



JOHN T. MATHER MEMORIAL HOSPITAL CELEBRATES NURSING EXCELLENCE

“NURSES DISPENSE COMFORT, COMPASSION, AND CARING WITHOUT EVEN A PRESCRIPTION.”

— VAL SAINTSBURY



2013 NURSING ANNUAL REPORT





Table of Contents

A Letter from our Chief Nursing Officer.....	1
Shared Governance at Mather.....	2
Quality Patient Care.....	4
Innovations in Nursing Practice.....	10
Advancing the Profession.....	15
Nurses with Advanced / Bachelor Degrees.....	24

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Photography by Michelle DeSimone

A LETTER FROM OUR CHIEF NURSING OFFICER

The year 2013 was an exceptional year for professional accomplishments and exemplary patient care and outcomes. The American Nurses Credentialing Center recognizes organizations and nurses in achieving nursing excellence. This is exemplified and demonstrated every day as our nursing staff works to provide exceptional patient care with comfort and compassion.

In June of this past year we celebrated our hospital in being recognized for nursing excellence and honored with the prestigious nursing Magnet Designation. The recent designation of our hospital's achievement in excellence now includes Mather Hospital in the 7 % of hospitals nationally that are designated for nursing excellence by the American Nurses Credentialing Center. Our designation is a 4 year certification. Along with this certification comes the accountability and responsibility to continually strive to exceed national benchmarks in patient care outcomes. This annual report depicts

the outstanding work that our shared governance nursing councils accomplished this year. I am extremely proud of all the accomplishments and achievements that our nurses have made over the past year. This report reflects the dedication that our nurses demonstrate every day in helping assist patients and families in attaining health and wellness. I look forward to another year of progress in our voyage in nursing excellence.

Sincerely,

Marie Mulligan

Marie Mulligan
MSN, RN, CNOR, NEA-BC
Vice President and
Chief Nursing Officer



SHARED GOVERNANCE AT MATHER



Shared Governance at Mather...

We have an atmosphere that nurtures, supports and embraces shared governance. Shared governance is a mechanism by which clinical nurses have a voice in the care given to their patient's during their stay at Mather.

Nurses have input and changed policies due to their professional commitment and dedication to delivering exceptional and excellent care. Mather hospital's Nursing Professional Practice model is evident throughout the shared governance model in the Nursing department.

At the shared governance model's core is the Nursing Executive Council. This council is chaired by the CNO, Marie Mulligan. All council members work diligently and effectively to align the organizational goals with the nursing strategic plan.

There are 6 Nursing Councils:

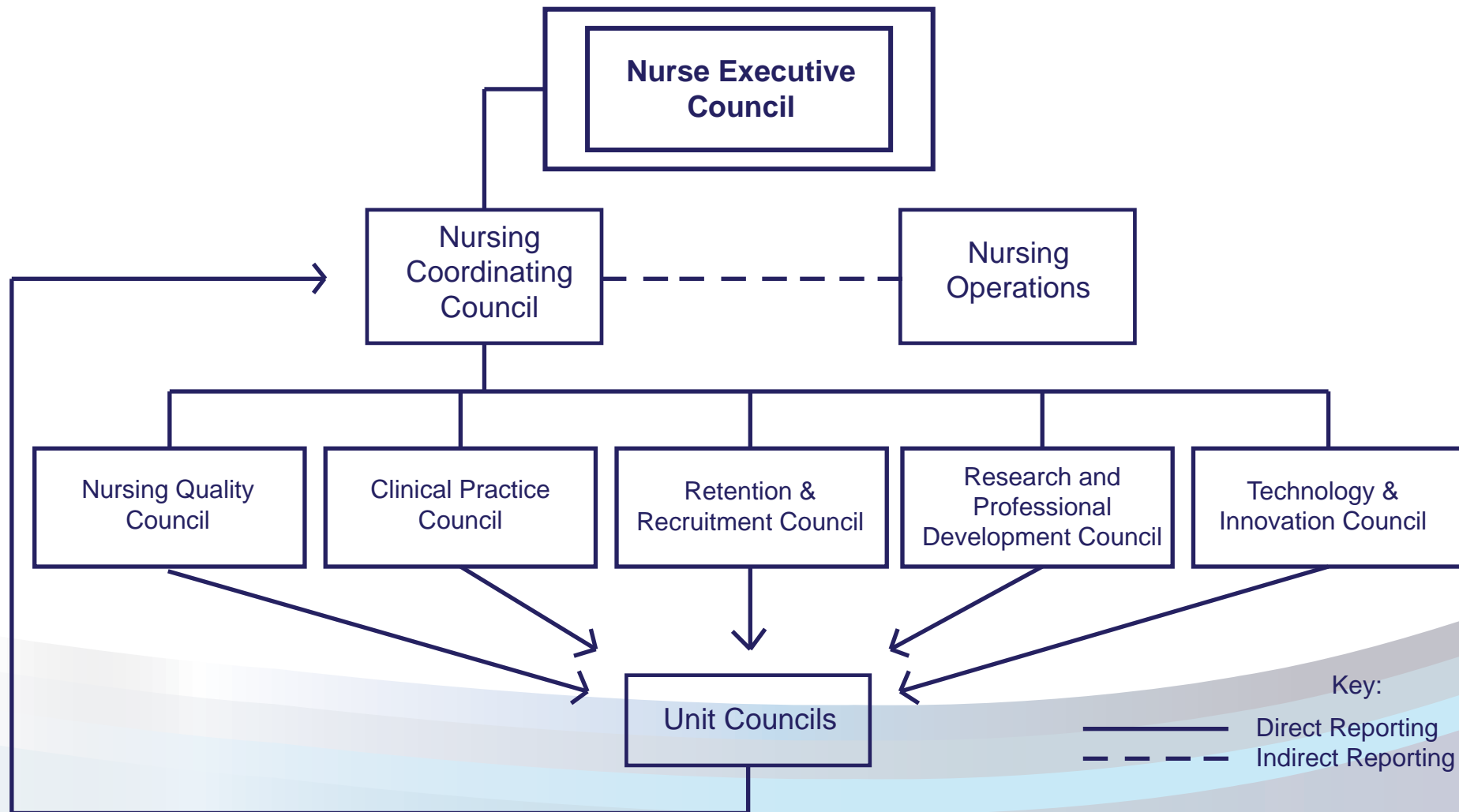
- **Nursing Clinical Practice**
- **Nursing Quality**
- **Research and Professional Development**
- **Technology and Innovation**
- **Retention and Recruitment**
- **Coordinating Council**

