



# Nursing Annual Report 2017

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## Message from our Chief Nursing Officer



Dear Colleagues,

Welcome to the 2017 Nursing Annual Report for Mather Hospital. Once again 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, especially our most recent accomplishment of our first Magnet® re-designation. Along with our re-designation, we received an exemplary in Research and Evidence Based Practice. We have hired clinical nurses including new graduates, while continuing to have one of the lowest turnover rates in our geographic area.

The role of the professional nurse continues to be 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 participated with Evidence Based Practice and Research in which processes were revisited and changes made. By nurses partnering with other healthcare professionals and the community, we will advance our vision to be a leader in transforming healthcare for our patients. As a Magnet® designated organization, our nurses are the “gold standard” in leading healthcare.

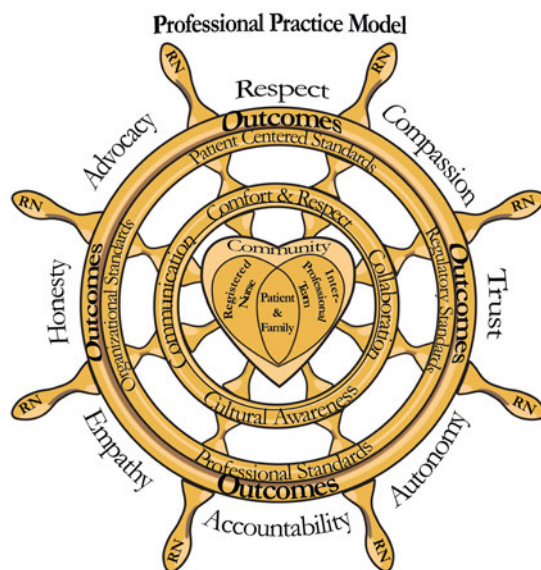
I value the ongoing and open conversations I have with nurses regarding their practice environment, which includes opportunities to make innovative improvements. As we dialogue and problem solve together, we are building a lasting culture of nursing excellence and professionalism.

On behalf of the nursing team here at Mather, we hope you enjoy learning about the important contributions of our nurses and our vision to be a leader in the region and nationally recognized in transforming healthcare.

Sincerely,

*Marie Mulligan RN*

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



## Facts & Figures

74% of clinical nurses  
hold a BSN degree



Medicare/Medicaid Services awarded  
Mather a Four Star Rating for Patient  
Experience, with 11 measures above  
the national average.

HCAHPS Scores 2017  
80th percentile  
for all nursing indicators



Press Ganey Scores 2017  
91st percentile  
for all nursing indicators



Magnet® recognized in  
June 2013.  
Document for  
re-designation submitted  
on June 1, 2017.



# Voyage to Excellence and Magnet® Redesignation

The Voyage to Excellence is a cultural transformation at Mather Hospital whose goal is to become the best community hospital in New York State. The foundation of the Voyage to Excellence is represented by four pillars: People, Service, Quality & Safety, and Innovation & Growth. Currently there are 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 Mather Hospital's 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 and risk identification.

In June 2013, Mather Hospital was initially recognized as a Magnet® organization. Magnet® recognition is the gold standard by the American Nurses Credentialing Center (ANCC)

the dedication of the entire inter-professional team as we work together to enhance patient outcomes.

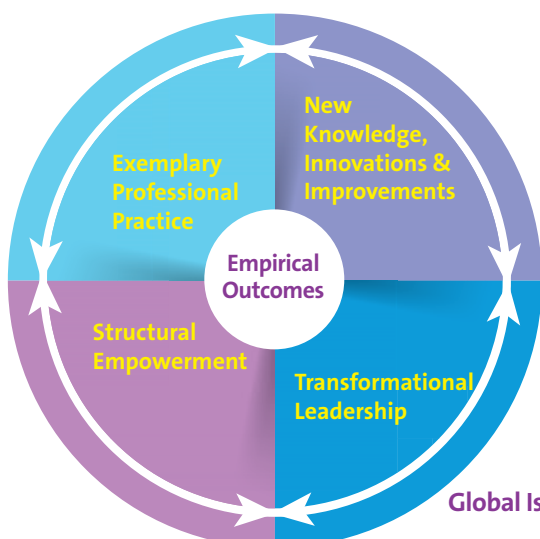
On June 1, 2017 the Magnet® document was submitted to the ANCC. The Magnet® document included examples of transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations, and improvements, and outcomes. It also reflected the presence of a Magnet® culture which encompasses values and characteristics of empowerment, pride, respect, nurturing, mentoring, autonomy, integrity and teamwork.

Three appraisers, one appraiser candidate, and a Senior Magnet® Program Analyst conducted a rigorous review of the document over the course of four months. On September 29, 2017 we were notified that the document met the Magnet® standards of excellence and we would be going directly to site visit in January 2018!

When evaluating an organization for Magnet® recognition, the ANCC considers the following five components that have been deemed global issues in nursing and healthcare:

- Visionary leadership transforming the organization to meet changing needs
- Empowered staff properly prepared to face all challenges
- Competent, dedicated, and empowered nurses
- Continued innovation within staff knowledge, clinical practice and systemic improvements
- Outcomes measurement systems in place throughout the entire organization.

for excellence in nursing services. It 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





## Transformational Leadership



## Professional Development

In May 2017, Mather Hospital's CNO Marie Mulligan, PhD, RN, CNOR, NEA-BC and Nurse Educator Mary Ellen LaSala, PhD, RN earned their PhDs which were presented at Adelphi University's Doctoral Hooding Ceremony.

### **Advisory Board Frontline Leadership Program**

The Nursing Department partnered with the Advisory Board in Washington, DC to translate frontline staff potential into clinical and operational performance gains. Frontline staff members are often an untapped resource for innovation and performance improvement initiatives. There were 48 participants chosen to partake in the program including clinical nurses, nurse managers, and clinical educators. In addition, participants also included medical residents and employees from Patient Access, Laboratory, Materials Management, Food and Nutrition, Occupational Therapy and Physical Therapy. Twelve coaches from various disciplines and departments



**Mary Ellen LaSala and Marie Mulligan**

were selected to guide and mentor them through the quality improvement process. In October 2017, there were two workshops including the *Coaching Skills* workshop and *Unleashing Frontline Potential*. The coaches will work with the participants to develop and implement measurable, meaningful improvements. The work will continue into 2018 with a results summit anticipated for September 2018.

## Long Bone Fractures and the Emergency Department

Long bone fractures are defined as a fracture to the femur, tibia, fibula, humerus, radius, and ulna. In an effort to ensure quality patient care, the Center for Medicare and Medicaid Services (CMS) requires emergency departments (ED) to report median time to pain management for long bone fractures. This measures the median time from ED arrival to time of initial oral, nasal, or parenteral pain medication (opioid and non-opioid) administration for ED patients with a principal diagnosis of long bone fracture.

