

MAGNET
RECOGNIZED



AMERICAN NURSES
CREDENTIALING CENTER



JOHN T. MATHER MEMORIAL HOSPITAL

2015 Nursing Annual Report



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MESSAGE FROM OUR CHIEF NURSING OFFICER

Dear Colleagues,

Welcome to the 2015 Nursing Annual Report for John T. Mather Memorial Hospital. We are very proud to share this report as we reflect upon the exceptional care that is delivered by the nurses here at Mather to our patients and the community. In reflecting upon our journey since our last annual report I am proud of our accomplishments. We have hired over 118 clinical nurses including new graduates, while continuing to have one of the lowest turnover rates in our geographic area 0.07% (reported in ANCC Magnet Designation DDCT submitted June 2015). No surprise to anyone our NDNQI nurse satisfaction scores improved and our patient satisfactions scores soared. The role of the professional nurse is the hallmark of a Mather nurse. The foundations of nursing at Mather are reflected and demonstrated in our professional practice model. In this report we will share examples of how nurses partnered with the community and members of the Inter-professional team to live our vision to be a leader in transforming healthcare for the patients we serve. Nurses have been involved in continuous improvement efforts that impact the care we provide to the patients and our community. As a leader and founder of nursing shared governance at Mather, all nurses are considered members of the professional nursing staff, and each nurse makes his/her own unique contribution to our professional practice environment. I value the ongoing and open conversations I have with nurses regarding their practice environment, which includes opportunities to make innovative improvements. As we dialogue and problem solve together we are building a lasting culture of nursing excellence and professionalism. On behalf of the nursing team here at Mather, we hope you enjoy learning about the important contributions of the nurses at Mather in our vision to be a leader in the region, and nationally recognized in transforming healthcare.



Sincerely,

Marie Mulligan, PhDc, RN, CNOR, NEA-BC
CNO Vice President for Nursing



FACTS AND FIGURES

51% of clinical nurses

with BSN

4% of clinical nurses

with MSN

43% of clinical nurses at
Mather Hospital nurses have
at least one certification

HCAHPS Scores 2015

88th percentile

for all nursing indicators

Press Ganey Scores 2015

93rd percentile

for all nursing indicators

John T. Mather Memorial Hospital



**Magnet® Recognition
in 2013**





VOYAGE TO EXCELLENCE AND MAGNET® RECOGNITION

The Voyage to Excellence is a cultural transformation at John T. Mather Memorial Hospital whose goal is become the best community hospital in New York State. The foundation of the Voyage to Excellence is represented by four pillars; People, Service, Quality and Safety, and Innovation & Growth. There are currently seven teams that work to continuously improve the delivery of high quality healthcare and enhance satisfaction for patients, visitors and employees. These are the Bright Ideas Team, Communication Team, Employee Engagement Team, Leadership Team, Patient Experience Team, Physician Engagement Team and the Standards Team.

Incorporated into the organizational structure are 12 standards of performance.

These are expectations of behaviors and job performance for all employees. These include accountability, appearance, attitude, call lights, commitment to the organization, commitment to patients, commitment to co-workers, communication, diversity, leadership, noise, and safety & risk identification.

In June 2013, John T. Mather Memorial Hospital was recognized as a Magnet® organization. Magnet recognition is a reflection of our commitment to nursing excellence and the delivery of safe, high quality, evidence-based patient care. It is a tribute to the dedication of the entire inter-professional team as we work together to enhance patient outcomes.

Building a Magnet culture, a culture of nursing excellence, has helped to reinforce a work environment with positive collaborative relationships where the team works together to accomplish the best outcomes for the patient, families and community. The presence of a Magnet



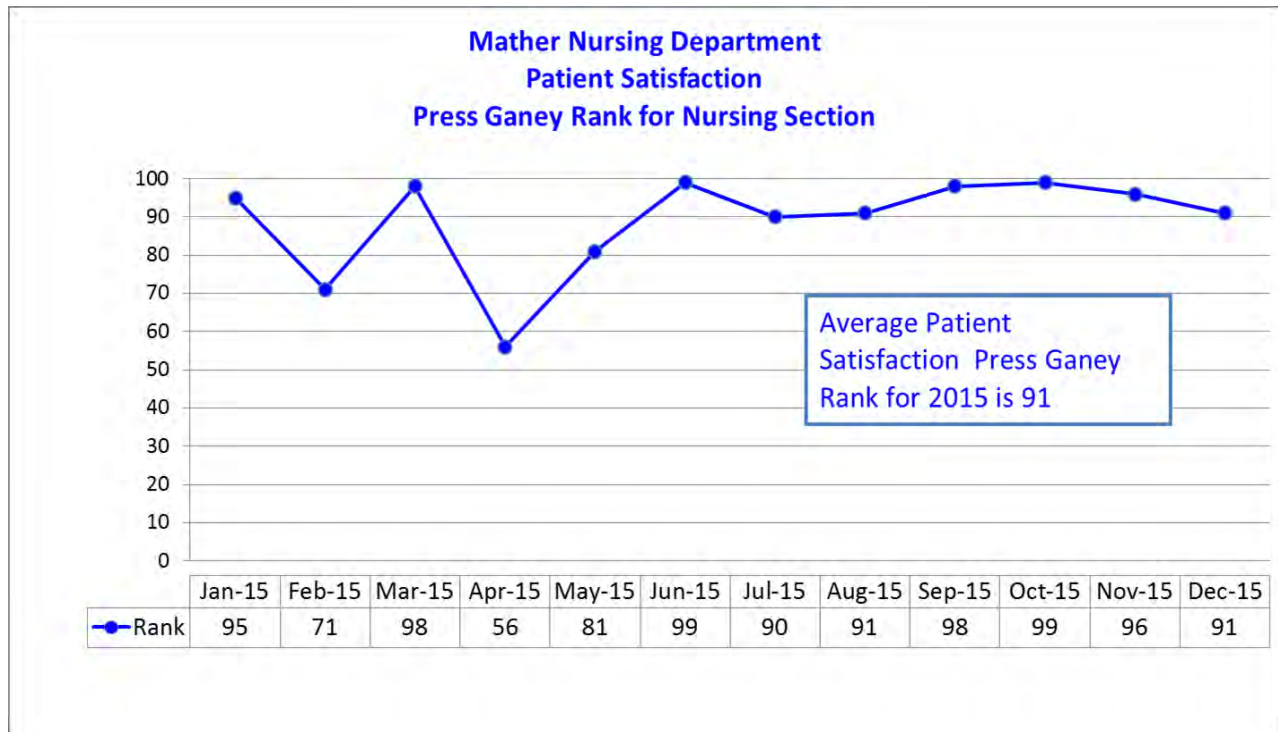
culture signifies our commitment to patient outcomes, shared governance and the development of nursing leaders. As we move forward on our Magnet Journey the Magnet application for re-designation will be submitted in June 2016 and the Magnet document will be submitted on June 1, 2017.



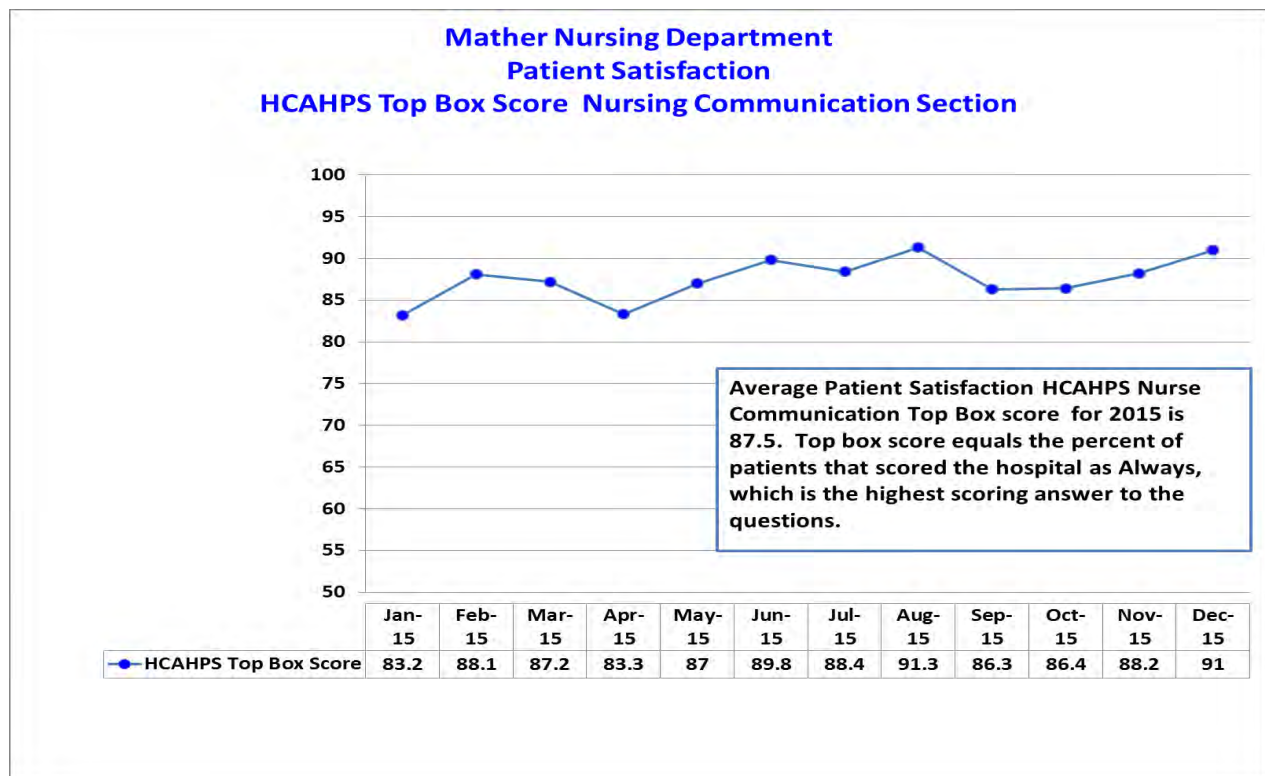
Nursing Annual Report **DATA**

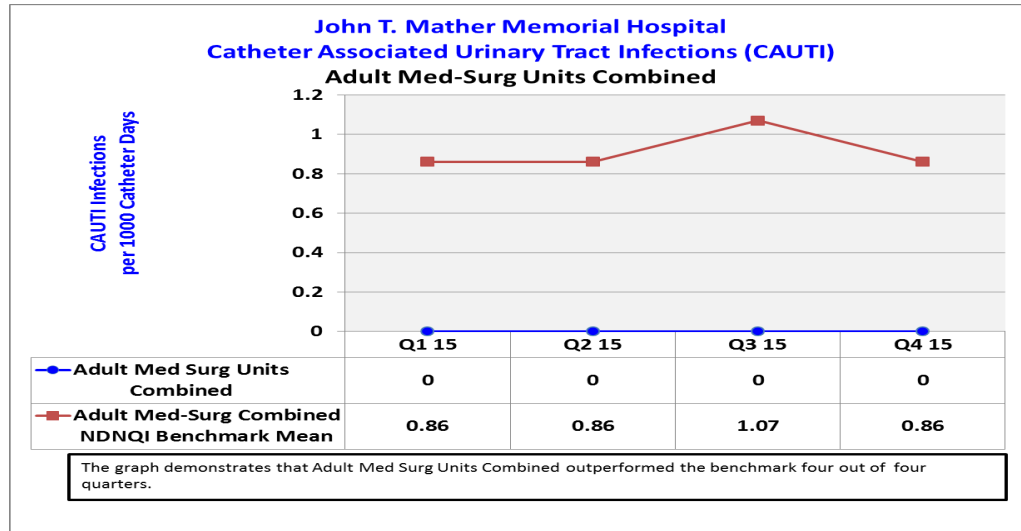
- Press Ganey-Patient Satisfaction/Nursing Section
- HCAHPS-Patient Satisfaction/Nursing Section
- Central Line Associated Bloodstream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Hospital Acquired Pressure Ulcers (HAPU)
- Patient Falls with Injury