Each nursing unit or specialty area has a representative who holds a membership on each of the nursing councils. All of the nursing councils report and participate in shared decision making.

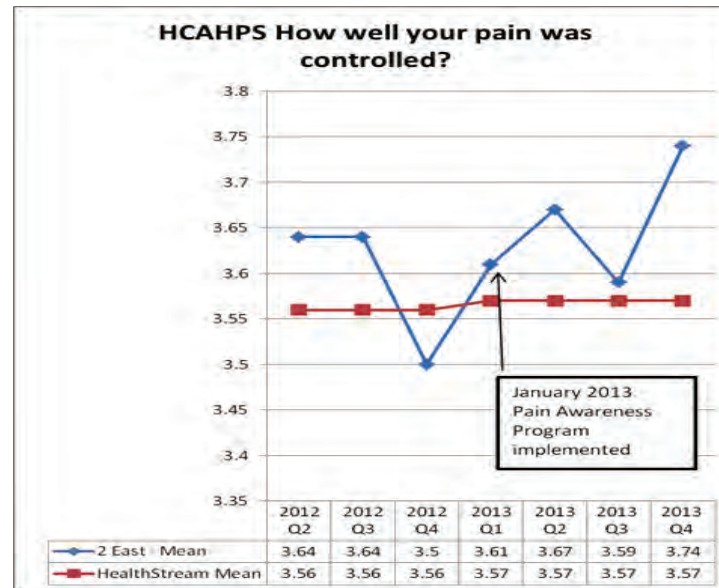
Unit Councils:

The unit councils were designed for the clinical nursing staff to have a structure in place to address goals, initiate evidence based practice projects and focus on continued positive, patient outcomes at the unit level. Two members of the staff from the units or areas serve as co-chairs. Those staff members are chosen to communicate and share their unit accomplishments and lead their unit to achieving shared objectives and goals. All of the councils work together, to improve organizational outcomes, create healthy work environments and increase nurse satisfaction. The nursing councils meet on a monthly basis to discuss, plan and implement various projects throughout the organization and community.

**John T. Mather Memorial Hospital
Nursing Department Organization Chart
Nursing Council Structure**



QUALITY PATIENT CARE



Advocating For Our Patients

The nurse advocates and partners with the patient to enhance the management of pain. A Pain Awareness Program was developed that keeps pain management as a focus in the delivery of care. Communication has been increased between the nurse and the patient about the pain medication, dose, and time interval for administration. The nurse goes above and beyond a verbal explanation about pain medication; they write the time of the next dose on the white board.

After the implementation of this program, the patient's experience with managing pain improved as evidenced by the HCAHP interview question; "How well your pain was controlled?" consistently meeting or exceeding the benchmark throughout 2013. The diagram above shows the consistent meeting or exceeding of benchmark goals throughout 2013 following Pain Awareness Program implementation.