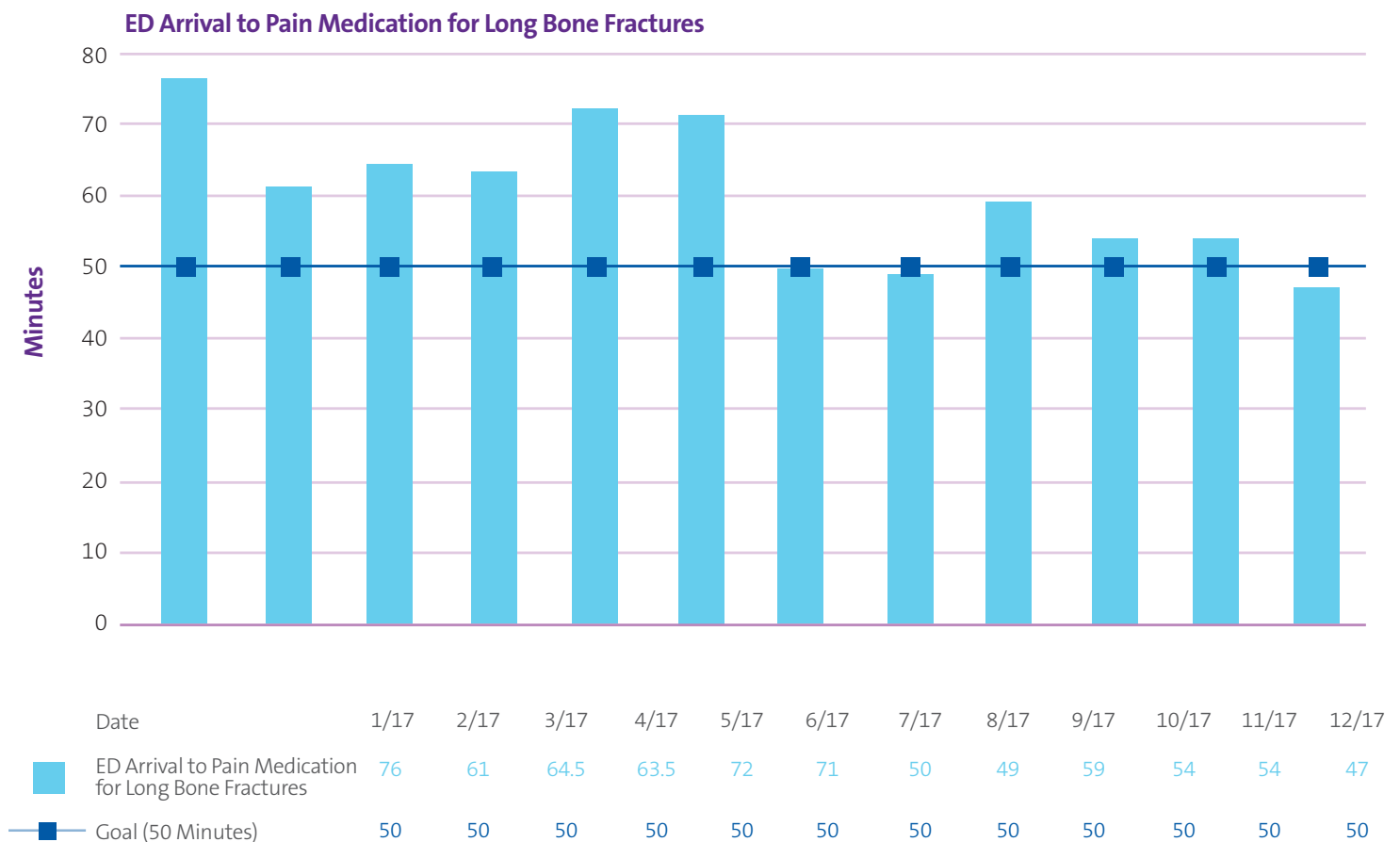
In February 2017, the ED leadership analyzed the core measure data and recognized an area for improvement in the ED arrival time

to administration of pain medication for long bone fractures. A unit-based committee was created to address the issue in March 2017. Participants included frontline, clinical staff: Adam Wos, MD, ED Medical Director; Julie Tegay, BSN, RN-BC, ED Nurse Manager; Christine McKeon, MSN, RN, CEN; Marina Grennen, MSN, RN, CEN, ED clinical instructor; and Rebecca Welsh, RN, IT analyst. The decision was made to investigate why the core measure was not being met. The feedback from frontline staff was that while they knew about the core measure and the importance of it, there was a knowledge deficit regarding the timing of the identification, communication, and collaboration with providers regarding the

fracture. This was primarily due to the CMS definition “principle diagnosis of long bone fracture.” Staff believed long bone fractures presenting to the ED needed to be identified much earlier than after radiologic studies. This led to the development of a simple question added to the ED triage template: “suspected fracture YES or NO.” The addition of this question permits the triage registered nurse (RN), who is the first encounter for the patient, to independently recognize the suspicion for fracture based on clinical judgment. The RN can then document the finding in the medical record and notify a provider. This immediate action by the triage RN allows for the early recognition of a potential fracture and

the early prescription for, and administration of, pain medications.

All staff were provided additional education regarding long bone fractures, including early recognition or suspicion of such and the presence of the new question on the triage template. RNs were also educated and empowered to declare their suspicion of long bone fracture to providers and advocate for pain medication orders. This initiative was implemented in May 2017 and resulted in improved collaboration among RNs and providers as well as a significant decrease in overall arrival time to pain medication administration for long bone fractures.





# Use of Aromatherapy to Decrease Anxiety Among Mental Health Patients

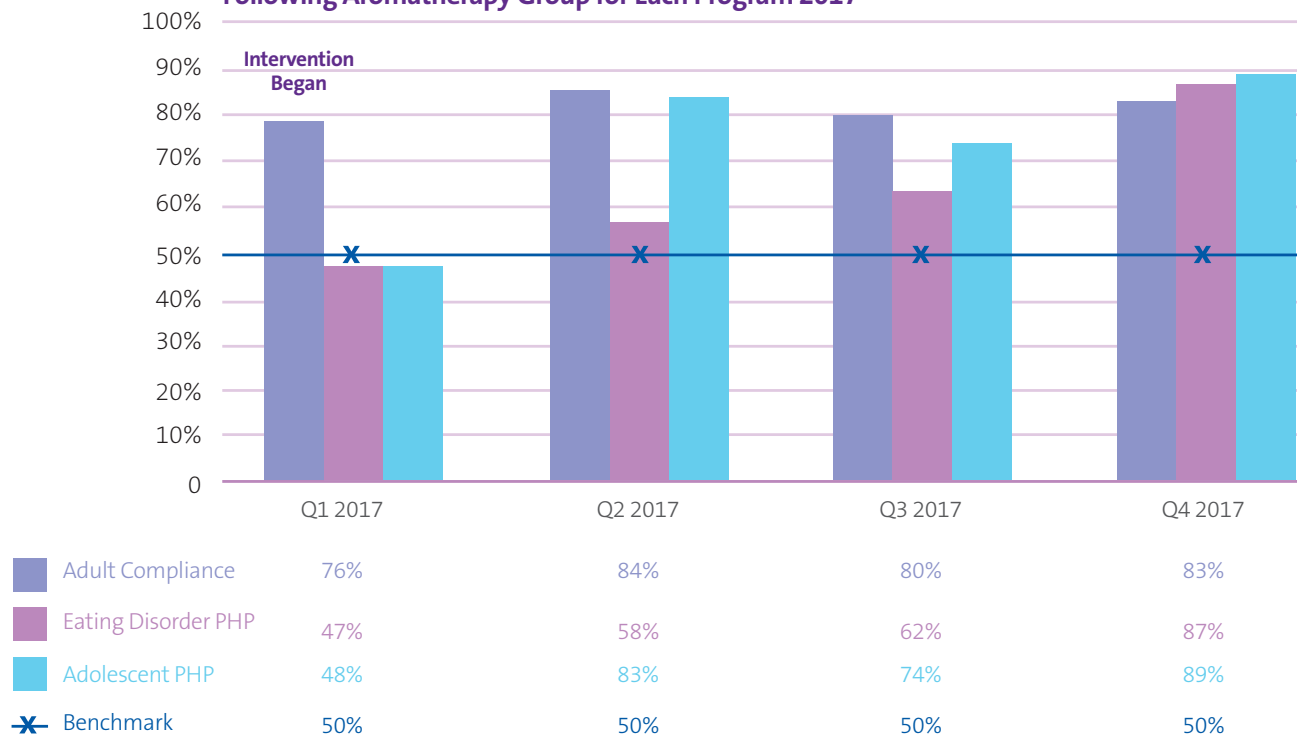
The Mather Partial Hospital Outpatient Psychiatric Program serves adult, adolescent and eating disorder patients. In 2017, a performance improvement project focused on exploring the effectiveness of aromatherapy. Most of the patients admitted to all three programs at Partial Hospital experience anxiety at some level, and many have co-morbid anxiety with depression.