> PRESS GANEY

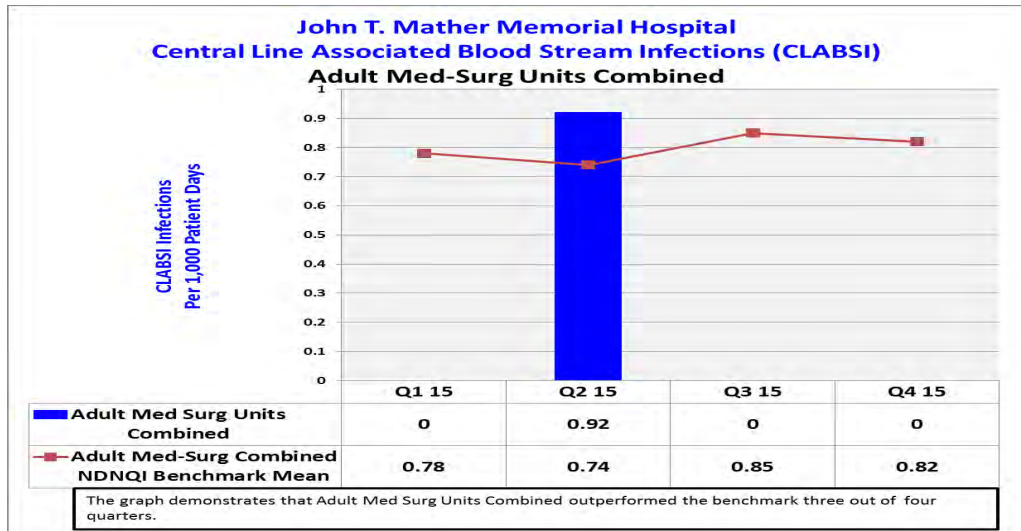


> HCAHPS

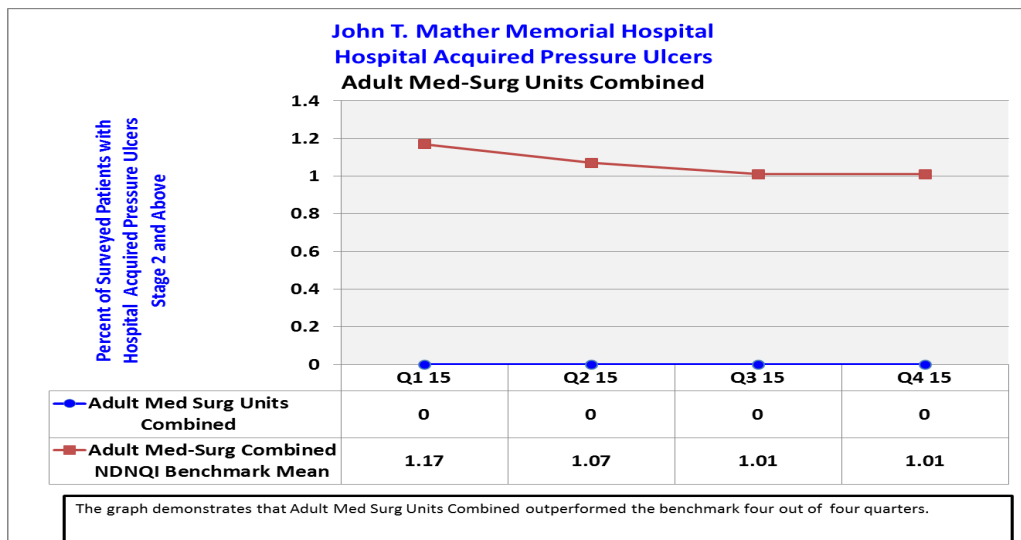




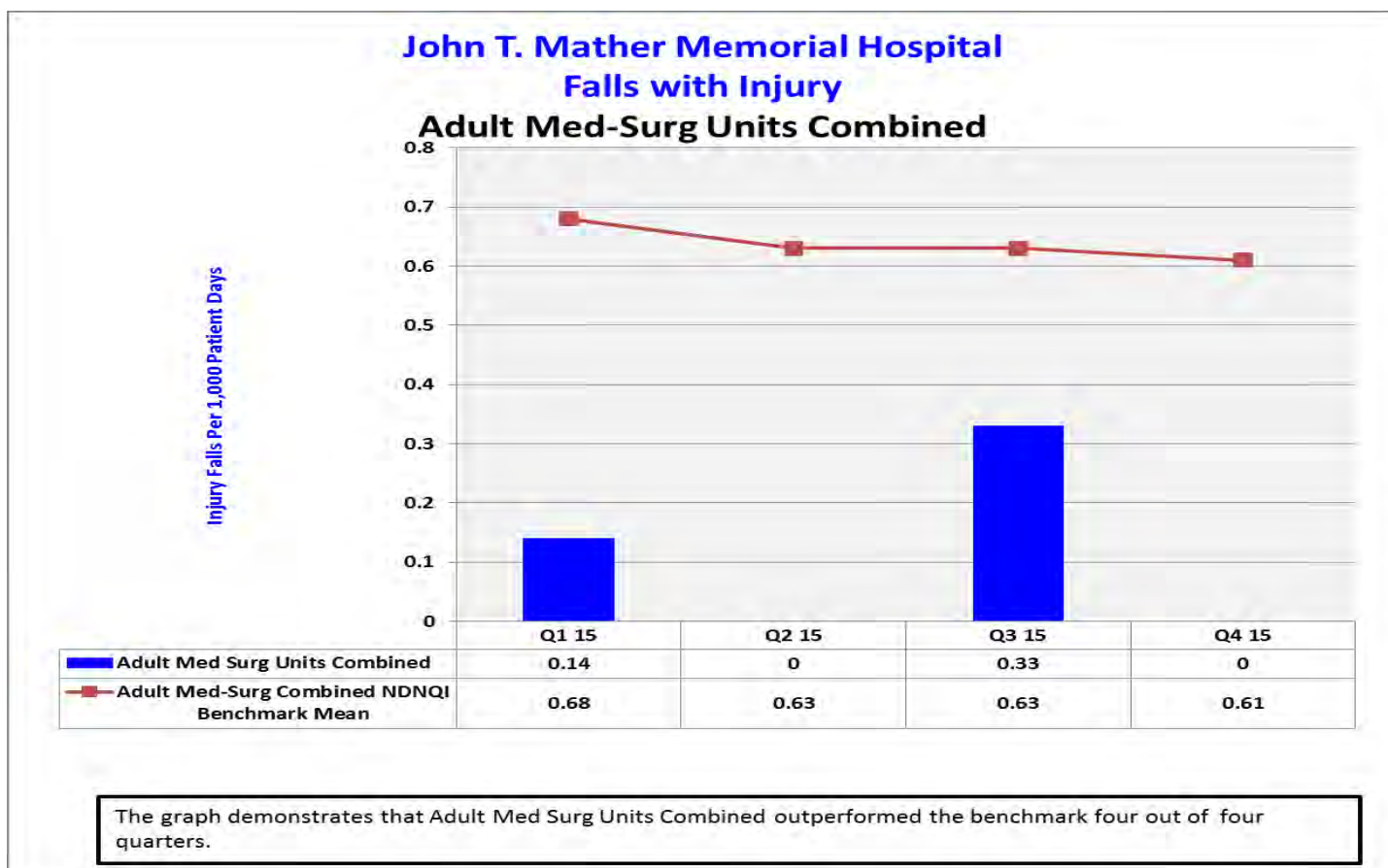
CLABSI



HAPU



FALLS WITH INJURY



Hill-Rom Bed Transition Decreases Patients Fall Risk

In August 2014, the Nursing department purchased 207 new Hill-Rom patient beds. The state-of-the-art beds were designed to enhance patient safety and increase patient comfort. The beds have the ability to also be used as recliners to help caregivers accomplish their goals in patient positioning. Advanced functionality of beds designed for our critical care units also enhances a patient's ability to breathe, decreases the potential for lung infections and maintains skin integrity. A major decision for the organization to support the purchase of new beds was a constant need of replacing loading cells which connected to bed alarms. In the event the loading cell required placement there was no trigger to alert or inform staff or engineering when the cell needed to be replaced. This inefficiency would lead to the bed alarm not functioning. The beds did not have desirable safety features to ensure alarms were activated.

Post implementation of our bed purchase in 2015, the nursing department recognized a significant decrease in the overall in-patient falls with injury rate. A direct correlation to the purchase of the new beds was evident and thus assisted the nursing department to achieve a decrease in the fall rate to zero in two of the four quarters in 2015.



PATIENT EXPERIENCE

PATIENT AND FAMILY ADVISORS

The patient experience is more than just what happens within the walls of a patient's room. The patient experience includes ever touch, verbal communication, and body language exhibited from the minute the patient enters an organization. The single most important recommendation or involving patients and families in advisory roles is to believe that their participation is essential to the design and delivery of optimum care and services. Without sustained patient and family participation in all aspects of policy, program development and evaluation, the health care system will fail to respond to the real needs and concerns of those it is intended to serve. Mather nurses strongly believe in this philosophy. In 2015, a nurse



led committee organized and developed an Oncology Patient and Family Advisory Council. The council meets monthly on the last Wednesday of every month. Their first goal was to develop a Patient & Family Friendly Bill of Rights, which is currently in progress.



GET WITH THE GUIDELINES-STROKE

For the **third** consecutive year Mather Hospital has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: Stroke Elite. This award recognizes the hospital's commitment and success to ensure that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. To earn the Gold Plus Quality Achievement Award, hospitals must achieve 85 percent or higher adherence to all

Get With The Guidelines-Stroke achievement indicators for two or more consecutive 12-month periods and achieve 75 percent or higher compliance with five out of eight Get With The Guidelines-Stroke Quality measures. To qualify for the Target: Stroke Honor Roll Elite, hospitals must meet quality measures developed to reduce the time between the patient's arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA has been shown to significantly reduce the effects of stroke and lessen the chance of permanent disability. This award demonstrates our commitment to the highest quality care for our stroke patients.



NDNQI RN JOB SATISFACTION SURVEY

AN ENVIRONMENT FOR EXEMPLARY PROFESSIONAL PRACTICE

Eligible registered professional nurses at John T. Mather Memorial Hospital participated in the October 2015 National Database for Nursing Quality Indicators (NDNQI) Nurse Satisfaction survey, an internationally recognized survey to evaluate RN (registered nurse) response to satisfaction with organizational and unit-based nursing practices and work environment.

