangs

September 2010 University of Medicine and Dentistry of New Jersey-
Doctor of Nursing Practice Theory Program
Newark, NJ

Presenter: Ann Kimberlin Mathiews, MSN, RN, CHPN, Direct-care Nurse, Home Care/Hospice

Precepting our Preceptors: Ongoing Education and Development of our Clinical Experts

October 2010 National Nursing Staff Development Organization
First Affiliate Conference
Morristown, NJ

Presenters: Carolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator
Sandra Mariani, MSN, RN, Clinical Nurse Educator

Environmental Influences that Improve Outcomes

November 2010 Healthcare Design 2010 Conference
Las Vegas, NV

Presenters: Dr. Susan Lorenz, RN, DrNP, NEA-BC, EDAC, Vice President, Patient Care Services and Chief Nursing Officer
Inez Brandon, BSN, RN, OCN, CHPN, Assistant Nurse Manager, J7
Donna Covin, MSN, RN, CNL, Clinical Nurse Leader, ICU/CCU
Jayanti Ingle, DPT, MPH, EDAC, Rehab Manager, Physical Therapy
Carolynn Bitzer, MSN, RN, APN, BC, FNP, CS, Clinical Nurse Educator

Publications

Kathleen H. Seneca, MSN, APN, CNL, Clinical Nurse Leader, Telemetry, published an article in *The Institute for Nursing Newsletter* titled "Advancing Nursing Research by the Clinical Nurse Leader."

Ann Kimberlin Mathiews, MSN, RN, CHPN, Direct-care Nurse, Home Care/Hospice, published an article in *Creative Nursing: A Journal of Values, Issues, Experience & Collaboration* titled "Death with Dignity."

Ann Kimberlin Mathiews, MSN, RN, CHPN, Direct-care Nurse, Home Care/Hospice, published a book with Trafford Publishing titled "There are no Baby Butterflies."



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