Medication alone is not always effective and untreated anxiety can increase the patient's risk of other severe conditions. Patients who attend our Outpatient Partial Hospital are seeking treatment voluntarily and are open to various modalities that include a multimodal approach including psychotherapy, medication, lifestyle changes, and non-pharmacological therapies such as exercise, meditation, and the introduction of aromatherapy in 2017. Subject participation in the aromatherapy group was voluntary and required verbal consent. The improvement target was 50% of the patients participating in aromatherapy

groups would demonstrate a decrease in anxiety as evidenced by before and after anxiety measurements. Two aromatherapy clinicians completed the hospital-sponsored R.J. Buckle course, Clinical Aromatherapy for Health Professionals. The Nursing Informatics Department assisted in developing a behavioral health aromatherapy note and created a report to capture quarterly data. Partial Hospital nurses developed a patient safety handout and a worksheet for the collection of data. The nurses collected pre and post anxiety scores from each participant prior to the aromatherapy groups. In 2017, the overall score for all programs in reducing anxiety was 73% which exceeded the goal of 50%.

The Aromatherapy Program has been very successful with all Partial Hospital populations. Clients have provided positive feedback regarding the use of lavender essential oils used with mindful breathing exercises in decreasing their anxiety and augmenting their current treatment and increasing their coping skills.

**Patients Who Reported a Decrease in Anxiety Following Aromatherapy Group for Each Program 2017**



## Annual ANCC Nursing Conference

Every year, the American Nurses Credentialing Center (ANCC) sponsors the National Magnet® Conference. The theme for 2017 was Diversity in Practice, Strength Through Collaboration. The largest nursing conference in the United States was held October 11-13, 2017 in Houston, TX. More than 9,000 nurses and nursing executives, representing more than 20 countries, attended the conference.

In 2017, over 2,000 abstracts were submitted by nurses from organizations throughout the world. The selection process is a rigorous, blinded, peer-review evaluation conducted by 119 highly respected nurse experts from areas of clinical nursing practice, administration, academia and research. In 2017, 96 podium presentations were added to the 2016 presentations who were invited back as the 2016 conference was abbreviated due to Hurricane Harvey. The 2017 Magnet® Conference included a total of 149 podium presentations and 158 poster presentations. A new

poster format was piloted and 18 of the poster presenters were invited to present virtually.

Nurses at Mather Hospital received the prestigious honor of having three abstracts accepted for podium presentations at the ANCC National Magnet® Conference in 2017. Presenters included:

- Judith Moran-Peters, BNSc, RN, NE-BC, BC presenting on *Strength in Diversity Transforming Nurse Leaders Into EBP Experts*
- Judith Moran-Peters, BNSc, RN, NE-BC, BC and Denise Driscoll, RNC, CARN, CS, NPP for Linda Hill, MSN, RN, PMHCNS presenting on *Improving Psychiatric Patients Medication Knowledge*
- Brandy Feliu, MSN, RN and Teresa Anderson, MSN, RNC-OB, NE-BC, ANA-NKC presenting on *Designated Today, On the Journey Tomorrow; Making the Best of Internal and External Resources*

## 2017 Nassau/Suffolk Hospital Council Nurse of Excellence

Melissa Pearson, BSN, RN, PCCN, clinical nurse in the Emergency Department was Mather Hospital's nominee for the 2017 Nassau-Suffolk Hospital Council Nurse of Excellence Award. Melissa was selected to participate in the Advisory Board's Frontline Leadership Impact Program in 2015. This year-long

program utilized an evidence-based practice (EBP) format.

Melissa's project identified the need to improve coordination between Nursing and the Food/Nutrition Department. Data analysis conducted by Melissa identified opportunity for improvement related to timing of meal tray delivery and administration of insulin to patients with diabetes. Melissa's EBP project changed several existing practices and had a positive, hospital-wide effect on patient safety. It significantly decreased the time period between food truck delivery on clinical units, and administration of fast acting insulin from 58 minutes (mean) to below the recommended FDA benchmark of 15 minutes.

**Marie Mulligan, CNO;  
Melissa Pearson, RN;  
Kenneth Roberts,  
President**





## Structural Empowerment

# Code Fall

The hospital-wide Fall Committee's goal for 2017 was to reduce the number of overall falls and falls with injury within the hospital. Hospital falls are the most common adverse event that occurs and are among the top ten sentinel events reported to The Joint Commission sentinel event database.

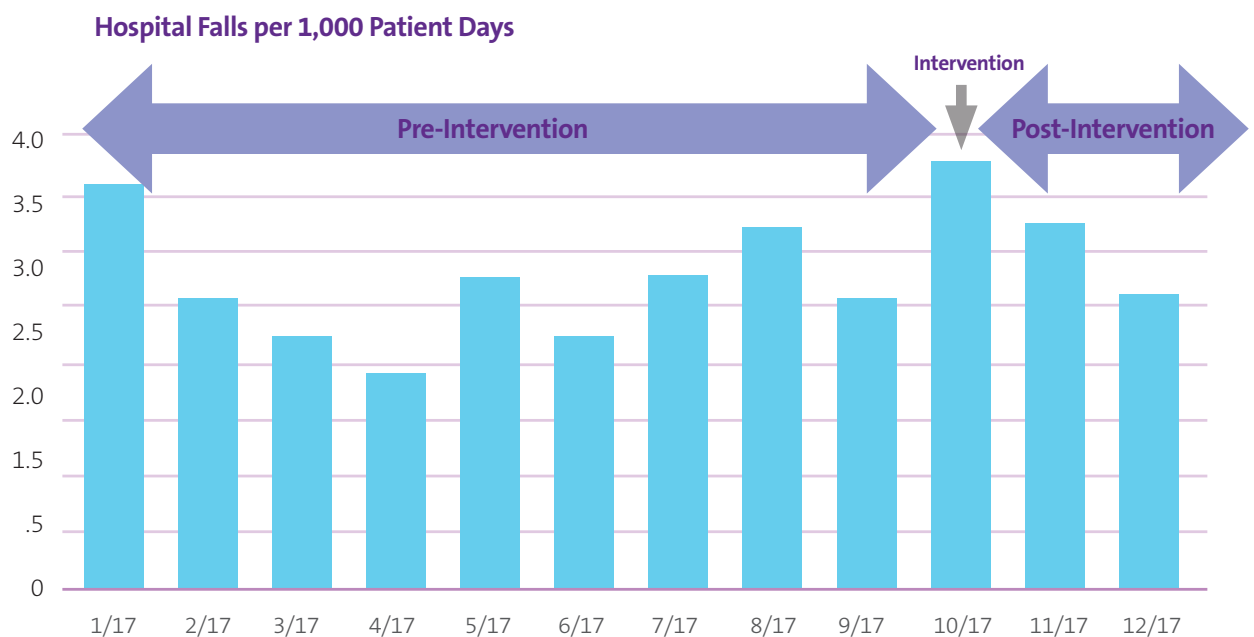
The Fall Committee consists of many individuals from several departments including:

- Nursing
- Inpatient units and Emergency Department
- Radiology
- Physical Therapy
- Security
- Transport
- Environmental Services
- Food and Nutrition Services
- Administration

A decision was made by committee members to develop and implement an overhead hospital-wide code upon review of the literature. There is a national trend to standardize emergency codes as recommended by The

Joint Commission in 2012. Many organizations, such as the U.S. Department of Health and Human Services, the U.S. Department of Homeland Security, and The National Incident Management System recommend the adoption of plain language for codes. Utilizing transparency and high reliability led to the creation, development, and implementation of "Code Fall" by the Fall Committee in October 2017. Education provided to non-nursing personnel included promotion of patient safe zones in an attempt to prevent falls. This includes making eye contact when encountering a patient, keeping pathways clear, ensuring patient beds are in the lowest position with brakes on and side rails up, and making sure call bells and personal items are within reach. This education has empowered all hospital staff to partake in patient safety.

A "Code Fall" is initiated after a fall by any staff witnessing such event by calling the hospital operator. A "Code Fall" is announced overhead with the exact location of the event and the Code Fall team arrives within minutes.