The survey measures RN satisfaction in the categories of: autonomy, professional development opportunity, leadership access and responsiveness (nursing administration), inter-professional relationships, fundamentals of quality nursing care adequacy of resources and staffing, and RN-RN teamwork and collaboration. As a Magnet® designated organization, Mather is required to report on four of these seven categories in comparison to the international benchmark to maintain designation. The nursing leadership team maintains an ongoing dialogue with the nursing staff to improve satisfaction in all categories.

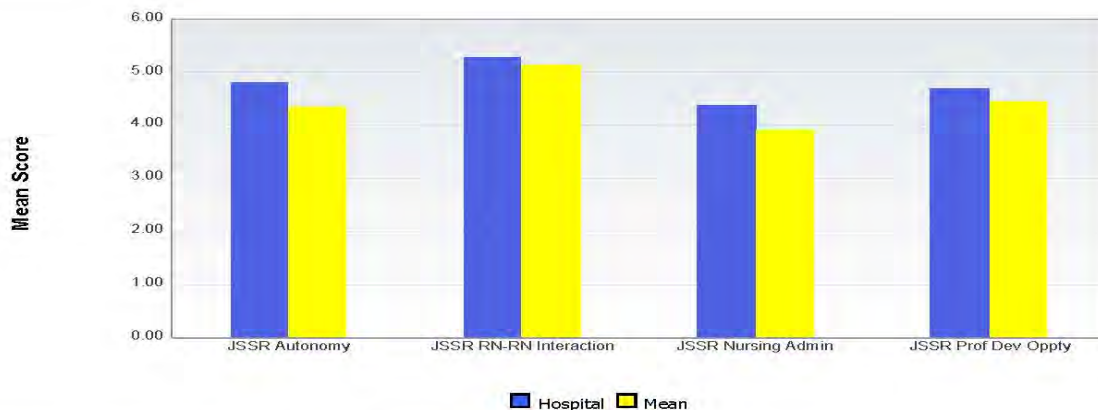
NDNQI does not report data at the unit level for nursing units with less than 5 respondents in order to maintain RN confidentiality. However, the overall organizational RN response is reported and is provided below to demonstrate the satisfaction of all Mather nurses in comparison to the benchmark in the four categories of: autonomy; professional development opportunity; nursing administration; and nurse-nurse interactions. The overall Mather RN response rate for completing the survey was 77% as compared to NDNQI's all hospital average or benchmark response rate of 73%.

The bar graph represents Mather RN response to each category in the blue column with the all hospital average, or benchmark, represented in the yellow column. The all-hospital benchmark for autonomy, nursing administration and professional development opportunity is comprised of responses from 5,182 nursing units. The benchmark for RN-to-RN interactions represents responses from 11,342 nursing units. As can be seen, Mather nurses surpass the nurse satisfaction average, or mean, in all categories. The table below the graph depicts the actual average response of our hospital nurses compared to the all hospital mean on a six point scale of: strongly agree, agree, tend to agree, tend to disagree, disagree, and strongly disagree. The higher average score represents more satisfaction in each category.



John T. Mather Memorial Hospital

Year: 2015
Compared by: All Hospitals
Peer Group: All Hospitals



Measure	JSSR Autonomy	JSSR RN-RN Interaction	JSSR Nursing Admin	JSSR Prof Dev Oppty
Hospital	4.79	5.27	4.38	4.69
Mean	4.35	5.14	3.92	4.45

If the number of units is less than five, comparison data are suppressed to maintain confidentiality. For additional information, please refer to NDNQI reference documents.

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TRANSFORMATIONAL LEADERSHIP





TRANSFORMATIONAL LEADERS

Transformational leaders are those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. They help followers grow and develop into leaders by responding to individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the leaders, the group and the larger organization.

Transformational leaders do more with followers and colleagues than set up simple exchanges or agreements – they behave in ways to achieve superior results by employing one or more of the four core components of transformation leadership, which are referred to as the four Is: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

Advanced Practice Registered Nurse Council

The Advanced Practice Registered Nurse (APRN) Council is comprised of Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs) who meet monthly to promote awareness, cohesion and alignment of the APRN role throughout John T. Mather Hospital and the professional and client communities, serving as a leader in Advanced Practice Registered Nursing. One of the initial objectives of the council membership was to expand the use of the APRN role by respecting our varied practice roles and specialties while recognizing our similar relationships in advanced practice. We found a common ground in creating our own network of experts to improve nursing practice and provide more patient-centered care. A second aim was to transition new APRNs into practice at Mather Hospital. Using the attributes of communication, collaboration and autonomy supported in our professional practice model we set a standard to interview every potential APRN, developed an APRN interview session, and reformatted nursing orientation for the APRN. We also invite any APRN student to our council meetings to begin integrating into network before taking on an APRN position. As 2015 was coming to an end, our council planned to learn more from our legislators about how policy changes are made at the legislative level to be more active in planning for the future of advanced practice. We have also begun the discussion of developing a research project that several of the members have an interest in to improve patient care.



Oncology Inter-professional Council

The Oncology Inter-professional Practice Council (OIPC) was formed in January 2015 by the 2 South and the Outpatient Infusion Center nursing leadership team. The council is made up of a group of diverse members from all disciplines and departments at Mather Hospital who work together to provide communication and collaboration among health care professionals ensuring effective patient and family centered care for the oncology patient.

ANCC NATIONAL MAGNET® CONFERENCE-PODIUM PRESENTATIONS

American Nurses Credentialing Center Annual Nursing Conference-2015



Every year the American Nurses' Credentialing Center (ANCC) sponsors the National Magnet Conference®. The theme for 2015 was "World Class Nursing: Innovative Patient Care". The conference was held October 7-9, 2015 in Atlanta, Georgia. Over 7, 000 registered nurses attend the conference from every state in the USA and many international countries, namely: Australia, New Zealand, Lebanon, Saudi Arabia, Singapore and Canada.

In December of each year, abstracts (a summary of outcomes associated with nursing research studies or evidence-based practice nursing initiatives) are submitted for consideration, as either podium or poster presentations, at the ANCC National Magnet Conference®. In 2015, over 1,800 abstracts were submitted by nurses from the 414 Magnet-designated hospitals located throughout the world. The selection process is a rigorous, blinded, peer- review evaluation conducted by 98 highly respected nurse experts from areas of clinical nursing practice, administration, education and research. Only 16% of abstracts submitted are accepted for presentation, specifically: 135 abstracts (7.5%) are accepted for podium presentation and 150 (8.5%) are accepted for poster presentation.

Nurse leaders at John T. Mather Memorial Hospital received the prestigious honor of having three abstracts accepted for podium presentations at the ANCC National Magnet Conference®.

We are extremely honored to have been awarded the opportunity to present at the 2015 ANCC National Magnet Conference®. The podium presentations are examples of the outstanding scholarly work our nurses at John T. Mather Memorial Hospital are conducting to improve the quality of nursing services provided to our patients and their family members in order to achieve the very best clinical outcomes.



MAGNET® PODIUM PRESENTATIONS



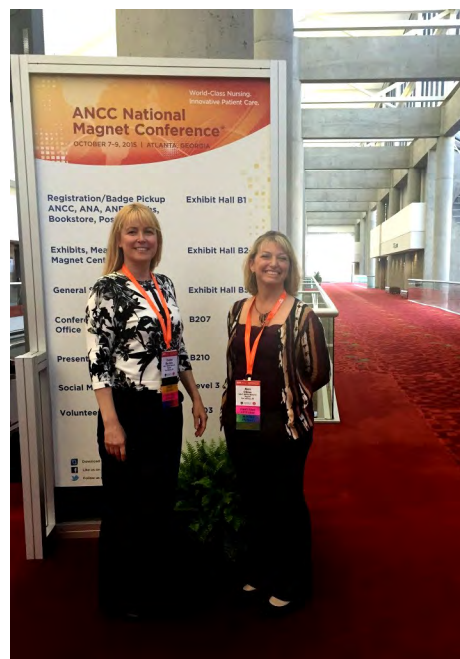
“Validation Of The Critical Care Pain Observation Tool (CPOT) In A Small Community Hospital.”
IRB Approved Nursing Research Study.
Principal Investigator: Marie O'Brien MSN, RN-BC,
ANP-C, CCRN, Pain Management



“Structural Empowerment In Action: Increasing Attendance By Direct Care Nurses At Magnet Council Meetings.”
Evidence-Based Practice Nursing Initiative
Judith Moran DNSc, RN, NE-BC, BC
Coordinator-Nursing Research and Professional Development



“Creating A Nursing Institute For Knowledge Translation and Innovation.”
Evidence-Based Practice Nursing Initiative.
Marie Mulligan PhDc, RN, CNOR, NEA-BC Chief Nursing Officer (CNO)
Brandy Feliu MSN, RN, Assistant Vice President Nursing Professional Development & Magnet Program Director
Judith Moran DNSc, RN, NE-BC, BC Coordinator-Nursing Research and Professional Development



ADVISORY BOARD FRONTLINE PROGRAM



Advisory Board Front Line Impact “Engaging and Empowering Frontline Staff.”

The nursing department partnered with the Advisory Board in Washington, D.C. to translate frontline staff potentials into clinical and operational performance gains. Frontline staff members are often an untapped resource for innovation and performance improvement initiatives. Over this past year and currently in progress we combined structured project work, classroom learning, and local coaching to help a selected group of employees develop and implement meaningful, measurable improvement initiatives. This approach results in both concrete performance gains and unprecedented clinical nurse leadership growth. The clinical nurses, known as “participants”, have been mentored and supported through the role of the coach. The coaches are a diverse group of clinical and non-clinical leaders within the organization.

Throughout the year, the participants and coaches have continued meeting to work on their projects. The role of the coach is a unique and dynamic example of succession planning and mentoring. The succession planning has evolved by identifying and developing internal nurses with the potential to fill key leadership positions in the future. The program is expected to achieve completion in September of 2016.