QUALITY PATIENT CARE

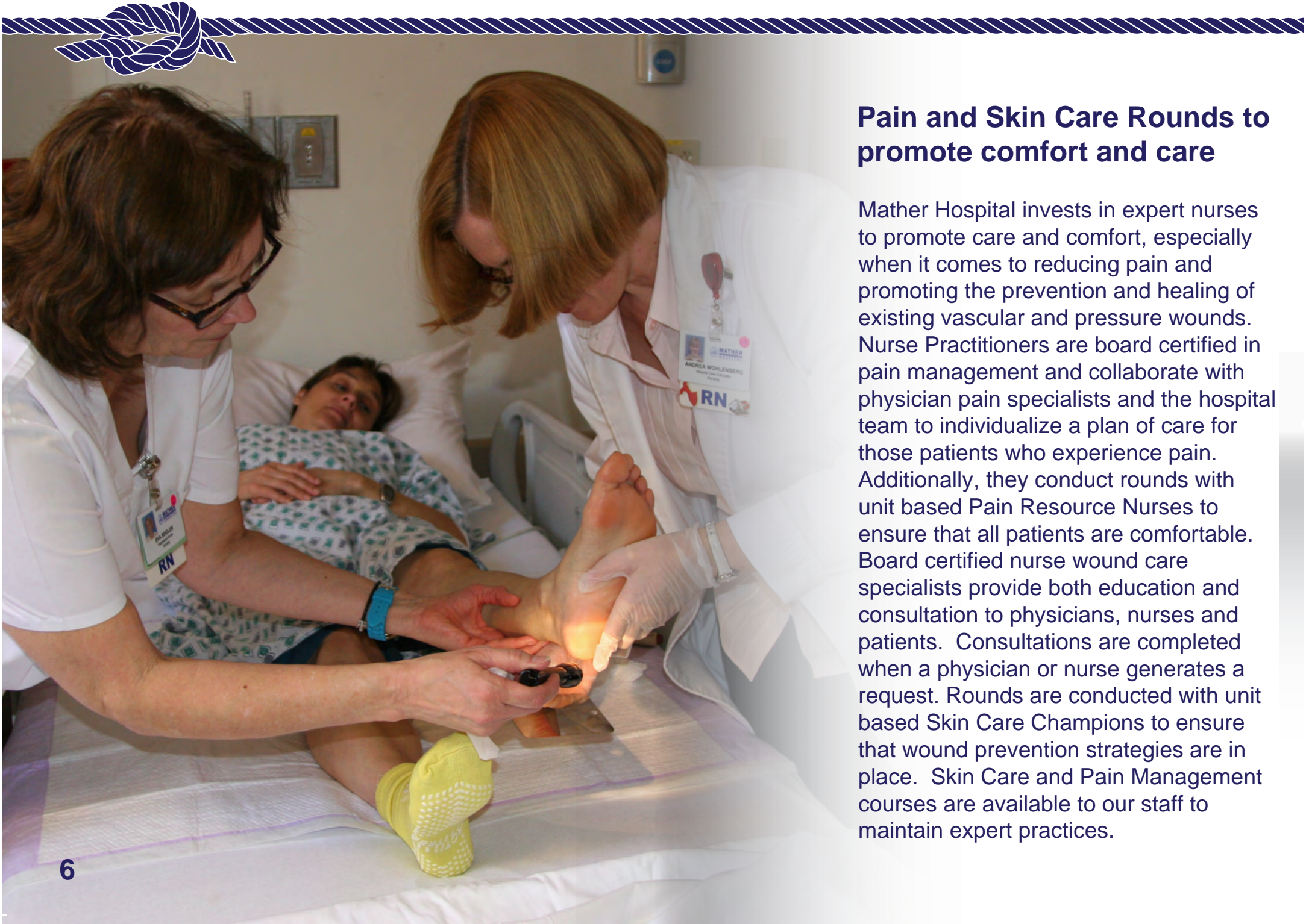
Care at its Best

The oncology nurses emphasize patient centered care. The nurse connects with the patient by simply placing the patient first. A redesign in the delivery of care and education for the oncology patient began with the creation of a chemotherapy cart that is filled with items to meet the goal for individualized care. The cart consists of educational material on a variety of cancer types, chemotherapeutic agents, pre and post treatment medications, mouth kits, pain

journals, and a sample port-a-cath for demonstration purpose. In addition, a handmade blanket and hat donated by our volunteer department is given to the patient for their comfort. The experience for the patient receiving chemotherapy has improved. The redesign in the way we deliver care has fostered continuity, respect, and caring during the patients hospital stay.



QUALITY PATIENT CARE



Pain and Skin Care Rounds to promote comfort and care

Mather Hospital invests in expert nurses to promote care and comfort, especially when it comes to reducing pain and promoting the prevention and healing of existing vascular and pressure wounds. Nurse Practitioners are board certified in pain management and collaborate with physician pain specialists and the hospital team to individualize a plan of care for those patients who experience pain. Additionally, they conduct rounds with unit based Pain Resource Nurses to ensure that all patients are comfortable. Board certified nurse wound care specialists provide both education and consultation to physicians, nurses and patients. Consultations are completed when a physician or nurse generates a request. Rounds are conducted with unit based Skin Care Champions to ensure that wound prevention strategies are in place. Skin Care and Pain Management courses are available to our staff to maintain expert practices.

QUALITY PATIENT CARE



Access to Community Adolescent Mental Health Services is Expanded

The Adolescent Partial Hospital Program, one of the outpatient mental health programs at Mather Hospital, experienced a significant increase in referrals for treatment, indicating a need to expand both services and resources. The program Director developed a plan and obtained

additional resources including Social Workers and Psychiatric Nurse Practitioner services to meet the community need. There were 3,109 client visits in 2013, a 15% increase over those in 2012, establishing this significant opportunity to meet community needs.