The responders include the Assistant Director of Nursing (ADN), medicine, nursing, support staff and security. When the team arrives the patient is assessed for any physical injuries and placed in a safe position. After the patient's condition is deemed stable, the team evaluates the causes of the event. This post fall huddle is facilitated by the ADN. The information gathered from the post-fall huddle

is entered into a remote data entry system (RDE). The primary RN also has the opportunity to enter the data necessary to further investigate the occurrence. That information is then forwarded to appropriate leadership so they may do a 24-hour follow-up and evaluation of the patient.

## Nursing Professional Development

Our Nursing Professional Development (NPD) clinical instructors work diligently to provide nurses with education both as they enter the hospital and throughout their careers. This helps to ensure that the nurses and the organization earn the national accolades for quality, evidence based practice, and patient safety that they deserve.

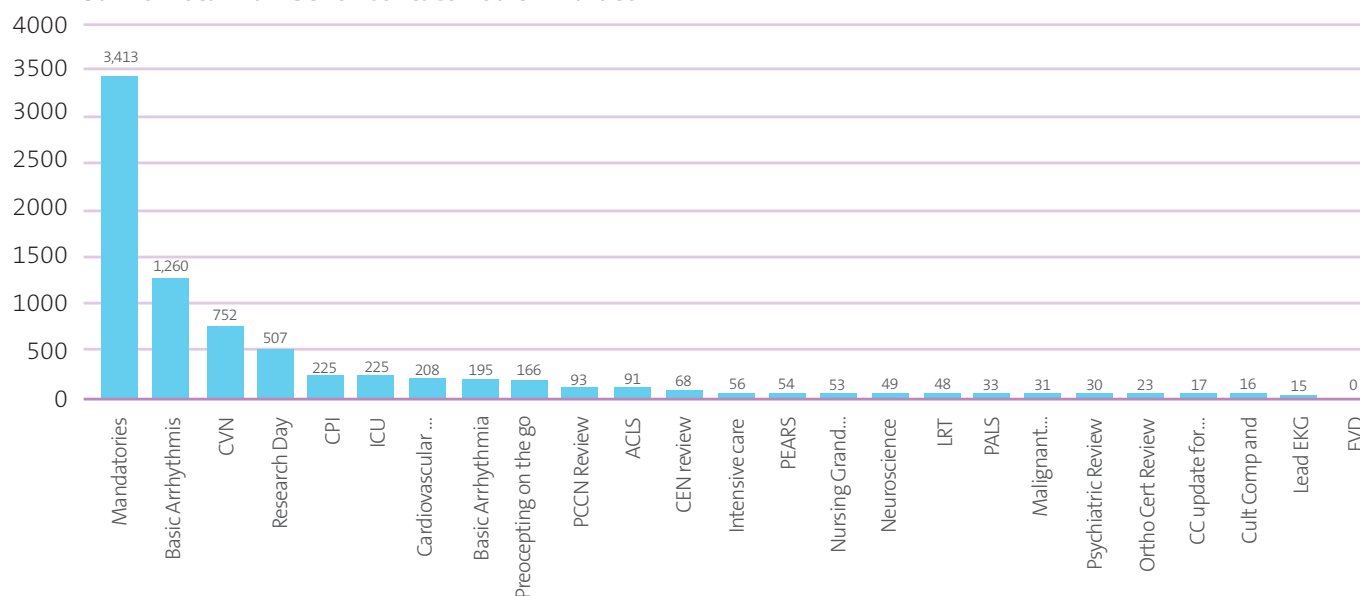
Our NPD colleagues work to provide programs including: CPR, ACLS, PALS, PEARS, critical care classes, specialty certification classes, community education classes and many more including:

- Continuing education contact hours improving the performance of our nursing

staff by offering review classes to achieve national nursing certification recognition

- Orientation and transition to practice programs
- Competency assessment (for new hires and routinely thereafter)
- Education on the use of new equipment, policies and procedures
- Coordination of student affiliations (contracts, scheduling, ensuring they have orientation, parking passes, etc.)
- Hospital orientation program to meeting regulatory requirements
- Educational requests provided to nursing staff one on one in real time

**Sum of Total Number of Contact Hours Awarded**



# Interprofessional Medical Students Education Program

The Nursing Professional Development department partnered with Hospital Medicine in 2017 to provide an inter-professional education experience for medical students. Each quarter, a total of four medical students participate in this collaborative experience. The program incorporates observational experiences for the medical students in the ED with nursing staff, EKG technicians, phlebotomists, and respiratory therapists.

## Explorer Program

The Nursing Professional Development department collaborated with Mather Hospital's Volunteer Services and the Boy Scouts of America to develop Explorers Post 1929 in 2016. Exploring is a Learning for Life education program for young men and women focused on career education. The Explorers Program at Mather Hospital is focused on introducing healthcareers to young men and women in grades nine through twelve. Explorers Post 1929 meets on the first Tuesday evening of the month in the Nursing classroom and 15 students participated in 2017.

Each month, a different healthcareer within the hospital is showcased for the young men and women based on their requests. In 2017,

there were presentations representing different hospital departments. The objective of this program is for the Explorers to hear the speaker's passion regarding their profession and for the speaker to offer guidance in future classes, pre-requisites, internship opportunities, salary ranges and other information about the featured career.

Speakers included representatives for:

- Nursing
- Pharmacy
- Radiology
- Information Technology
- Central Sterile Supply
- Emergency Department

Explorers have had the opportunity to tour Central Sterile Processing and see how instruments are cleaned and autoclaved for Surgical Services. Participants also built a personal website with the IT specialists. The Explorers also used a portable ultrasound machine with Dr. Adam Wos, ED Medical Director, to visualize internal organs and understand how sonography can be used quickly and efficiently for diagnosing in the Emergency Department. The program is well attended and the feedback from the participants has been positive.



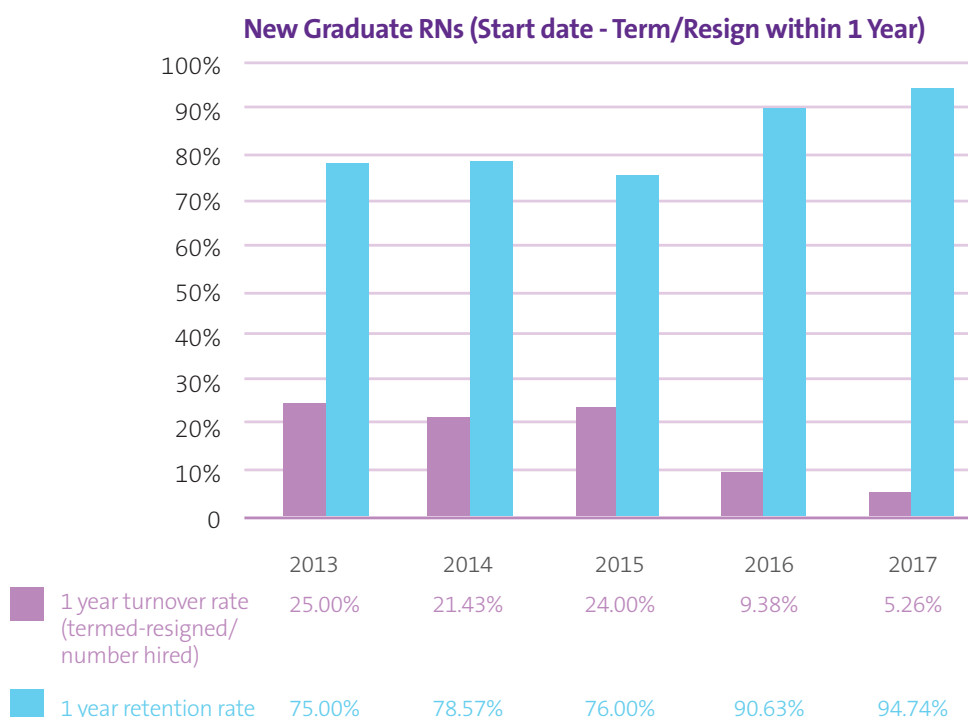
## Practice Transition Accreditation Program (PTAP)

Nursing Professional Development implemented a Transition-to-Practice program for new graduate nurses in 2017. The program is based on the Practice Transition Accreditation Program (PTAP) from the ANCC and Patricia Benner's Novice to Expert Model. The program is one year in length and was developed to support new graduate nurses through the first year of practice. It is a planned comprehensive program encompassing patient centered care, interdisciplinary skills, technology skills, quality and safety education for nurses (QSEN) competencies, and the Institute for Medicine (IOM) 2010 Future of Nursing recommendations. Seventy six new graduate nurses participated in the program in 2017. Some of the quality data that was reviewed

for the first year:

- Retention of new graduates increased to 94.7%.
- Increased participation in evidence-based practice projects - 20 EBP projects were initiated which included night shift rounding with the hospitalists, mitigating 6:00 am medication pass interruptions with a No Fly Zone, creation of an IV drip resource for new nurses in Critical Care and the ED, and the creation of a wound care cart to assist with admissions and daily wound care assessments.
- Preceptor development: 7 of the 11 new nurses who have completed one year or more participated in a preceptor class and have begun precepting the next cohort of new graduate nurses.