Team #1: Coach- Marissa Bisiani (Director of Employee Health/ Infection Prevention) 1. Catrina Shaw- 2E 2. Joan Godbold- 2W 3. Patty Alban- NPD 4. Vivien Langford- Rad. 5. Jessica Melnik- 3S	Team #6: Coach- Joe Wisnowski (VP Finance) 1. Nancy Rochler- NM ICU/CCU 2. Julie Tegay- NM ED 3. MaryAnn Wisnewski- 2S 4. Dan Maggio- OR
Team #2: Coach- Jeanne Brennan (Nurse Manager/ 2 East) 1. Cameron Gittens- Rad. 2. Linda Hill- 2N 3. Junielon Adame- TCU 4. Shirlee McKenna- ASU	Team #7: Coach- Joanne Lauten (Director of Nursing Quality) 1. Debra Tuttle- 2S 2. Kathleen Krygier-Rate- CCU 3. Valerie LaSala- 3N 4. Sue DeTurris- ASU
Team #3: Coach- Denise Driscoll (AVP Behavioral Health) 1. Natalie Mathias- 2S 2. Theresa Healy- ED 3. Melissa Pearson- 3N 4. Lori Accetta- ICU	Team #8: Coach- Julie Macauley (Director of Critical Care) 1. Brittany Greco- TCU 2. Marina Grennen- NPD 3. Maria Hofbauer- PST
Team #4: Coach- Anne Doodian (Nurse Recruitment) 1. Mary Ferrara- NM 2S 2. Donna Blaskopf- NM Rad 3. Jim Hegarty- Rad 4. Nicole Santora ICU	Team #9: Coach- Trudy Weeks-Roach (Nurse Manager/OR) 1. Lisette Callahan- Tele 2. Jeannette Voelger- ICU 3. Arielle Rivera- CCU 4. Merritt Love- ED 5. Jennifer Dixon -ICU
Team #5: Coach- Diane Marotta (VP of Human Resources) 1. Elizabeth Picozzi- NM Tele 2. Teresa Pickel- NM 3N 3. Emily Emma- NM 3S 4. Rose Cummings- PACU 5. Michelle Gustaferrri- ED	Team #10: Coach- Nancy Uzo (VP of Public Affairs) 1. Lori Fusco- Tele 2. Dana Cardiello- 2E 3. Marianna David- 3S 4. Katherine Lewin- NPD





Transformational Leadership

“Nurse Managers mentored by CNO; a change in the nursing table of organization”

The Chief Nursing Officers’ understanding of what is important to nurse managers individually, and collectively, remains a critical component in designing organizational strategies. Problem-solving abilities are central to the nurse manager role; a large percentage of managers’ time is spent resolving in-the-moment problems with staff, patients, patient families, physicians, and ancillary departments. However, a recurring nature of many issues suggests that most managers are unable to proactively resolve underlying problems. Nursing literature findings support these capabilities are most often hindered by insufficient training, tools, or support. Most manager training and mentoring programs fail to directly address problem-solving skills, often leaving managers frustrated, lacking the skills necessary to fulfill day-to-day responsibilities.



In addition, few managers have access to timely or accurate turnover, budget, productivity, or patient satisfaction data; consequently, managers are often unable to identify unit-level problems, and meet key accountabilities. Further, managers often lack the support and guidance necessary to operationalize unit level action plans; as a result, strategic unit development is often limited, and many unit level problems remain unresolved.

Marie Mulligan, CNO made a strategic decision to redesign the Medical Surgical Nurse Managers reporting structure. As an authentic leader, she realized the Nurse Managers would require individual and group mentoring. One of the first initiatives she implemented was gaining organizational support by changing the direct reporting structure. The nurse managers previously reported directly to an Assistant Vice President. The Assistant Vice president position became vacant and the CNO chose to not refill the position but to develop a direct reporting structure to her instead. This strategy was done to provide the nurse managers with immediate help, guidance and support in their roles. The Nursing table of organization was revised to reflect the new and innovative reporting structure. The second initiative was to coordinate and schedule monthly meetings with the medical surgical nursing management team. These meetings were designed to informally mentor and guide this group of nurse leaders in conflict resolution, budgeting and problem solving. The years of nursing experience the CNO openly and willingly shares with her direct reports is transformational. She maintains an open door policy with all of her nurse managers. This effective communication provides the nurses managers direct feedback from the CNO on performance improvement projects and patient outcomes. Additionally, Nurse Managers are mentored and coached in the completion of unit based action plans relative to their unit’s level of performance and benchmarking goals. The ongoing mentoring and guidance the nurse managers receive from the CNO has developed into a dynamic, productive and educational relationship.

2

STRUCTURAL EMPOWERMENT





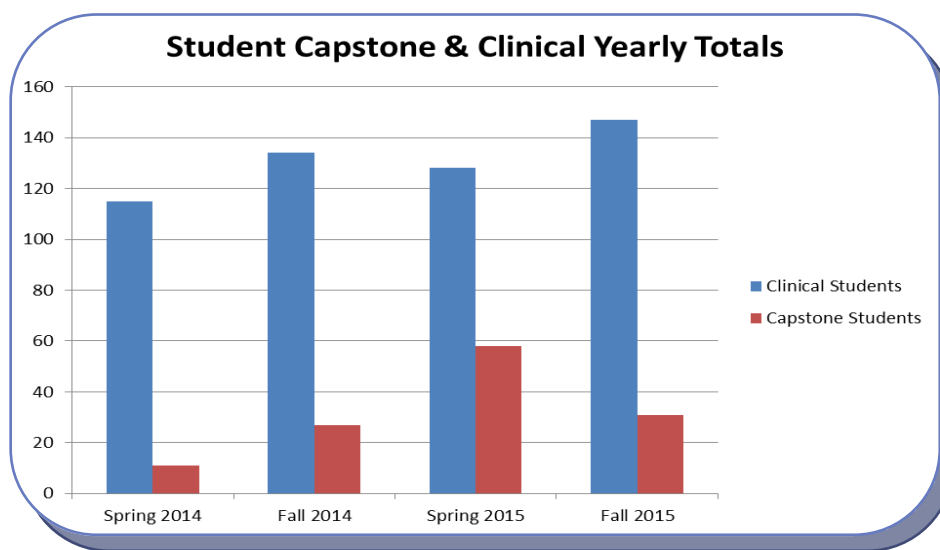
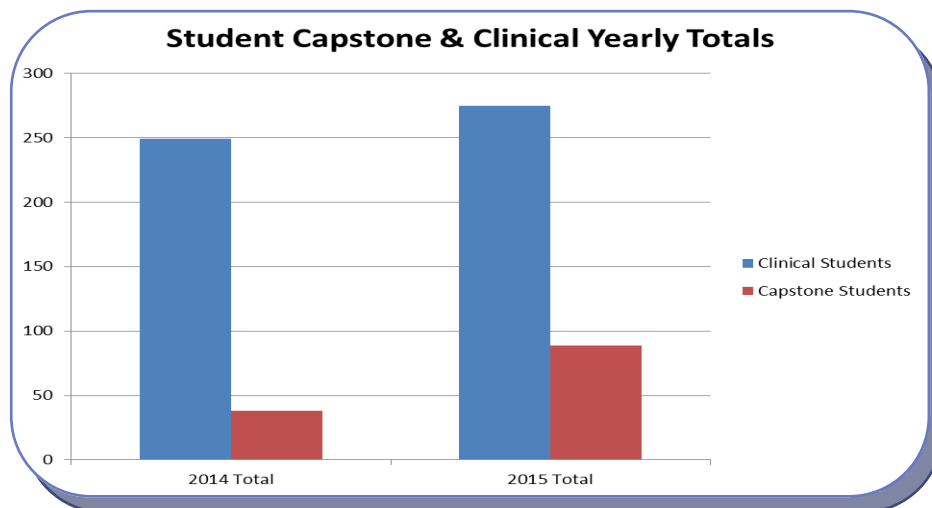
NURSING CAPSTONE PLACEMENTS

In 2015, John T. Mather Memorial Hospital collaborated with 12 Schools of Nursing and placed 275 students for their clinical rotations and 89 students for their capstone rotations.

A capstone course is traditionally a leadership based course where a senior nursing student in a BSN program is assigned to work directly with a clinical nurse or nurse leader. A capstone course is designed at increasing the potential graduate nurses awareness of the role he or she will fulfill upon graduation.

Senior capstone students completed between 90-176 hours with a clinical nurse in patient care areas for both day and night shifts.

This would not have been possible without the help and support of Mather Hospital clinical nurses, Assistant Nurse Managers, Nurse Managers, Outpatient Areas and Nursing Administration. A capstone capstone preceptor breakfast was provided on August 28th to thank the preceptors of these students for their hard work and dedication by the Nursing Professional Development Department.



Orthopedic Certification Review

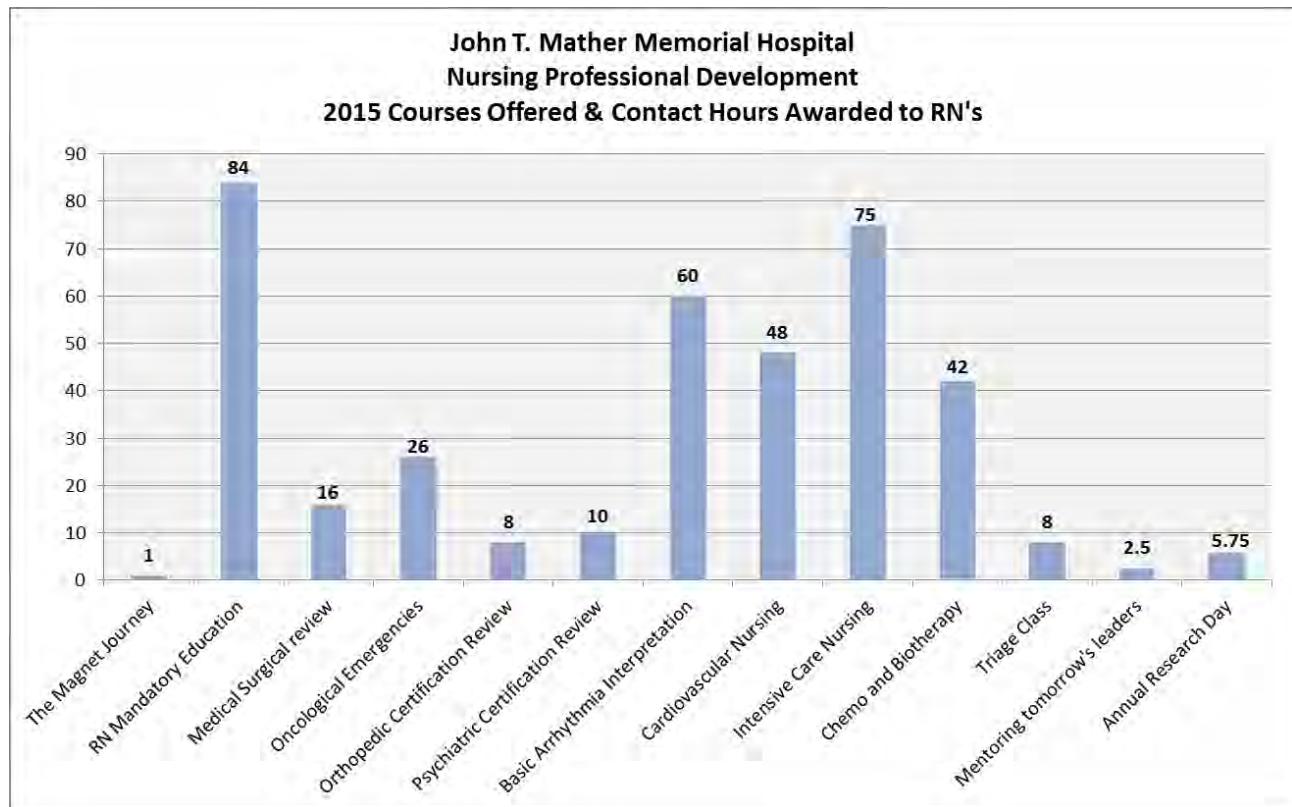
Increasing the number of nurses certified in their specialty is one strategic goal at Mather Hospital. In 2015, the RNs on 3 South requested a Certification Review Class to achieve the Orthopedic Nursing Certification (ONC®) through The Accreditation Board for Specialty Nursing Certification (ABSNC). In order to help support and achieve this strategic goal, the hospital currently has a grant from New York State Department of Health under the Health Workforce Retraining Initiative. One component of this grant compensates the classroom time of a nurse who has an interest in achieving the ONC®. The grant also allowed for the purchase of several Orthopedic Review Course Books to loan to staff to prepare for the examination.