QUALITY PATIENT CARE

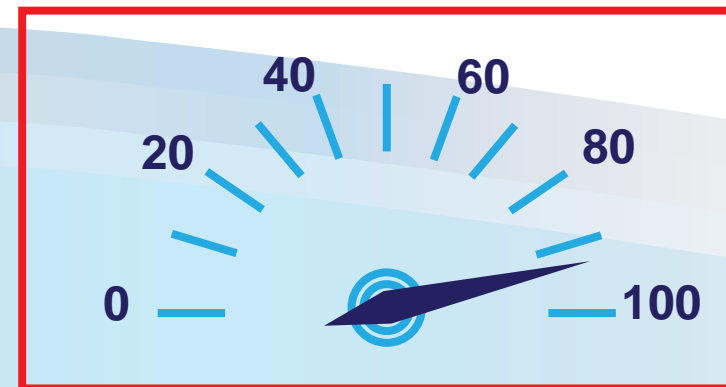


Vaccinations reach an all time high with Flu-mobiles

Vaccination of the staff at John T. Mather Memorial Hospital against influenza is of utmost importance in order to protect our patients and staff against this serious and potentially fatal disease. In the hospital's JCAHO infection control plan for 2013-2014, our goal was to reach a 75% vaccination rate. During the 2013-2014 influenza season, John T Mather Memorial Hospital reached an all-time high vaccination rate of employed staff and volunteers of 92.5%. This was accomplished with the cooperation of the nursing department leadership that allowed staff nurses to become mobile flu nurses. Influenza vaccination carts were mobilized to all the units and departments of the hospital on all shifts and weekends, including our offsite locations. Nurses were available in the cafeteria on various days during the beginning of the flu season to facilitate vaccination. In addition the Employee Health Office maintained an open door policy that allowed staff to walk in at any time for their free flu vaccine.



Staff Influenza Vaccination
92.5%



QUALITY PATIENT CARE

Transitional Care Unit Total Joint Replacement Rehabilitation Program

The Transitional Care Unit (TCU) is the ideal environment for the patient with a post-operative hip or knee replacement to undertake rehabilitation. Following joint replacement surgery, the patient transfers to the TCU to begin an interdisciplinary plan of care which includes comprehensive and individualized nursing, physical therapy and occupational therapy interventions to assist with comfort, healing and progress toward a successful discharge. Each therapist teaches proper body mechanics including: getting in and out of bed; showering; walking with a walker; step climbing; and how to properly get in and out of a car. Strengthening exercises are guided by the physical therapist in the TCU gym. Physical therapy sessions are

at least two hours per day with each individual patient and seven days a week. Occupational therapists provide customized treatments to enhance each patient's daily activities. The rehabilitation program helps to re-build lost skills and restore confidence. Modification to the patient's home environment may be suggested to help improve physical activities. Occupational therapy spends 45-60 minutes per day with each individual patient seven days per week. Nursing care of course is provided 24 hours per day. The TCU nurses coordinate patient care with an emphasis on controlling post-operative discomfort so as to maximize physical rehabilitation while considering individual health and personal care needs.





ASU Registered Nurses Identify a Patient Knowledge Deficit Regarding Pain Management Post Procedure

In 2013, the nurses in the Ambulatory Surgical Unit (ASU) organized a committee to review their post discharge phone survey to identify areas of improvement regarding patient outcomes and satisfaction post procedure. Press Ganey scores were utilized to identify areas of improvement that guided goal development by the ASU nurses. These nurses developed pilot questions they added to the original post discharge phone survey in order to find areas that needed improvement. Survey results identified four percent of patients stated their post procedure pain management was fair to poor (9 of 240 total patients). This was an area identified in need of a focused study therefore the pilot questions were revised to address the issue with pain management and encourage more patient input.

Based on the results from the patient satisfaction scores as well as the post discharge phone survey found post

procedure pain management to be the area of highest concern. Thirteen percent of our patients (16/123) had more pain than expected. This knowledge presented the ASU nurses the opportunity to better prepare patients during preoperative education about post op pain expectations. A CETEP (Clinical Excellence through Evidence Based Practice) model was used to plan a post discharge phone survey revision project.

The ASU nursing staff wanted to improve patient outcomes by focusing on better pre-operative education for our patients regarding post procedure pain expectations as well as pain relief modalities available to them.

INNOVATIONS IN NURSING PRACTICE



New Knowledge and Innovative Practice

The Critical Care Department and Pain Management Nurse Practitioners partnered to improve pain assessment and management for non-verbal patients in the ICU. The American Association of Critical Care Nursing (AACN) and the American Society for Pain Management Nursing (ASPMN) endorsed the use of the Critical Care Pain Observation Tool (CPOT) as a valuable assessment tool for these patients. In order to establish that the tool has value for our patients, the team developed “Validation of Critical Care Pain Observation Tool (CPOT) in a Small Community Hospital Setting” as a research project. Currently the research team has collected data on 52 patients in which patients were assessed with the current method of pain assessment and with the CPOT. The final step of this research project will be to re-survey the critical care nursing staff to determine if the use of this tool improves their confidence in assessing pain for the non-verbal patient.

INNOVATIONS IN NURSING PRACTICE



State of the Art Patient Rooms will Promote a Healing Environment

The design of Mather's new 35 bed Medical-Surgical unit will promote a therapeutic environment for healing and incorporate patient centered-care. The nursing staff was instrumental in the design of the unit. Staff assisted with choosing paint colors, type of beds, and layout of the unit. Some additional elements like natural light and a central garden theme were included in the design to improve the patient and visitor experience. The unit will have a cardiac monitoring capability and include single patient rooms to achieve the highest standard in acute care hospital designs. The increase in private patient rooms will reduce the possibility for the development of infection, provide adequate space for the patient and family members to participate in the delivery of care, and afford a greater measure of privacy for the delivery of bedside treatments and for sensitive discussions with the health-care team.