The application for accreditation will be submitted to the ANCC on February 1, 2018.





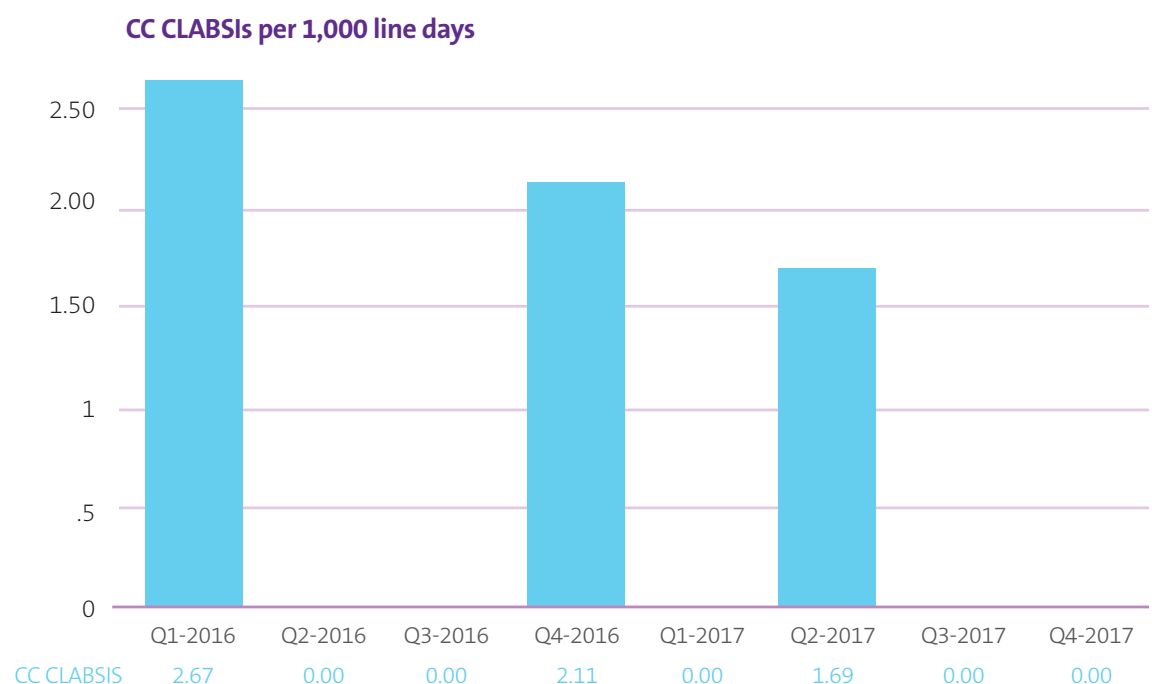
## Theraworx Initiative

Critical Care recorded four Central Line Associated Blood Stream Infections (CLABSI) in 2016. CLABSIs increase a patient's chance of acquiring another disease or dying and the annual cost per patient is greater than \$16,000 ([www.jointcommission.org](http://www.jointcommission.org)). The critical care director, nurse manager and assistant nurse managers met with the Infection Preventionists to develop strategies to alleviate this problem.

Nurses from Infection Prevention had attended the Association for Professionals in Infection Control and Epidemiology (APIC) national conference and learned about a product called Theraworx. Theraworx is a pH-balanced product that works by preserving the natural acidic barrier of the skin which allows for proper protection against environmental factors. It leaves the skin's ability to fight infection intact and was marketed to have great results in the prevention of hospital acquired infections and prevention of pressure injuries. The infection Prevention team presented information on Theraworx to Critical Care staff

and leadership. In January 2017 a trial of the product was started. During the initial trial period the company representative provided in-house education to the staff on both the day shift and the night shift. During the trial period, the staff was pleased with the products accessibility and ease of use as Theraworx rapidly air dries and eliminates the need for towels. Some staff members expressed concern with the effectiveness of a product that came out of bag with no soap and water, but they were interested in seeing the final outcome.

In May 2017 Marie Mulligan, CNO Vice President for Nursing supported the decision to incorporate the product into patient care at Mather Hospital. In June 2017, Theraworx became the standard of care in Critical Care. The company representative provided additional education to ensure all staff was familiar with the product and its use for each patient. Critical Care maintained a zero CLABSI rate for the remainder of 2017.



## Enhanced Recovery in Level 4 and 5 Surgical Cases

The enhanced recovery initiative was started as a nurse-led, inter-professional initiative aimed at achieving exemplar clinical outcomes due to CMS mandated bundle payments in the total joint patient population. It includes Hibiclens® baths, weight-based antibiotics, and bringing the patient in to see a Nurse Practitioner 21-24 days prior to surgery. In addition, the nurses within Surgical Services used an inter-professional approach to identify the serum glucose levels (HgbA1c) of every patient being evaluated for Total Joint Replacement Surgery. Computerized order sets were developed that provided an algorithm of best practices for assessing patients at risk for complications after surgery. Chronic conditions such as obesity, diabetes, and osteoarthritis can negatively impact health and wellness. Using evidence-based research an enhanced recovery protocol was created with an emphasis on maintaining tight control of serum glucose levels. Evidence has demonstrated that tight glucose control, often lacking among patients requiring joint replacement, is essential to the achievement of high quality outcomes. The outcomes in the first six months were successful in identifying newly diagnosed diabetics and uncontrolled diabetics. Subsequently, the enhanced recovery protocol was initiated on all level 4 and 5 surgical cases as a best practice.

The outcomes for 59 patients who had their HgbA1c tested included:

- 11 patients (19%) were found to be newly diagnosed diabetics
- 8 patients (14%) were found to be uncontrolled diabetics
- 36 (61%) patients successfully went to the OR with finger sticks less than 200
- 4 patient surgeries were canceled and 2 patients postponed their surgeries until their diabetes was in better control.

### Policy Manager

The hospital implemented ©MCN Healthcare Policy Manager on October 17, 2017. The Policy Manager design utilizes workflow management software to automate the policy review process. Leaders are made aware via an automated report when a policy is due for review and/or revision prior to the next scheduled review date. This allows for a pro-active approach to policy review. The workflow software allows for in-line editing of the policy and to forward revisions to the next reviewer for additional edits or approvals. In addition, each department's specific policy and procedure manual was uploaded to the Policy Manager. The purpose of this implementation is to provide all hospital employees with access to every policy through the organization's intranet. Policy Manager allows an employee to search multiple manuals at one time, or a specific manual for a policy title or search key words in a policy.

## Affiliations with Schools of Nursing



In 2017, Mather Hospital Northwell Health collaborated with 12 Schools of Nursing and placed 286 students for their clinical rotations and 65 students for their capstone and clinical rotations.

Students completed the required clinical areas in various departments throughout the hospital including Med/Surg, Telemetry, Critical Care Units, Stepdown, Surgical Services, Behavioral Health, Emergency Department and Outpatient areas on both day and night shifts. In addition, students were placed with nurse leaders throughout the hospital to fulfill their clinical time in leadership classes.