In 2015, 3 South strived to have nurses achieve their ONC® specialty. One step to meeting this goal was participation in the Orthopedic Review Course. Seven staff members participated in the first ever Orthopedic Nursing Certification Review Course. The achievement of specialty certification recognizes the RNs commitment to lifelong learning and demonstrates a high level of knowledge to provide safe and effective patient care. This goal was realized when three nurses from 3 South successfully achieved the ONC®.

NURSING PROFESSIONAL DEVELOPMENT

In December of 2015 the Nursing Education Department officially became the Nursing Professional Development Department (NPD). The national organization of staff development nurses changed their name to the Association of Nursing Professional Development (ANPD) in 2012 and following our professional organization we have updated the department name. The ever changing field of health care demands that nurses develop skills to meet the changes. Using outcome data and stakeholder input, the NPD department is able to effectively improve programs to support all staff in their continued professional development.

During the 2015 calendar year, the NPD department was able to award over 8000 contact hours for continuing education through Mather Hospital. As an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation, we are able to complete and approve continuing education for staff. Staff have the ability to earn contact hours toward certification maintenance. The approved provider status was a milestone in the professional development of our Nursing Department.





2015 GRADUATE NURSES



Does it surprise you to hear “nurses leave the profession because of burnout, moral distress, physical and emotional exhaustion, and feelings of being disrespected as a professional and as a person”(White, 2014, p.30) . Mather hospital values all nurses in the nursing department yet realizes new graduates entering the profession require special attention. Support and assistance is given as new nurses transition into practice and eventually leadership roles. The goals of the nursing and professional development departments are to provide educational and networking opportunities, develop support systems, and offer resources for nurses to advance their education and knowledge. In 2015, the total number of new BSN graduate nurses hired was 42.

The two graduate classes in 2015 were the largest to begin their journey as nurses in the history of Mather Hospital. The overwhelming support from Nursing Professional Development Staff, Clinical Instructors, Nurse Managers, Assistant Nurse Managers, and nurse preceptors are the foundation that supports and mentors graduate nurses daily. The encouragement received by the graduate nurses from the nursing department strengthens their relationships personally and professionally.

EMERGENCY DEPARTMENT DISASTER PREPAREDNESS

The Emergency Department participates in bi-annual disaster drills with Suffolk County Department of Disaster Management. Periodic testing of the facility disaster preparedness plan is essential to evaluate the effectiveness of logistics, human resources, training, policies, procedures, and protocols. The Joint Commission sets standards for healthcare organizations and issues accreditation to those organizations that meet those standards. There are six focus areas for hospitals to demonstrate they have proper plans and response mechanisms in place. The six focus areas are: communication, supplies, security, staff, utilities, and clinical activity.

In July 2015, we started planning a bio-hazard drill to involve a toxic exposure in the community. We had an outside decontamination area installed with showers and needed to evaluate the skill of employees in the set-up and use of the decontamination area. Keri Dunne, Director of Volunteer Services selected a few the junior volunteers to act as patients involved in the exposure. A total of 15 volunteers signed up for the drill. They were given identity tags and dressed according to their chief complaint. Peter Raszka, RN, EMS Liaison was the coordinator of the event with Dennis Kramer, CHSP, CHEP, CHSP-FSM Director of Safety and Security.

The outside decontamination area was activated with drop-down curtains to delineate 'hot', 'warm', and 'cold' areas. The patients presented by Port Jefferson ambulance and were immediately decontaminated using the showers. The volunteers were engaged and excited to be part of the drill. The feedback for Keri was that they really enjoyed being a part of it. Keri even had a teen volunteer call asking if we are doing it again because she missed the 31st and heard how "cool" it was.

Following the disaster drill a report is sent to the New York State Department of Health.





EMERGENCY DEPARTMENT BEHAVIORAL HEALTH FELLOWSHIP

A need was identified that non-psychiatric nurses required specific training to manage disruptive behaviors including aggression, agitation and psychotic episodes. Many staff expressed their frustration when dealing with patients with psychiatric disorders. Staff emphasized their concerns for safety when dealing with an aggressive patient. Nursing leadership recognized the need for a culture change and specific training to handle emergency room patient presenting with a mental health crisis.

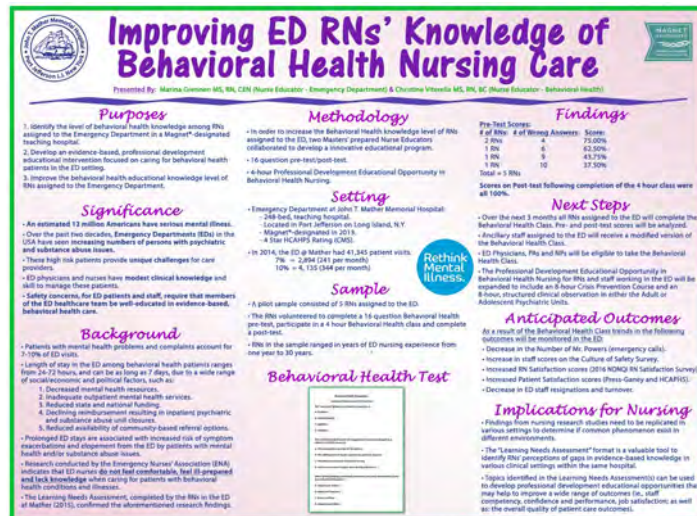
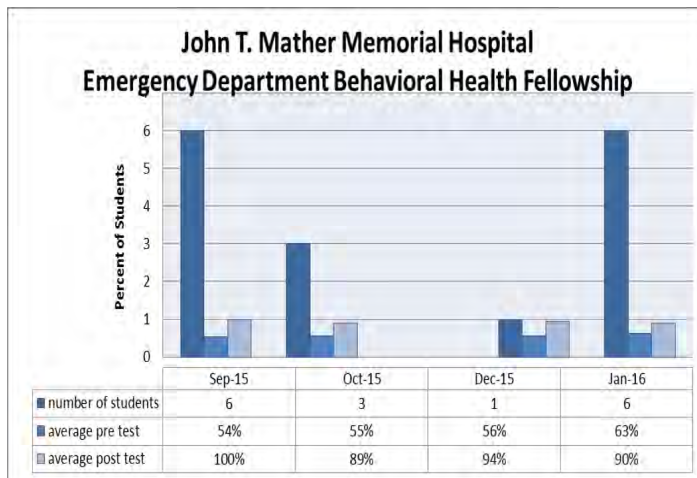
Emergency Department care providers are challenged daily with caring for the patients in a behavioral health crisis across the lifespan. The purpose of this education was to improve the competency level and attitude towards the behavioral health patient and provide the Emergency Department (ED) RN with the necessary knowledge and skills to manage this population.

A literature review was implemented and meetings occurred with multidisciplinary staff of the emergency department and the department of psychiatry to review the educational needs and develop a curriculum. According to Dr. Scott Zeller, Chief of Emergency Room Health Care in a Chicago Health Care System "ED staffers have little training in behavioral health care and feel the need to restrain patients as they are scaring the people that are here for a real emergency". Stefan (2006) states that psychiatric patients are not considered part of real emergency services and these people are regarded as problems or nuisances."

In the 2014, an annual report by the US Commission on Civil Rights made recommendations regarding how to treat people presenting in hospitals with a mental health condition by fostering learning from best practices. Investment in training was believed to be the key. Staff were to develop an understanding that psychiatric emergencies are due to illnesses, not character problems. Two Clinical Instructors from the Nursing Professional Development Department, Marina Grennen MSN, RN, CEN and Christine Viterella, MSN, RN, RN-BC collaborated and developed a course to provide education to the nursing staff of the Emergency Department. The course was focused upon the following:

- Recognize the changes in behavior and utilize de-escalation techniques to intervene appropriately.
- Identify differential diagnoses for presenting symptoms.
- Apply appropriate therapeutic skills when interacting with the Behavioral Health patients.
- Define the meaning of "medically cleared" as it relates to the behavioral health patients and co-morbidities.
- Recognize the psycho-therapeutic including: indications, side effects, and potential reaction.
- Practice patient safety and risk reduction.
- Identify best practices for the behavioral health patients.

This course provided an opportunity for the educators and clinical nurses to partner with Behavioral Health and the Emergency Department to enhance clinical competency and skills related to care provided for patients with a mental health condition.



3

EXEMPLARY PROFESSIONAL PRACTICE





“Are Cancer Survivor Care Plans Beneficial or Not? Women With Breast Cancer Speak Out!” Marianne Kiernan RN, CN-BN, CBCN and Judith Ann Moran-Peters DNSc, RN, NE-BC, BC

Cancer survivors are increasing due to early diagnosis, advances in treatment and the fact that people are living longer. In 2006, the Institute of Medicine (IOM) recommended that patients completing primary treatment for cancer receive a comprehensive survivor care plan (SCP). The use of SCPs became widespread in 2015 as a result of a practice standard established by the American College of Surgeon's Commission on Cancer. Although intended to be beneficial, recent research indicates that SCPs may have negative consequences, such as: increased patient concerns and anxiety; as well as, no evidence of benefit on patient satisfaction with information and care. Therefore, investigators recommend that before the use of SCPs become commonplace, both in the USA and globally, research be conducted to identify patients' perceptions of SCPs.

In 2015, an inter-professional group of clinicians at Mather hospitals Breast Center designed a research study to identify the following among women with breast cancer: 1) Degree of benefit assigned to SCPs, 2) Ways in which SCPs were being used, and 3) Recommendations for improving SCP format and content. The design of the study is non-experimental, uses mixed-methodology, and is guided by a conceptual-cultural/ psychological feminist theory, developed by Jean Baker Miller (1976). This theory was selected because 98% of patients with breast cancer are female; and thus, breast cancer is primarily a feminist phenomenon. The study uses a survey with one Likert Scale question, which assigns a level of benefit from 0-5 to the SCP, and four open-ended questions. The potential sample includes 45 women diagnosed with breast cancer between January 2015 and July 2016. Researchers plan to use feedback provided by the subjects to improve the Survivor of Breast Cancer Care Plan (SCP).

Thus far, 16 women have participated in the study. Subjects' ages range from 37 to 88 yrs. Preliminary findings indicate that the average benefit score assigned to the SCP is 2, or “somewhat beneficial”. Women want more specific information about follow-up treatment. Women also want to know where to find evidence-based information on stress reduction, nutrition and wellness programs.

Identifying patients' perceptions and use of SCPs may assist care providers make improvements to SCPs that help women attain optimum levels of wellness following treatment of breast cancer.



NURSING QUALITY SHOWCASE

Mather Nurses celebrated Hospital Quality Week with their 5th Annual Quality Showcase. The Theme this year was, *See Quality Through our Care*. Twenty six posters, which present the latest evidence based practices, research and process improvements throughout the hospital were on display in the LIAP Conference Rooms. As a Magnet designated facility, Mather Hospital uses nurse-designed innovations to improve patient outcomes.