INNOVATIONS IN NURSING PRACTICE

Grant Funding

The hospital was awarded Federal Workforce retraining grants for a two year period, ending in 2013. This funding was utilized to support the advancement of nursing skills, knowledge and competencies for the frontline staff. In critical care, step-down and telemetry, the use of technology is prevalent. Education focused upon arrhythmia recognition, cardiovascular nursing, intensive care nursing, emergency internship and fellowship, pediatric resuscitation, basic and advanced adult cardiac resuscitation courses, and neurosurgical education. Simulation scenarios were utilized to apply new knowledge in real life situations with new and experienced registered nurses. In late 2013, new neurosurgical services were added to better serve our community, accompanied with additional training and mentoring for the nurses working in those

areas. In 2013 there were 598 nurses who participated in these courses. 57 RNs transitioned into critical care areas.

The Philip and Carolyn McGrath bequest also allowed for Emergency Department Nurses, Nurse Practitioners and Physician Assistants to participate in a triage education program to enhance triage skills when evaluating Adult and Pediatric patients. Since the program was so successful and well received by the staff, it will be repeated every 2 years and is now a requirement for new staff joining the ED Team.

INNOVATIONS IN NURSING PRACTICE



ED Renovation Project

In 2013, Mather Hospital undertook a \$400,000 project to renovate the Emergency Department. The project began in February with the introduction of a pneumatic transport system to deliver laboratory specimens. This system has reduced specimen transport time from 20 minutes to 45 seconds, which allows patient evaluation, discharge or admission much faster than in the past. In June, additional renovations included installation of new flooring and ceilings, a new dimmable lighting system that allows sections of the ED to be dimmed for patient rest and comfort, and an enhanced security camera system to assure safety and security of our patients and staff. The upgrade also included modernizing the medical supply and medical equipment storage areas, and upgrading the public address and patient call systems. Additional televisions were placed in key locations to help give adult and pediatric patients a more pleasing ED experience. Additional ED upgrades are scheduled for 2014.

ED Staff Development

The Emergency Department has to be ready for all types of emergencies. In 2013, the Mather ED leadership and staff reached out to the Regional Perinatal Coordinator at Stony Brook University Hospital to develop advanced procedures for caring for possible obstetrical emergencies (code OB). This urgent situation may require immediate stabilization of the mother and fetus, possibly requiring immediate surgical intervention. In addition, the Emergency Department is partnering with Mather's OB GYN physicians to review these procedures, participate in emergency code OB drills and provide staff education. In October 2013, the first training exercise occurred and resulted in advancing the skills and knowledge of the ED Registered Nurses, ED Physicians and Respiratory care staff. Mather was fortunate to receive a bequest from Philip and Carolyn McGrath exceeding \$400,000. The generous donation has allowed the Emergency Department Nursing staff to advance their pediatric skills and knowledge by taking the Emergency Nursing Pediatric Course (ENPC) sponsored by the Emergency Nurses Association.

ADVANCING THE PROFESSION

Transitioning into Practice

The graduate nurses are invited to attend a four hour course after the successful completion of the six month graduate nurse program. This course is aimed at reflecting on the graduate nurses' first three months of working without the guidance of a preceptor. This course was developed based on the theoretical framework and evidence based practice of Judy Denscher's Transitioning into Practice. Part of the core curriculum was designed in alignment with the Quality and Safety in Nursing Education (QSEN) guidelines. In 2013, 11 of the graduate nurses completed this class, which was funded by a Federal Health Workforce grant.



Compassionate Companions

In July 2013, the Compassionate Companion program was instituted through collaboration between Nursing Education and the Volunteer department. The goal of this program is to provide comfort and support to patients and families in collaboration with the interdisciplinary teams. The transition to a companion is facilitated by the volunteer's past professional healthcare experience and communication skills. Eight volunteers provided 667 patients with support through this program in 2013.



ADVANCING THE PROFESSION



Community Training Center

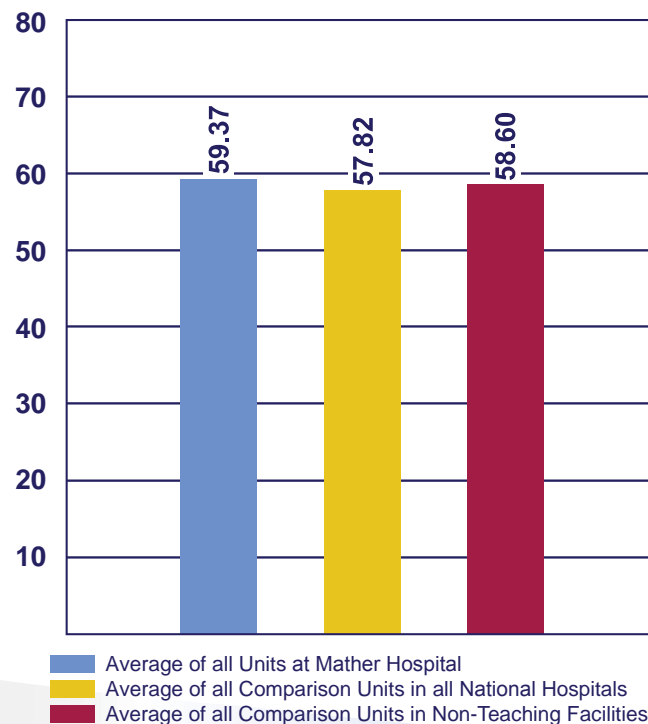
The American Heart Association (AHA) Community Training Center, at Mather Hospital facilitated by the Nursing Education department, provides professional and non-professional education on Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support and Heart Saver/First Aid. These programs are part of the AHA's Emergency Cardiac Care program. The main goal of this program is to increase the