### Mather Hospital's "Becoming a Nurse" Program

In 2017, we continued a nursing education program entitled "Becoming a Nurse" at Mather Hospital. The purpose of the program is to educate community members about nursing as a career and the steps involved in

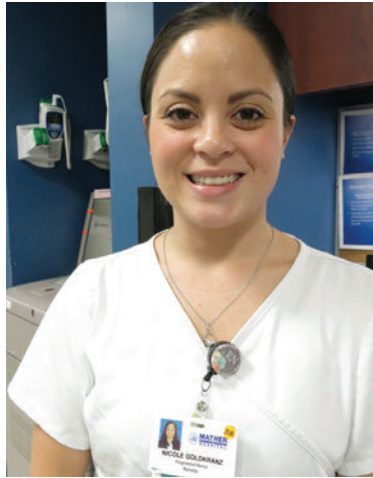
the process of becoming a registered nurse. The program was developed by Judith Moran-Peters, DNSc, RN, NE-BC, BC, Coordinator of Nursing Research and Professional Development; Brandy Feliu, MSN, RN, Assistant Vice President of Nursing Professional Development; and Annemarie Doodian, MSN, RN, Director of Nursing Recruitment and Retention and Medical/Surgical Nursing. The Mather program includes information on the history of nursing, nursing theorists, modern day nursing, types of nursing programs, the ANCC Magnet Recognition Program®, resume writing and interviewing skills. In 2017 there were six sessions offered with 35 volunteer participants. All evaluated the program as very good to excellent. Several parents attended with their junior volunteer teens to hear about nursing as a career.

### Image of Nursing Program

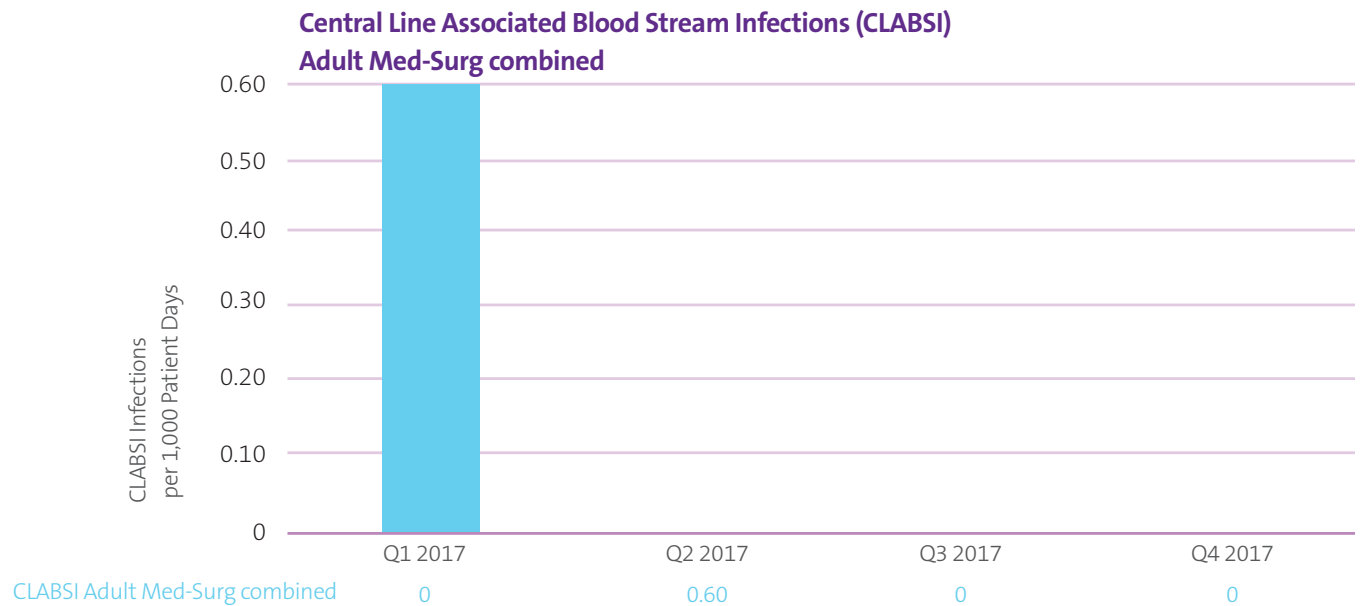
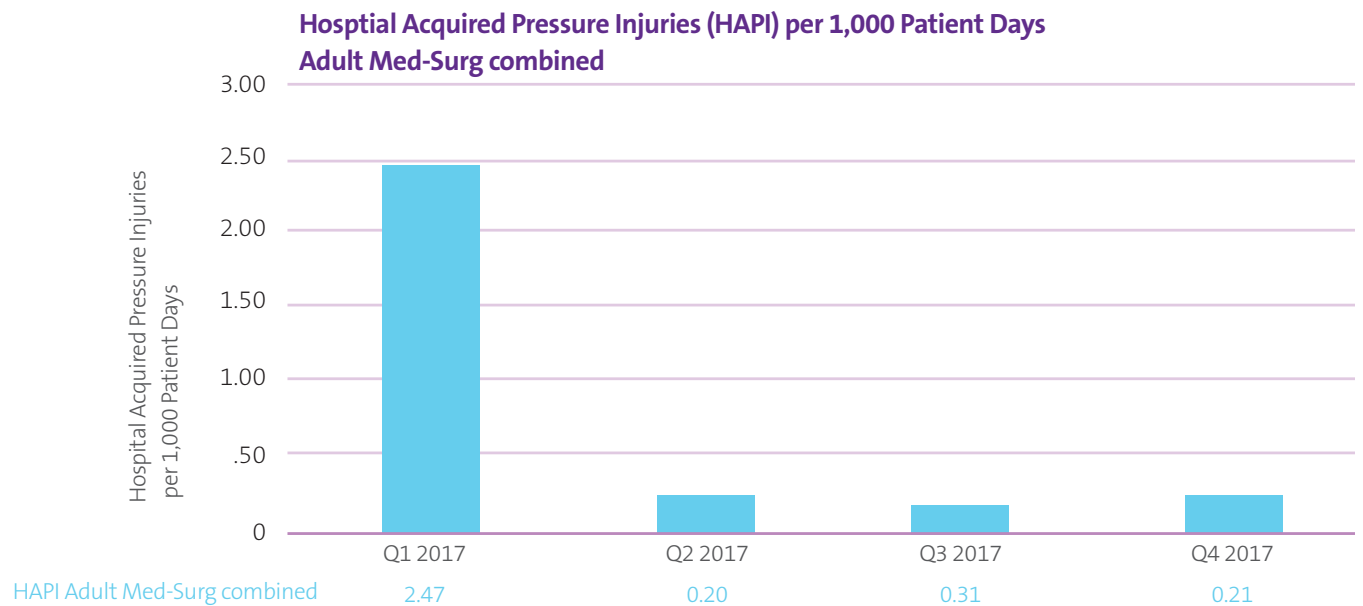
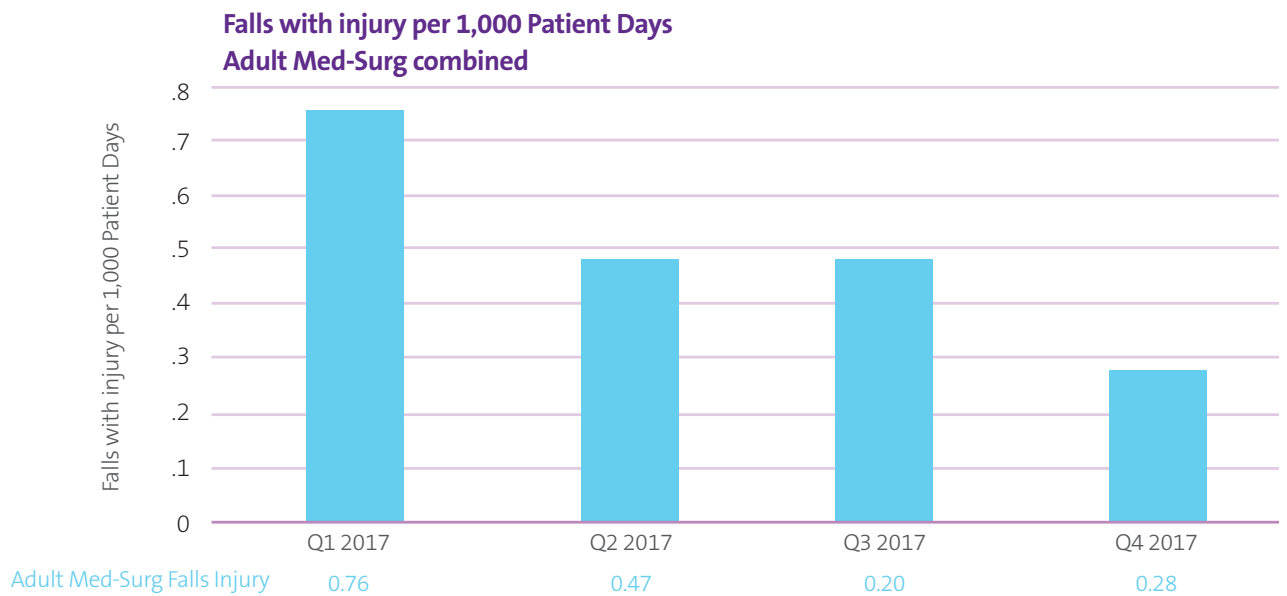
The Image of Nursing Program is a collaboration with Longwood Senior High School located in Middle Island, NY. In 2017, twelve seniors interested in a career in nursing were chosen to participate. They received information on evidence-based practice and research, stroke, Mather Hospital's Volunteer Program and an overview of nursing as a career.