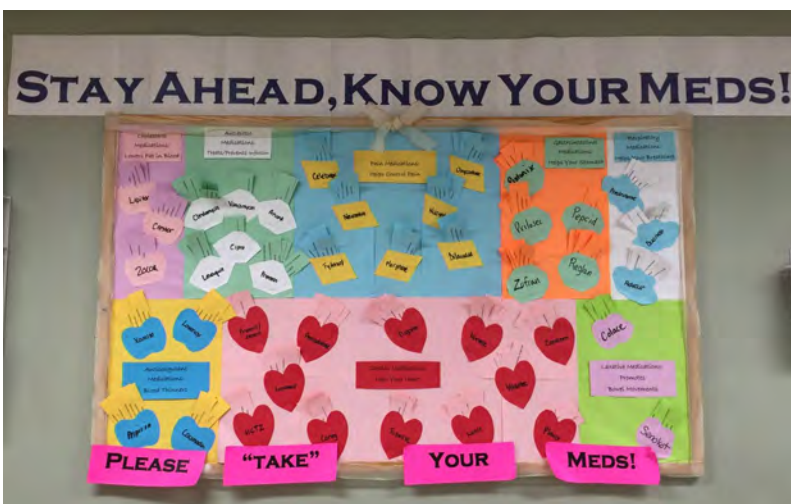
The professionally prepared posters showcased what our units have accomplished in the past year. The presenters had the opportunity to engage in dialogue with other department leaders, physicians and board members.



3 SOUTH INNOVATIVE MEDICATION EDUCATION INITIATIVE

The unit struggled in attaining consistent medication education scores “at or above” benchmark. The unit's process of medication education included distributing a medication education guide to each patient on admission; this guide included many different medications, was written in a small font and written in a high school reading level. The challenge with the medication education guide was that patients were not receiving thorough education because the community's patient demographics read at a fourth grade reading level, the font was too small and not all pertinent medications were listed on the guide. After discussing the unit's medication education scores at the Unit Council meeting, the staff discussed a need for a creative and interactive approach to educating patients. Since the implementation of the medication education board, the unit's patient satisfaction and medication education scores have been above benchmark. In addition, the concept of the permanent and the portable board have been replicated on other nursing units. The inception of the board was discussed on a Wednesday and created by Friday the same week. After discussing the idea of the board, the novice nurse manager contacted the pharmacy department requesting a list of the medications that patients are commonly discharged on as well as the medications for the joint replacement patients. A small group which included the nurse manager, clinical nurse, assistant nurse manager and nursing assistant typed the medications, indications and side effects for the forty medications identified. The unit had a cork board in a strategic location by the main nurses' station that had outdated information that needed to be updated. The nurse manager stated the board was acceptable to use. One afternoon was spent collaborating on the style, functionality and accessibility of the board. The tangible actions regarding this board are that it can be replicated and made specific to any unit. This project was cost effective (the paper was provided by the mail room) and the board was inexpensive. Because this is an orthopedic/telemetry unit, the medications were specific to the unit's patient population. If choosing to replicate this idea recommendations would be to identify commonly discharged medications, the reading level of the patient population and the accessibility for patients when ambulating to the board.

The measurable outcomes noted from the Implementation of the medication education board were the Press Ganey and HCAHPS scores that were above benchmark for patient satisfaction and medication education. This initiative is cost-effective, promotes patient education and brings nurses back to the bedside. In addition, the scores for courteous and respect of nurses were above benchmark as well.



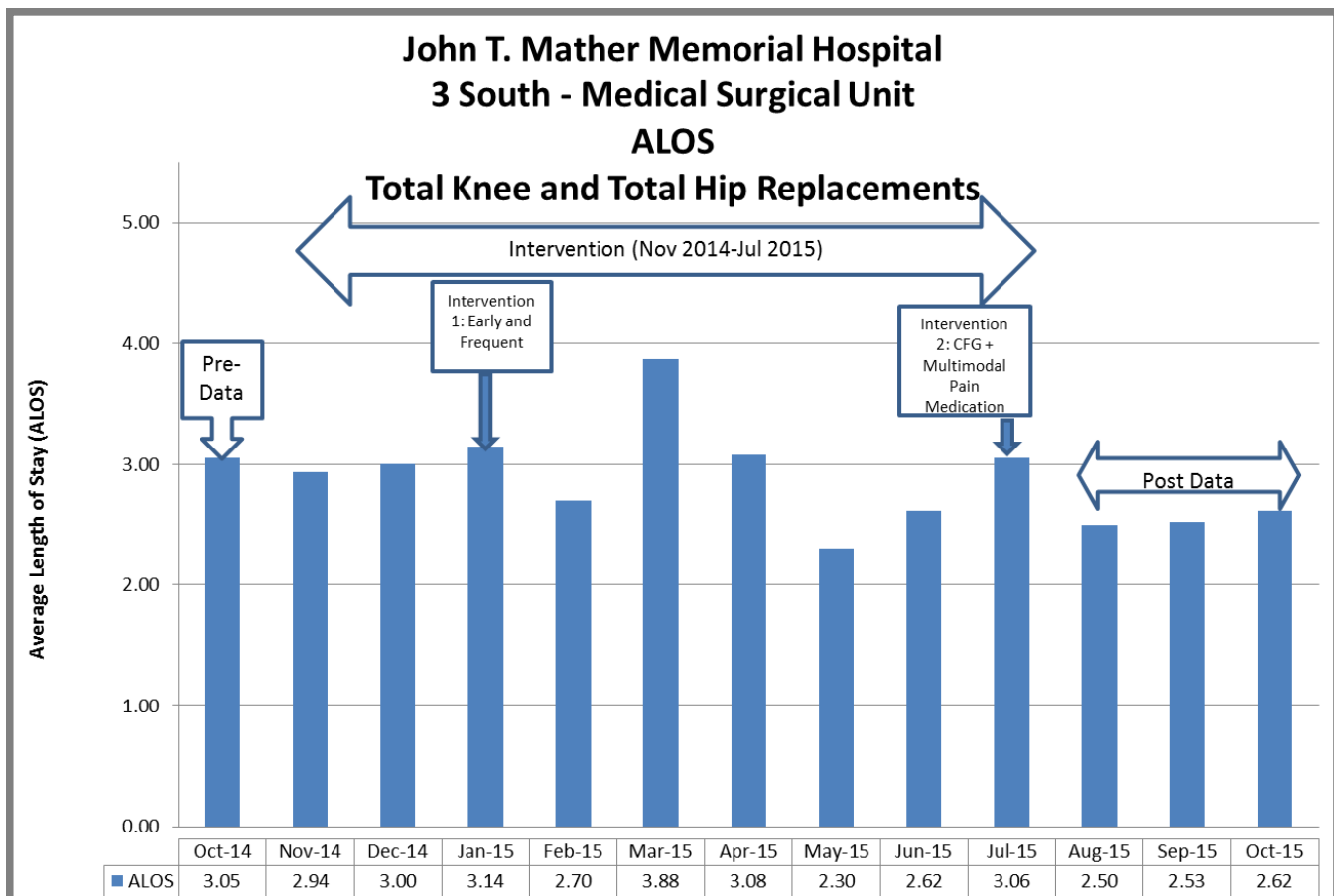


3 SOUTH EARLY AMBULATION TOTAL JOINT PATIENTS

In January 2015, the new Early Ambulation Protocol was implemented. As a result, patients and their family members are educated about the scientific-based association between early, frequent ambulation and achieving high quality outcomes. Education begins when patients attend a pre-operative orthopedic seminar taught by the Orthopedic Nurse Coordinator and clinical nurses from the orthopedic unit. Patient-centered education continues throughout the care continuum, including: Orthopedic Surgeons' Offices, Pre-Surgical Testing Areas, the Ambulatory Surgery Unit on the morning of surgery, and during the entire post-operative phase of recovery. Patients are taught that they will be assisted out of bed on the day of surgery by specially trained nurses and/or physical therapists. Depending on the type of joint replacement surgery being performed, patients are educated about important postoperative hip or knee care activities, for example: how to participate safely in ambulation activities.

As a result of the new Early Ambulation Protocol, post-operative joint replacement patients are ambulated twice a day, or more often as tolerated, beginning post-operatively on the day of surgery. Nurse-designed, colorful decals are used to record the distance patients walk during each ambulation session. A "joint replacement ambulation sheet" has been created and is placed at the patient's bedside to be used as a guide for the nurses, physical therapists, and the patient. The information is transcribed into the electronic medical record at the end of each shift.

In March 2015, two months after the new Early Ambulation Protocol was initiated, Average Length of Stay (ALOS) demonstrated a significant increase among postoperative total joint replacement patients. Subsequently, the inter-professional team collaborated with the Department of Anesthesiology to discuss the implementation of additional evidence-based strategies to further decrease ALOS among this patient population. Specifically, the group discussed initiating the use of a Comfort Functional Goal (CFG). The CFG is a numeric number verbalized by patients that describes, at that moment in time, their ability to participate in the ambulation sessions. Patient education on the CFG concept, especially as it relates to better pain management, was incorporated into each phase of the perioperative experience for total joint replacement patients. Concurrently, a multimodal pain medication protocol was initiated for use with these patients. Outcomes indicate that improved pain management, facilitated by the introduction of the multimodal pain medication protocol, enabled total joint patients to ambulate further, and more often, with little discomfort and facilitated a decreased length of stay.



4

NEW KNOWLEDGE, INNOVATION & IMPROVEMENTS

2015 3 NORTH OPENING RIBBON CUTTING CEREMONY





3 NORTH OPENING

3 North is an intermediate care and critical care unit consisting of 35 beds located on the 3rd floor North wing. The Unit is a mix of 19 telemetry beds and 16 Step Down beds. This unit's purpose is to serve as an intermediate step for patients who are too ill for general units but not critically ill enough for the ICU. The focus of the intermediate care unit is to provide comprehensive care with kindness and expertise for the patient requiring care after or during an acute healthcare event. The aim is to provide high level Medical/Surgical care nursing management with a focus on a collaborative multidisciplinary approach. In addition the emphasis is on minimizing negative physical and psychological effects of disease processes through patient/family education and restoring the patient/family/significant others/guardian to a high level of self-care. The intermediate care unit is staffed with skilled RN's that are proficient in the care of the critically ill patient and show a competency in cardiac monitoring and other elements that are sometimes necessary for the critically ill. The nurses are competent in running vasoactive drugs as necessary, assessing and implementing in collaboration with the intensivists, and moving patients to the ICU when necessary.

The overall management of the intermediate care unit is conducted by the Nurse Manager and the Assistant Nurse Manager with support from the Director of Nursing for 3 North. Collaboration with physicians and appropriate department heads takes place periodically through formal and informal meetings.

Services Provided: The services provided on the intermediate care unit are that of the acutely ill patient requiring various levels of care for the critically ill. The patient population is dependent on the post cases from the operating room such as endovascular, neurosurgical and thoracic as well as general surgeries requiring a higher level of monitoring. They maintain staff competency to deliver care to these patients through yearly in-service and e-learning in the organization.