survival rate of people who experience a cardiopulmonary arrest. The Community Training Center meets the needs of the community by providing emergency cardiac care education for professional staff at Mather and the community at large. In addition, the center provides education to non-professionals in the Suffolk County region. There are 61 instructors within the Mather training center who teach in the hospital and throughout the community.



ADVANCING THE PROFESSION

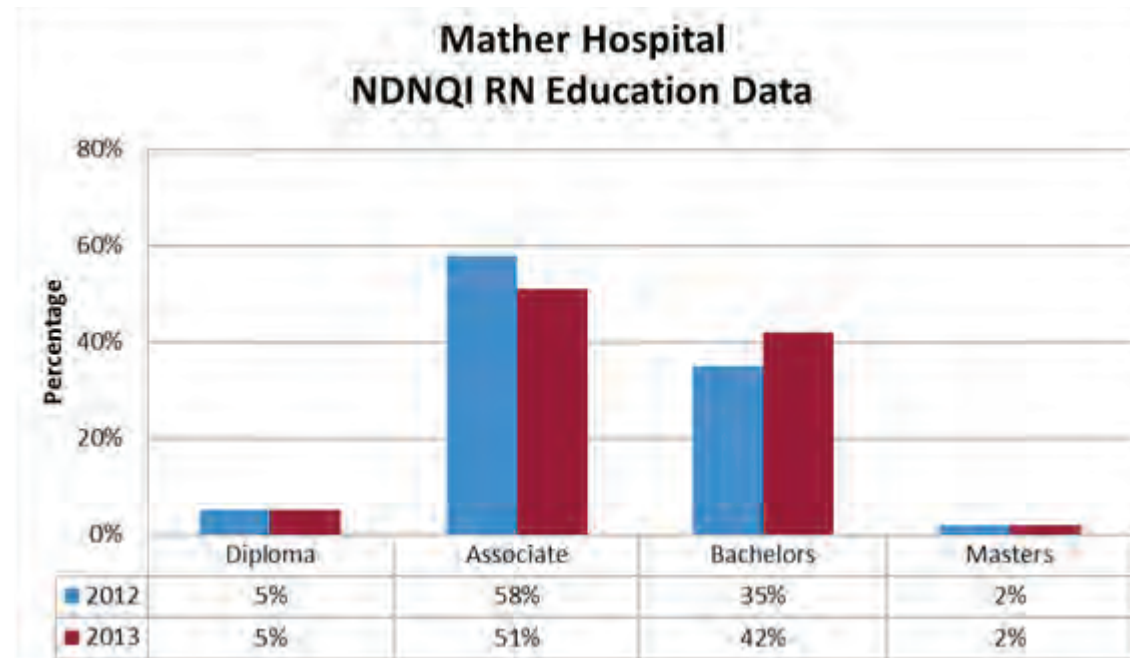
National Nursing Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey Job Enjoyment Scale T-Score



Mather Hospital Nurses Score Higher than All Hospitals in Job Enjoyment

As part of our strategic plan, RN satisfaction with the nursing practice/work environment and overall job enjoyment is measured yearly using the National Nursing Database of Nursing Quality Indicators (NDNQI) survey. Our results are then compared to all hospital nurses' responses in the database. This year we participated in a pilot study of the new NDNQI RN satisfaction survey which included an abbreviated form of the RN satisfaction scale. Since it is a new survey we do not have comparison data from previous years, however we do have comparison data from other hospitals participating in the new survey. Our nurses have for the 5th year passed the average of all comparison units in all hospitals in the Job Satisfaction scale.

ADVANCING THE PROFESSION



New Partnerships

In alignment with the Future of Nursing report, five new academic partnerships were created to foster a variety of options for registered nurses to advance their education. This included: RN to baccalaureate nursing education and graduate education.

ADVANCING THE PROFESSION

Preceptorship

The grant funded, preceptorship program was developed to provide support and mentoring for the frontline registered nurses training newly hired and graduate nurses. An 8 hour workshop was offered to focus upon the development of skills

required to nurture new hires. The newly developed curriculum included exercises for the potential preceptors in self-reflection, role playing, and simulation. Preceptor support continues throughout the orientation process.





Welcoming Newly Graduated Registered Nurses

The Institute of Medicine's Future of Nursing Report: Leading Change, Advancing Health (2003) provided recommendations for the role of registered nurses in the delivery of safe, quality patient-centered care. The recommendations include that nurses should practice to the full extent of their education and training, advocate for higher levels of formal education, collaborate and partner with physicians and other health care professionals, and apply effective workforce planning to assure an adequate nursing workforce for a growing population. Nurses

are required to achieve the necessary competencies to deliver high quality care for both an aging population and patients with complicated health care needs.