Image of Nursing Program



## Exemplary Professional Practice



## Improving HCAHPS on 3 East

In April 2017, the leadership team of 3 East, including Assistant Nurse Managers Jillian Jablonski, BSN, RN; Lorretta Hill-Civil, BSN, RN, PCCN; Kim Bauman, BSN, RN; and Donna Hardwicke, BSN, RN-BC, along with Clinical Instructor Patricia Alban, MSN, RN, CEN, PCCN, and Nurse Manager Dina Giulietti, MSN, RN, CEN reviewed the HCAHPS data. It was identified that 3 East was below benchmark for two of the HCAHPS questions:

- explanation of new medications
- communication of possible side effects of new medications

The team developed the idea to create a color coded, eye catching, and portable method to educate patients on their newly prescribed medications. 3 East's sister unit, 3 South, was already using medication cards written on white index cards that are brought into the patients' rooms ("Know before you go").

The 3 East team decided to expand upon this idea. Medication cards were created from the hospital-wide Medication Education Guide. The name of the medication is written on the front of the card with the indication for use and the most probable side effects written on the back. Each card is color coded depending upon the classification of the drug. (i.e. antibiotics are green). On each patient's white

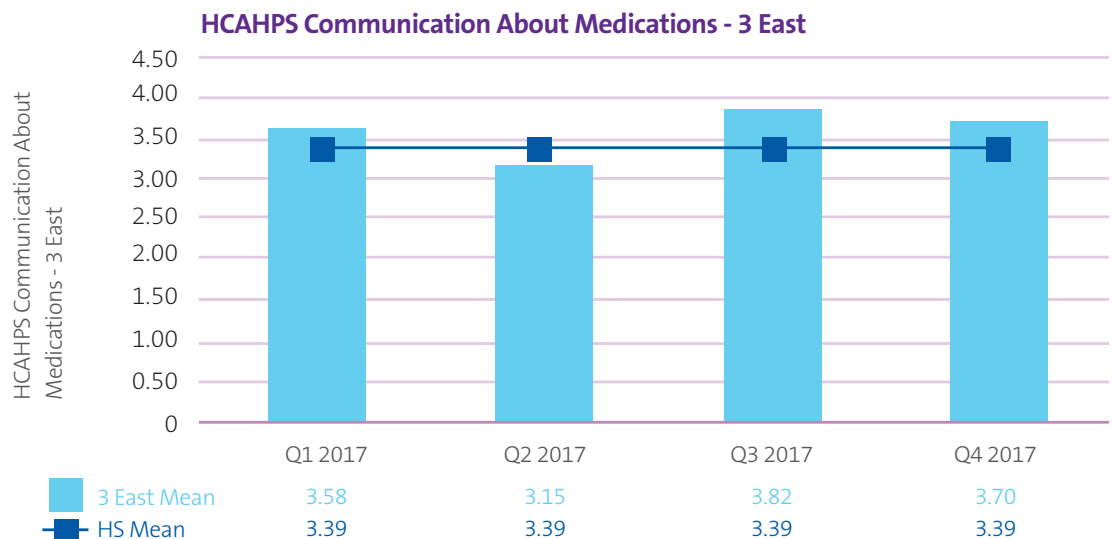
board an adhesive hook was applied.

On admission, each patient receives a ring with their name on the front card and the newest medication card attached. The ring is then hung from the hook in the patient room. Every shift a new card is added to the ring and reviewed by the registered nurse (RN) with the patient and/or family. The initial card is hung by the unit secretary and the additional cards can be hung by the secretary, nursing assistant or RN. Any member of the 3 East team can add a card to the patient's ring.

Patient medication education is the responsibility of the patient's RN but the cards themselves require the collaboration of the unit secretary, RN, pharmacy, and the nursing assistant. The unit secretaries produce and laminate the cards. Education of the staff took place in May 2017.

The leadership team provided education through power point presentations and included teach back methodology.

3 East implemented this project on June 12, 2017. Improvements are demonstrated with HCAHPS scores above the national benchmark in the third and fourth quarter of 2017.



## Transitional Care Unit Falls with Injury

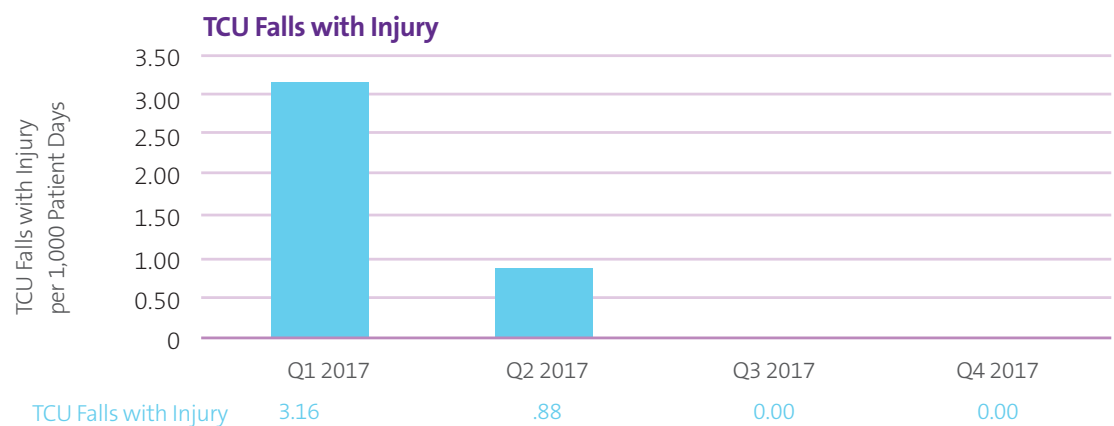
First quarter 2017 the falls with injury rate in the Transitional Care Unit (TCU) was 3.17. The TCU leadership team collaborated with the clerical staff and determined there was opportunity for improvement.

- The TCU screener goes to the inpatient unit to meet the patient and their family being admitted to the TCU.
- Chair alarms were mounted on the wall behind the patient's bed, at eye level.
- PT/OT gives a hand off when returning a

resident to their room after therapy.

- Residents identified as potential high risk for falling are placed closest to the nursing station.
- Hourly Rounding compliance is maintained.
- Education was provided to the staff regarding the movement of a resident post fall occurrence.

For the remainder of 2017, there were no falls with injury.



## 2017 Nurses Week Celebration

National Nurses Week begins each year on May 6th and continues through May 12th; the birthday of Florence Nightingale, the founder of modern nursing. She was an English social reformer and statistician. One of her theories was the Environmental Theory which incorporated the restoration of the usual health status of the nurse's clients into the delivery of healthcare. It is still practiced today.