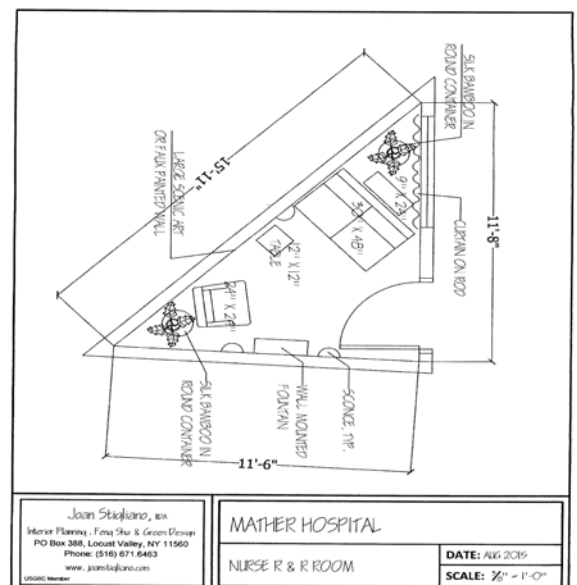


2 South Serenity Room

Nurse Manager advocates for Oncology nurses to prevent compassion fatigue

Oncology nurses are often recognized for the quality of compassionate care they provide. Compassion is defined as "regard and respect for fellow humans, including the bearing of another's suffering and desire to relieve it". (Figley, 2002), Compassionate caring has certain emotional consequences that result from helping or wanting to help patients and families in crisis, such as those when coping with the stress of cancer. One of the negative consequences associated with prolonged, continuous and intense contact with stressful situations and environments is compassion fatigue. Figley (2002) defined compassion fatigue as "the emotional effect of being indirectly traumatized by helping those who experience primary traumatic stress". The term compassion fatigue was first used in a research study by Joinson (1992) to describe situations where nurses had either turned off their own feelings or experienced helplessness and anger in response to stress they feel by watching patients go through devastating illnesses or trauma. Nurses experiencing compassion fatigue often become emotionally overwhelmed, cynical, and disengaged. They experience desensitization and lack of enthusiasm for patient care. Other symptoms include diminished performance, loss of endurance and difficulty concentrating and making decisions (Fetter, 2012; Potter et al., 2013).

The costs associated with compassion fatigue are astronomical (Yoder, 2010). Therefore, evidence-based interventions must be deployed to prevent compassion fatigue among nurses and support staff working under demanding situations such as caring for patients with cancer. The Nurse Manager from 2 South advocated for clinical nurses by speaking with the CEO and CNO to request resources to design a serenity room for staff on the unit. The purpose of the room is to offer staff a quiet location to decompress after a stressful event. The organization supports the hard work clinical nurses complete in efforts to achieve positive patient outcomes.



PNEUMATIC TUBE INSTALLATION AND ACCU-VEIN

The Pneumatic Transport System

An expansion of the system to four locations occurred in early Fall, 2015 including the Emergency Department, Laboratory, 3 North, and Pharmacy. Plans have been finalized to expand to five more locations in the Fall 2016. The pneumatic transport system was developed approximately 65 years ago and is operational in over 3,000 hospitals within the US, Japan & Europe. The estimated transport time of medication delivery from the Pharmacy to any station is 80 seconds and 45 seconds from any station to the Lab. The canisters travel approximately 30 to 40 miles per hour through 6-inch piping. Since the pneumatic system was introduced to Mather Hospital almost three years ago, over 10,000 miles of walking has been saved. As a result of this technology it is like having the Pharmacy and Laboratory next door to each patient care area.



ACCU-VEIN

Research has shown that the use of vein illumination devices facilitate non-emergent IV placement, however, studies are limited and have not included multiple populations nor has it evaluated staff perception of device utility and satisfaction. A research study using a near-infrared vein illumination device (Accuvein AV400) was conducted to evaluate the utilization of central resource staff to meet the PIV access needs of the adult and pediatric unit patient populations.

In 2015, Mather's Nursing department purchased several of these small, light

weight devices which have improved the nurses ability to cannulate with minimal attempts at IV insertions. The use of this technology aids in identifying patient veins for venipuncture and ultimately will improve patient and nurse satisfaction.





NURSING INSTITUTE FOR KNOWLEDGE TRANSLATION & INNOVATION

Dr. Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC developed and created the nursing institute for knowledge translation and innovation in 2015. She provided education and opportunities for nursing staff to learn and increase their knowledge in essential elements of evidence based practice and nursing research. The courses were given on a monthly basis and were well attended by clinical staff. The education was linked to the organization's strategic plan by establishing internal experts to serve as mentors in research design and collaborative partnerships.



DATES	2015 COURSE OFFERINGS
January/ February	<u>“Creating a Nursing Institute for Knowledge Translation and Innovation”</u> <ul style="list-style-type: none"> History of Magnet Recognition Program <ul style="list-style-type: none"> Importance of Research/EBP to Advancement of Nursing Science Magnet Model Component New Knowledge, Innovation and Improvements Development of Center for Nursing Research/EBP
March/April	<u>“Selecting and Defining a Problem”</u> <ul style="list-style-type: none"> Understanding Evidence-based Practice (EBP) EBP Models Understanding the Difference between Quality Improvement, EBP and Research Ethical Issues in Research/EBP
May/June	<u>“Applying Appropriate Theories and Conceptual Models”</u> <ul style="list-style-type: none"> Nursing Theorists Borrowed Theory
September/October	<u>“Research Design”</u> <ul style="list-style-type: none"> Quantitative, Qualitative, Mixed Methods Formulating Hypotheses and Research Questions Selecting the Sample and Setting Institutional Review Board (IRB)
November/December	<u>“Management of Data (Evidence)”</u> <ul style="list-style-type: none"> Principles of Measurement Data Collection Methods Analyzing Data “Tips for Publishing”

ANNUAL NURSING RESEARCH SYMPOSIUM

On November 6, 2015 Mather Hospital's Nursing Research and Professional Development Council partnered with Good Samaritan Medical Center's Research and Evidence-based Practice Committees for their annual Nursing Research Conference “Promoting Wellness Along the Healthcare Continuum and Enhancing The Nurse Practice Environment”. The conference was held at the Hilton Garden Inn, Stony Brook, NY. The audience was comprised of 170 Registered Nurses, incorporating eleven organizations between acute care and academia. There were two key note presentations followed by moderated panel discussions. This symposium is a valid method in the dissemination of Nursing Research.

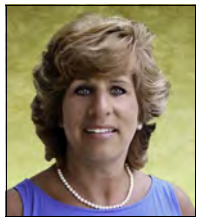


AWARDS AND RECOGNITION

Oncology Nurses Society 2015

Employer Recognition Award

The Oncology Nurses Society **Employer Recognition Award** recognizes employers who show sustained and exemplary support for and honor Registered Nurses working in oncology. Mather Hospital was chosen because of its commitment to the Oncology Nurses Society's mission, vision and values to advance excellence in oncology nursing and quality cancer care. Mather's oncology nurses are committed to excellence in the care of the cancer patient. Our nurses strive to provide the best care not only to our patients but to the care giver involved in the patients care. Mather obtained this award for its commitment to the patient and to the profession of oncology nursing. Accepting the award for Mather Hospital at the 2015 ONS Annual Congress held in Orlando, Florida were Mary Ferrara, BSN, RN, OCN; Carolyn Germaine, BSN, RN, OCN; Nancy Clavin, RN, OCN and Shannon Shah, BSN, RN, OCN.



FIRST REGISTERED NURSE IN MATHER HISTORY TO RECEIVE THE THEODORE ROOSEVELT AWARD

Joanne Lauten is the Director of Nursing Quality and Stroke Coordinator at Mather Hospital. She has 35 years of professional nursing experience in a wide range of clinical, teaching and leadership positions. Her career spans diverse clinical settings in both acute and community healthcare settings such as emergency departments, case management and home care. Lauten received a Bachelor of Science degree in nursing from Chamberlain College. She holds professional certification as a stroke nurse from the American Nurses' Credentialing Center (ANCC). She is a member of Sigma Theta Tau, the prestigious International Honor Society of Nursing, the American Nurses' Association (ANA), New York Organization of Nurse Executives and Leaders (NYONEL) and the American Heart/Stroke Association. She is the recording secretary for the Greater New York/ Metropolitan Area Stroke Coordinators' Consortium and serves as a member of the American Heart Association Education Committee. Lauten has extensive experience in community education programs delivering the message that education empowers individuals to maintain health and wellness. She has lectured widely to senior citizens and other "at risk" groups on heart disease and stroke prevention and was one of the first healthcare leaders to bring stroke education to elementary school students in Suffolk County. She partners with EMS staff regarding evidence-based, "best" practices in stroke care in order to improve patient care outcomes. Annually, Lauten takes a leadership role in the American Heart Association "Go Red for Women" Campaign at Mather. In collaboration with Dr. Shukla, a physician champion in heart disease prevention, she has raised more than \$2,000 for this cause. Under their guidance, Mather has consecutively been awarded the Gold Plus Target Stroke Award from the American Stroke Association for the past three years. Lauten was selected to deliver podium presentations on stroke prevention and her role as stroke coordinator at national conferences, including the North East Cerebral Vascular Consortium in Boston and the Greater New York Stroke Coordinators' Consortium in New York City.



GEM AWARD NOMINEE - Marie Mulligan, CNO VP for Nursing

Marie Mulligan PhDc, MSN, RN, CNOR, NEA-BC was nominated for the 2015 Nurse.com Nursing Excellence GEM Award in the category of "Advancing and Leading The Profession". Ms. Mulligan is Vice President for Nursing and Chief Nursing Officer at John T. Mather Memorial Hospital. She leads and advances the profession of Nursing by engaging, involving and inspiring her nurses in a wide range of professional endeavors. Her strong vision and passionate nursing philosophy serve as a catalyst for change. She empowers nurses from all clinical areas to provide innovative, high quality, evidence-based nursing care. As a result, patient outcomes at Mather Hospital are among the highest in the nation. Just as every gem is rare and unique, Ms. Mulligan stands out as an exceptional, one of a kind, nurse executive.



DAISY AWARD FOR EXTRAORDINARY NURSES

The DAISY Award is to honor the outstanding work nurses do for patients and families every day.



Jennifer Zeman, RN
Emergency Department

“Jennifer is an absolute angel and what she did for us as a family should be recognized as nothing less than exceptional.”



Joann Hughes, RN
3 East/Telemetry

“She cares about her patients and is always pleasant. She makes our stay easier.”



Christine Mac Entee, RN
2 South

“I was truly blessed to have had the pleasure of knowing Christine and being in her care during my stay”.