The New Graduate program was designed to support the new employment and preparation of recently graduated registered nurses. The program provides a venue to transition graduate nurses from the student nurse role into competent, practicing nurses. Nurses receive hospital and nursing orientation and education in a traditional classroom setting. Nursing knowledge is enriched and clinical expertise is developed. New graduates expand their experience in a variety of clinical skills through the use of simulation.

ADVANCING THE PROFESSION

Simulated patient case studies and setups provide opportunities for each nurse to prepare for participation in “real life” emergency situations.

During the remainder of the six month orientation, each graduate nurse is matched with an educated preceptor. Preceptors are experienced registered nurses, who have a history of expert nursing practice and professional performance. Each preceptor completes a rigorous preceptor education course before tutoring the new graduate. The preceptor training program is funded by a New York State healthy workforce grant.

Based upon the individual new nurse’s performance and potential to practice in the critical care areas, he/she qualifies to begin coursework and training with a highly trained critical care preceptor to practice in the critical care areas. Additional educational training with specialty preceptors is a critical component to support the success and retention of the new graduate in practice. A strong commitment from experienced nurse preceptors is key to guide and mentor the new nurses as they begin their life long journey in the profession of nursing.



Mather Nurses Lead the Profession Presentations:

Death by Data Survival of the Fittest, North East Cerebrovascular Consortium, Boston, Massachusetts

Joanne Lauten RN, BSN, SCR.N.

Journey to Magnet, Long Island Health Network

Brandy Feliu, RN, BSN &
Lisa Dumas, RN, BSN, CCRN.

Stopping Sepsis – A Virtual Poster, Greater New York Hospital Association

Maureen Chernosky, RN, MSN &
Marina Grennen, RN, BSN

Stopping Sepsis: Non- Invasive Works: Outcomes of Success, New York State Emergency Nurses Association

Maureen Chernosky, RN, MSN &
Marina Grennen, RN, BSN.

Investigating the Impact of Blood Culture Bundles on the Incidence of Blood Contamination Rates, AVA Annual Scientific Meeting

Theresa Murphy, RN, BS, CRN, CRNI,
VA-BC

Think Investigate Present (TIP it) an Award Winning Presentation, Third Annual Research Day, John T. Mather Memorial Hospital

Theresa Murphy, RN, BS, CRN, CRNI,
VA-BC

Quality in Critical Care Through Teamwork, Nursing Management Congress

Julia C. Macauley RN, MSN, CCRN.

ADVANCING THE PROFESSION

Organizational Appointments and Leadership Positions:

Marie Mulligan MSN, RN, CNOR was voted to Treasurer, Greater NY Association of Nurse Executives.

Marie Ankner PhDc, RN, MS, NEA-BC was appointed to the American Nurses Association Nursing Administration Scope and Standards workgroup (11/13); she was also appointed to the American Nurses Association Nurse Fatigue Panel –Advisory Committee (8/13).

Theresa Grimes MN, RN-BC, FNP-BC, CCRN was appointed to the American Society for Pain Management Nursing Research Committee, she was also reappointed to the Editorial Board of the journal Pain Management Nursing.

Mather Nurses Lead the Profession Publications:

“Experience Talks” in New York State Emergency Nurses Association Newsletter

Marina Grennen BS, RN, CEN

“Investigating the impact of blood culture bundles on the incidence of blood contamination rates” in Journal of Infusion Nursing

Theresa Murphy, RN, BS, CRN, CRNI, VA-BC

“Long Island Association for Vascular Access Network”, in Journal for VascularAccess

Theresa Murphy, RN, BS, CRN, CRNI, VA-BC

"The Magnetizers: A team approach to Magnet-focused teaching", in American Nurse Today

Lillian A. Donnelly, BSN, RN, OCN and Patricia Steiger, RN

RECOGNITION OF ALL OUR CERTIFIED NURSES



Nursing Certification

National certification recognizes the knowledge and expertise of individual registered nurses. Nurses with certification have successfully passed an examination in their area of practice, provided through the American Nurses Association or specialty professional organization.

Research has shown that certified registered nurses enjoy improved job satisfaction and career advancement. To prepare for certification, we offer review courses in critical care, emergency nursing, medical surgical nursing, oncology and perioperative nursing.

Lori Accetta CCRN
Tashanna Adams CCRN
Lisa Ambrose CPAN, CCRN
Marie Ankner NEA-BC
Melissa Baranowski CGRN
Elizabeth Becker RN-BC
Kathleen Biase RN-BC
Cheryl Bishop CBCN
Donna Blaskopf CRN
Nancy Bodnar FNP-C
Brienne Bonner-Layne CPHM
Denise Bonneville RN-BC
Elise Boyd CEN
Donna Bragg CRN
Christine Brandstadter RN-BC
Anna Marie Braslow CCRN, CBN
Catherine Breitenbach RN-BC*
Jeanne Brennan RN-BC
Christine Brons CAPA
Sandra Brown RN-BC
Deborah Buganza-Esteva CEN
Filomena Buncke PMHCNS-BC
Indrani Burmanroy OCN, CHPN
Trisha Calvarese CAPA

Dana Cardiello RN-BC
Barbara Carlstrom ANP-BC
Maria Cassara CMSRN
Irene Cassata CPAN
Diane Cesario RN-BC
Maureen Chernosky CEN, CCRN
Jean Clark CPUR, CPHM
Nancy Clavin OCN
Margaret Coffey FNP-BC
Kelly Coleman CNOR
Donna Collins CPAN
Teresa Collins RN-BC
Elizabeth Conneally CGRN
Marilyn Conner ANP-BC
Joanne Connor CPHQ, NEA-BC
Elizabeth Contri RN-BC
Victoria Cook PMHCNS-BC
Patricia Cordle RN-BC
Richard Daly ANP-BC
Marianna David RN-BC*, ONC
Janet DeAngelis CPAN
Christine DeBernardo RN-BC
Marsha Deckman NE-BC
Barbara DeMaio CPHM

Joyce DeMoore RN-BC
Susan DeTurris CAPA
Laureen Diot ANP-BC
Jennifer Dixson CCRN
Lillian Donnelly OCN
Lisa Dumas CCRN
Denise Driscoll PMHCNS-BC, CARN, RN-BC
Christa Dwyer RAC-CT
Judee Falcone RN-BC
Lorraine Farrell FNP-BC
Patricia Fernandez ANP-BC
Mary Ferrara OCN
Mary Allison Fiedler CCRN
Gloria Fortune PMHNP-BC
Elaine Fox RAC-CT
Carolyn Germaine OCN
LoriAnn Gersbeck CEN
Nina Gervais CCRN
Cameron Gittens CEN
Dina Giulietti CEN
Mary Ellen Glennon CCRN
Joan Godbold RN-BC
Maryann Goodman ONC

Thomas Gorman RN-BC
Marina Grennen CEN
Patricia Griffin CNOR
Walter Griffith RN-BC
Theresa Grimes RN-BC, FNP-BC, CCRN
Susan Grover PMHCNS-BC
Diane Gully CEN
Donna Hardwicke RN-BC
Mary Harwood CEN
Margaret Hassett CAPA
Patricia Hebron FNP-BC
Louise Hershberger CPAN
Maureen Hervan CPAN
Stacy Heuschneider ANP-BC
Mary Higgins-Maresco CNOR
Eileen Higgins Morrow RN-BC
Linda Hill PMHCNS-BC
Jill Hinds PMHNP-BC
Joan Hofbauer RN-BC
Lyla Hongthong RN-BC
Tracy Hopkins CBN
Donna Hughes CAPA
Lisa Iulucci RN-BC



Kathleen Jochen RN-BC
 Stacey Jolley OCN
 Ellen Kasprzak CPHM
 Judith Kenny-Lourine RN-BC
 Marianne Kiernan CBPN-IC, CBCN
 Susan Kiernan CPAN
 Jeffrey Kniffen FNP-BC
 Jamie Kotler RN-BC
 Deborah Lamendola ANP-BC, CWCN
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 Mary Lindner RN-BC
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 Margaret Maltz CAPA
 Karen Malusa ANP-C
 Kathy Manzi CNOR
 Thomas Manzi CNOR
 Cheryl Martines RN-BC

Geraldine Massimino RN-BC
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 Melissa McCabe RN-BC
 Jean McCarrick NE-BC
 Mary Ellen McCarthy ANP-BC, CCRN
 Barbara McDonald RN-BC*
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 Christi McManus CCRN
 Phillip Messina NE-BC
 Susanne Meyers PMHNP-BC
 Karen Middel-Jones WCC
 Bridget Moley RN-BC
 Susan Morin PMHCNS-BC
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 Christine Mulvey CNOR
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 Laura O'Brien CRN
 Marie O'Brien CCRN, ANP-C
 Jamie O'Hara CAPA
 Maureen Oummadi RN-BC
 JoAnne Palladino OCN
 Leslie Parker APRN-BC
 Phyllis Parker CEN
 Nina Pellegrino CCRN

Karen Petrosino WCC
 Teresa Pickel CCRN
 Elizabeth Picozzi NE-BC
 Madeline Pieloch CPUR
 Debbie Pitre RN-BC
 Ginger Postiglione RN-BC
 Emily Pozgay ANP-C, CRN
 Toni Ann Prost CNOR
 Kevin Pryor CNOR
 Karen Purr ANP-C
 Nicole Rice RN-BC
 Cassandra Rivera RN-BC
 Irma Rivera CAPA
 Nancy Robb RN-BC
 Anne Roberts CCM
 Nancy Rochler CCRN
 Elizabeth Rogers CNOR
 Katie Rush CCRN, CRN
 Kristy Schuster RN-BC
 Karen Schwartz CEN
 Genine Schwinge ANP-BC
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 Angela Shapiro CNOR
 Deborah Shull CPAN

Patricia Slokovitz ANP-BC
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 Faustina Stoebe CPAN
 Michelle Swensen CPAN
 Najmi Tanwir CEN
 Karen Tuzzolo CNOR, NE-BC
 Erin Vaccariello RN-BC
 Jeannette Voelger CCRN
 Geraldine Walter RN-BC
 Trudy-Ann Weekes-Roach CNOR
 Lynn Weiss RN-BC
 Andrea Wohlenberg CWCN, COCN, CCCN
 Patricia Woods CRN
 Michele Wyllie CWS
 Patricia Zarb RN-BC
 Jeanette Zirpoli RN-BC

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