PROFESSIONAL ORGANIZATIONS/ NURSING CERTIFICATIONS

Offices held in Professional Organizations by Mather Nursing Staff

Employee	Department/Position	Offices Held
Hatty Baldwin, BSN, RN	Telemetry/ RN	John P. Jennings Veterans' Advisory Panel Member 2011-Present
Maureen M. Chernosky, RN, MSN, CCRN, CEN, ACNS-BC	Nursing Professional Development/ Clinical Instructor	Emergency Nurses Association-Suffolk County Chapter Education Chair 2014-2018 New York State Council Treasurer Elect 2016-2018
Mary Ferrara, BSN, RN, ONC/ONS	2 South/Nurse Manager	Oncology Nursing Society Suffolk County Chapter Vice President 2014-present
Marina Grennen, MSN, RN	Nursing Professional Development/ Clinical Instructor	CEN/Co-Chair Behavioral Health Committee New York State Emergency Nurses Association
Theresa Grimes, PhDc, RN-BC, FNP-BC, CCRN	Nursing Administration/ Associate Vice President for Nursing	Awards and recognition committee and research committee of ASPMN. Writing a chapter for the new edition of the Core Curriculum for Pain Management Nursing and have been a reviewer for the new Scope and Standards for Pain Management Nursing for ASPMN and ANA
Julia Macauley, MSN, RN, CCRN, WCC	Critical Care/Director	President of Suffolk County American Association of Critical Care Nurses (AACN)
Christine J. McKeon	Emergency Department/ Assistant Nurse Manager	Emergency Nurses Association Suffolk County Chapter-President
Lilly Matthew, PhD, RN	Nursing Administration/Nurse Statistician/Nurse Researcher	Mentor position at the National Association of Hispanic Nurses (NAHN) NY Region
Marie Mulligan, PhDc, RN, CNOR, NEA-BC	Nursing Administration/ CNO VP for Nursing	GNYNONEL President Elect
Teresa Pickel, MSN, CCRN	3 North/Nurse Manager	Board Member Suffolk County AACN
Faustina Stoebe, MSN, CPAN	Nursing Professional Development/ Clinical Instructor	President for NYSPANNA District One (Nassau/Suffolk) Board Member NYSPANNA

Nursing Certifications: According to the ANCC, "Certification is the process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications. Certification can be used for entry into practice, validation of competence, recognition of excellence, and/or for regulation. It can be mandatory or voluntary. Certification validates an individual's knowledge and skills in a defined role and clinical area of practice, based on predetermined standards". Nationally 20% of nurses are certified in their specialty. Here at Mather **43%** of our clinical nurses and **81%** of our nurse leaders are currently certified in a specialty, and the number has grown every year for the last 5 years. Some of the certifications are; Critical Care, Emergency RN's, Medical Surgical RN's, Nursing Professional Development, Psychiatric Mental Health, Nurse Executive, Wound Care, Family Nurse Practitioner, Post-Anesthesia, and Oncology. We have renewed our contract with the ANCC for the *Success Pays* program which assists nurses to become certified at a discounted rate. The nurses are also given the opportunity to participate in a variety of review classes through a certification grant, classes include; critical care, medical/surgical, emergency nurses, psychiatric mental health, oncology and orthopedics.

**John T. Mather Memorial Hospital
Total Number of Certified Registered Nurses**





2015 CERTIFIED NURSES

Lori Accetta CCRN
 Junielon Sabas Adame WCC
 Kathleen Adams CDN
 Patricia Alban CEN
 Maureen Altieri NEA-BC
 Deborah Aureliano WCC
 Christina Baker CCRN
 Melissa Baranowski CGRN
 Michael Barletta RN-BC
 Tara Bauer CEN
 Elizabeth Becker RN-BC
 Gertha Benoit-Hollis RN-BC
 Jacquelyn Berkman RN-BC
 Jessica Berkman RN-BC
 Kathleen Biase RN-BC
 Cheryl Bishop CBCN
 Marisa Bisiani ANP-BC
 Donna Blaskopf CRN
 Brianne Bonner-Layne CPHM
 Denise Bonneville RN-BC
 Donna Bragg CRN
 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
 Kimberly Buncke PMHNP-BC
 Indrani Burmanroy OCN, CHPN
 Michelle Byrne NP-C
 Alisa Caliendo NP-C
 Trisha Calvarese CAPA
 Dana Cardello RN-BC
 Maria Cassara CMSRN
 Irene Cassata CPAN
 Loretta Cassese RN-BC
 Renee Castelli RN-BC
 Maureen Cataldo PMHCNS-BC
 Maureen Chernosky CEN, CCRN
 Jean Clark CPHM
 Nancy Clavin OCN
 Margaret Coffey FNP-BC
 Kelly Coleman CNOR
 Donna Collins CPAN
 Teresa Collins RN-BC
 Scott David Colton RN-BC
 Jennifer Colucci RN-BC
 Elizabeth Conneally CGRN
 Marilyn Conner ANP-BC
 Elizabeth Contri RN-BC
 Victoria Cook PMHCNS-BC
 Patricia Cordle RN-BC
 Roberto Cordova CPAN, CCRN
 LoriAnn Crispino CEN
 Cassandra Cucuzzo RN-BC
 Maria Cuisson WCC
 Rose Cummings CPAN
 Richard Daly ANP-BC
 Patricia Danowski RN-BC
 Marianna David RN-BC*, ONC
 Christine DeBernardo RN-BC
 Marsha Deckman NE-BC
 Barbara DeMaio CPHM
 Joyce DeMoore RN-BC
 Susan DeTurris CAPA
 Lauren Diot NP-C, WCC
 Jennifer Dixon CCRN
 Patricia Dodd NP-C, RN-BC
 Lisa Doumas CCRN
 Denise Driscoll PMHCNS-BC, CARN, RN-BC
 Lisa Dubrow ANP-BC
 Glenda Dumlao RN-BC
 Sarah Dunahay CRRN
 Christa Dwyer RAC-CT
 Ellen Dwyer CEN
 Carissa Ely WCC
 Emily Emma RN-BC, ONC
 Judee Falcone RN-BC
 Lorraine Farrell FNP-C
 Candice Fella RN-BC, WCC

Patricia Fernandez ANP-BC
 Mary Ferrara OCN
 Mary Allison Fiedler CCRN
 Renata Flegar NP-C
 Gloria Fortune PMHNP-BC
 Elaine Fox RAC-CT
 Nicole Geiss RN-BC
 Carolyn Germaine OCN
 LoriAnn Gersbeck CEN
 Nina Gervais CCRN
 Elizabeth Giordano CCRN
 Cameron Gittens CEN, CRN
 Dina Giulietti CEN
 Mary Ellen Glennon CCRN, WCC
 Joan Godbold RN-BC
 Maryann Goodman ONC
 Marina Grennen CEN
 Patricia Griffin CNOR
 Theresa Grimes RN-BC, FNP-BC, CCRN
 Susan Grover PMHCNS-BC
 Michelle Gustaferrri CEN
 Holly Ann Hannan WCC, RN-BC
 Donna Hardwicke RN-BC
 Lauren Ann Harris RN-BC
 Mary Harwood CEN
 Margaret Hassett CAPA
 Patsy Hayward WCC
 Patricia Hebron FNP-BC
 Kathleen Herrera RN-BC
 Louise Hershberger CPAN
 Maureen Hervan CNOR
 Stacy Heuschneider ANP-C
 Mary Higgins-Maresco CNOR
 Linda Hill PMHCNS-BC
 Jill Hindes PMHNP-BC
 Jaqueline Hoey CNOR
 Joan Hofbauer RN-BC
 Lyla Hongthong RN-BC
 Tracy Hopkins CBN
 Donna Hughes CAPA
 Lisa Iulucci RN-BC
 Lisa Jantzen NP-C
 Kathleen Jochen RN-BC
 Stacey Jolley OCN
 Felicia Kaiser CCRN
 Ellen Kasprzak CPHM
 Dianne Kelly-Layer NP-C
 Marianne Kiernan CBPN-I, CBCN
 Kirsten Konsevitch RN-BC
 Jamie Kotler RN-BC
 Debra Ledoux CCDS
 Jessica LaGala RN-BC
 Deborah Lamendola ANP-BC, CWCN
 Vivien Langford CRN
 Anne Lasota RN-BC, ONC
 Armando Lastra WCC
 Andrea Lauckhardt CAPA
 Joanne Lauten SCRN
 Katherine Lewin CCRN
 Mary Lindner RN-BC
 Marigrace LoMonaco RN-BC
 Michael Lospinuso RN-BC
 Julia Macauley CCRN, WCC
 Phyllis Macchio ANP-BC, GNP-BC
 Christine Marie MacEntee RN-BC, CRNI
 Thomas Magnano RN-BC
 Nita Malik FNP-BC
 Margaret Maltz CAPA
 Lydia Malvagno CWCA
 Kathy Manzi CNOR
 Geraldine Massimino RN-BC
 Swati Master RAC-CT
 Cynthia Mattson CWOCN
 Jean McCarrick NE-BC
 Mary Ellen McCarthy ANP-BC
 Shirlee McKenna CAPA
 Christi McManus CCRN
 Pauline Meek RN-BC
 Christopher Menekou RN-BC
 Phillip Messina NE-BC
 Susanne Meyers PMHNP-BC

Karen Middel-Jones WCC
 Ken Mills PCCN
 Bridget Moley RN-BC
 Barbara Mondello RAC-CT
 Judith A. Moran NE-BC, RN-BC
 Susan Morin PMHCNS-BC
 Kurt Muller ONC
 Marie Mulligan CNOR, NEA-BC
 Christine Mulvey CNOR
 Patricia Mupo RN-BC
 Lisa Nelson PMHNP-BC
 Jean Nesbitt WCC
 Laura O'Brien CRN
 Marie O'Brien CCRN, NP-C, RN-BC
 Gospel Ofuyah WCC
 Jamie O'Hara CAPA
 Martene Overton RN-BC
 Leslie Parker PMHCNS-BC
 Jean Marie Peterson RN-BC
 Karen Petrosino WCC
 Karen Picasso CEN
 Teresa Pickel CCRN
 Elizabeth Picozzi NE-BC
 Elizabeth D. Picozzi WCC, RN-BC
 Christine Ploetz RN-BC
 Stacey Podlasek CCRN, SCRN
 Colleen Pohmer Reade WCC
 Ginger Postiglione RN-BC
 Emily Pozgay NP-C, CRN
 Toni Ann Prost CNOR
 Donna Randone WCC
 Colleen Reaele CEN
 Nicole Rice RN-BC
 Tina Riggs, NP-C
 Irma Rivera CAPA
 Nancy Robb RN-BC
 Anne Roberts CCM
 Ellen Robertson RN-BC
 Nancy Rochler CCRN
 Sharlene Rojas CCRN
 Maria Rubino CHPN
 Katie Rush CCRN, CRN
 Frank Russ RN-BC
 Kristy Schuster RN-BC
 Suzanne Schwamb CDN
 Genine Schwinge ANP-BC, VA-BC
 Michele Scomello NP-C
 Shannon Shah OCN
 Angela Shapiro CNOR
 Alicia Sheron ONC
 Elizabeth Shortell ANP-BC
 Deborah Shull CPAN
 Patricia Slokovitz NP-C
 Agnieszka Sobolewska RN-BC
 Suzanne Soltysik RN-BC*, CNE
 Jenna Sonnenberg RN-BC
 Pasqua Spinelli PMHNP-BC
 Karen Sproul FNP-C
 Darlene Steigman RN-BC
 Patricia Stillwaggon CCRN
 Faustina Stoebe CPAN
 Mary Sundquist CHRN
 Eileen Swailes NP-C
 Michelle Swensen CPAN
 Najmi Tanwir CEN
 Julie Tegyay RN-BC
 Karen Tuzzolo CNOR, NE-BC
 Erin Vaccariello RN-BC
 Christine Viterella RN-BC
 Jeannette Voelger CCRN
 Minna Waldeck OCN
 Geraldine Walter RN-BC
 Trudy-Ann Weekes-Roach CNOR
 Lynn Weiss RN-BC
 Keri Wilson NP-C, RN-BC
 Maryanne Wisniewski RN-BC
 Patricia Woods CRN
 Eileen Zodda CNN



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