### Awards Presented

- Nurse of Excellence: Melissa Pearson, BSN, RN, PCCN, Emergency Department
- Clinical Nurse of the Year: Elise Carbonette, RN, OR
- Rookie of the Year: Danielle Falese, RN, 2 East
- Nursing Assistant of the Year: Halina Wisznawaty, 2 East
- Unit Secretary of the Year: Joanne O'Shea, CCU





# The Daisy Award for Extraordinary Nurses

The Daisy Award For Extraordinary Nurses is designed to honor the super-human work nurses do for patients and families every day. In 2017 Valerie LaSala, BSN, RN was the recipient based on a letter from a grateful family.

“Our mother was a Unit Secretary on 3 North when she was diagnosed with stage 4 breast cancer. As you can imagine, this destroyed our family.

“The day she was diagnosed she was admitted to 3 North for 4 days, where Val Lasala was her nurse for a couple days. Even though they had a separate work relationship, when Val was taking care of our Mom she was only her nurse and a very professional one at that. After being discharged our mother started chemotherapy. After completing 8 rounds of chemo, she was admitted into ICU for pneumonia.

“She was a patient in ICU for about 3 ½ weeks. In the course of the 3 ½ weeks, our Mom was put on a ventilator 3 times. Val was our Mom’s nurse the day she was taken off the ventilator the second time. She was right by our Mom’s side the whole day, encouraging her and making her as comfortable as possible. I will never forget sitting with my Mom when Val would walk in the room and seeing my mom’s eyes light up as if her own family was walking in the room. Our Mom had a very distinct “eye roll” and on the days she was feeling more like herself, Val even got it!

“The ICU room and lounge became my whole family’s second home for those weeks and we can only imagine the inconvenience that causes for the nurse’s day to day routine, but not one nurse ever made us feel like we were in the way or a bother to them. It was truly amazing to see the care that was given to our

Mom and we will never forget that!

“Unfortunately, like many of you already know our Mom passed after finding out that the cancer spread to her left side. The day our family found this out and was faced with the reality of what was to come, we all basically collapsed and our minds went blank. Val was off that day, but within an hour we saw the elevator open and it was Val to come be with us. She wanted to make sure she was able to see our Mom that night. She also wanted to make sure our whole family understood everything that was happening and she wanted to be there to answer any questions that we had. Even though nothing could change how horrible that day will always be, it was a relief to have Val there with us, to talk to each one of us and know how much our Mom truly meant to her.

“While she was there, the care she received was nothing less than outstanding. The kindness and compassion of each nurse was so remarkable. Val was one nurse that our Mom had a special bond with and we would like to recognize her for that. Therefore, we would like to nominate Val LaSala for the DAISY award.”

Sincerely,  
The Lindenmeier Family



**(Second from left) 2017 Award Recipient Valerie LaSala, BSN, RN**



## New Knowledge, Innovation & Improvements

# Annual Nursing Research Conference

On October 20, 2017 Mather Hospital's Nursing Research and Professional Development Council held the 7th Annual Nursing Research Conference, "Advancing Nursing Science Through Innovative Nursing Research." The conference was held at the Hilton Garden Inn, Stony Brook, NY. The audience was comprised of 79 registered nurses. There were four new PhD graduate keynote speakers; two presented quantitative studies and two presented qualitative studies. In addition, there were 10 speakers from local hospitals including Mather Hospital. There were also 12 diverse poster presentations and 6 CEUs were awarded to the attendees.

## PhD Graduate Keynote Speakers:

- Marie Mulligan, PhD, RN, CNOR, NEA-BC, Vice President and Chief Nursing Officer, Mather Hospital, *"Develop and Validate an Instrument to Measure Perceived Authentic Nurse Leadership"*
- Mary Ellen LaSala, PhD, RN, Program Director, Basic and Accelerated Baccalaureate Program, Stony Brook School of Nursing Department of Undergraduate Studies, Clinical Instructor, Nursing Professional Development *"The Lived Experience of Pregnant Adolescents in a Group Home"*
- Irene Macyk, PhD, RN, NEA-BC, Associate Executive Director for Patient Care Services and Chief Nurse Executive Lenox Hill Hospital, *"Staff Nurse Engagement, Decisional Involvement, Staff Nurse Participation in Shared Governance Councils and the Relationship to Evidence Based Practice Belief and Implementation"*



# 2017 Nursing Poster and Podium Presentations

DATE(S)	CONFERENCE	LOCATION	PRESENTERS	PODIUM/POSTER
March 3, 2017	4th Annual Nursing Research Day	NYU Winthrop Hospital, Mineola, New York	Marianne Kiernan, BSN, RN, CBCN, CN-BN; Judith Moran-Peters, DNSc, RN, NE-BC, BC	Podium: "Best Practices for Using Survivorship Care Plans: Women with Breast Cancer Speak Out!"
March 8-10, 2017	American Nurses' Association Annual Conference	Tampa, Florida	Emily Emma, DNP, RN-BC, ONC	Poster: "Stay Ahead. Know Your Meds"
March 11-15, 2017	27th Annual Interdisciplinary Breast Center Conference (NCoBC)	Las Vegas, Nevada	Marianne Kiernan, BSN, RN, CBCN, CN-BC	Poster "Best Practices for Using Survivorship Care Plans: Women with Breast Cancer Speak Out!"
March 19-21, 2017	NY Organization of Nursing Executives and Leaders (NYONEL)	Tarrytown, New York	Joanne Lauten, MSN, RN, SCRNP, CPHQ; Stacy Podlasek, BSN, RN, SCRNP; Judith Moran-Peters, DNSc, RN, NE-BC, BC	Podium: "Improving Stroke Outcomes Among High Risk Populations by Creating Nursing/Emergency Medical Service (EMS) Partnerships"
April 5, 2017	Nursing Research/EBP Conference	South Nassau Communities Hospital, Oceanside, New York	Marianne Kiernan, BSN, RN, CBCN, CN-BN; Judith Moran-Peters, DNSc, RN, NE-BC, BC	Poster: "Cancer Survivorship Across the Generations: Women with Breast Cancer Discuss the Benefit of Survivorship Care Plans"
April 5, 2017	Eastern Nursing Research Society (ENRS) 29th Annual Scientific Sessions	Philadelphia, Pennsylvania	Marie Mulligan, PhD, RN, NEA, CNOR	Poster: Develop and Validate an Instrument to Measure Perceived Authentic Nurse Leadership"
April 27-28, 2017	ANCC Pathway to Excellence Conference	Dallas, Texas	Christine Viterella, MSN, RN, BC; Marina Grennen, MSN, RN, CEN; Judith Moran-Peters, DNSc, RN, NE-BC, BC	Podium: "Positive Outcomes Associated with Improving Emergency Room Nurses' Behavioral Health Knowledge"
May 20-23, 2017	National Association of Orthopedic Nurses (NAON)	San Juan, Puerto Rico	Emily Emma, DNP, RN-BC, ONC	Poster: "Stay Ahead. Know Your Meds: An Innovative Approach to Patient Medication Education"
June 14, 2017	NY University 21st Annual Nursing Research Conference	New York, New York	Judith Moran-Peters, DNSc, RN, NE-BC, BC	Poster: "Best Practices for Using Survivorship Care Plans: Women with Breast Cancer Speak Out!"
October 11-13, 2017	ANCC National Magnet® Conference	Houston, Texas	Denise Driscoll, RN-C, CARN, PMHCS-BC, NPP Linda Hill, MSN, RN, BC	Podium: "Improving Adolescent Psychiatric Patients' Medication Knowledge"
October 11-13, 2017	ANCC National Magnet® Conference	Houston, Texas	Judith Moran-Peters, DNSc, RN, NE-BC, BC	Podium: "Strength in Diversity: Transforming Nurse Leaders into EBP Experts"
October 11-13, 2017	ANCC National Magnet® Conference	Houston, Texas	Brandy Feliu, MSN, RN	Podium: "Designated Today, On The Journey Tomorrow: Making The Best of Internal And External Resources"

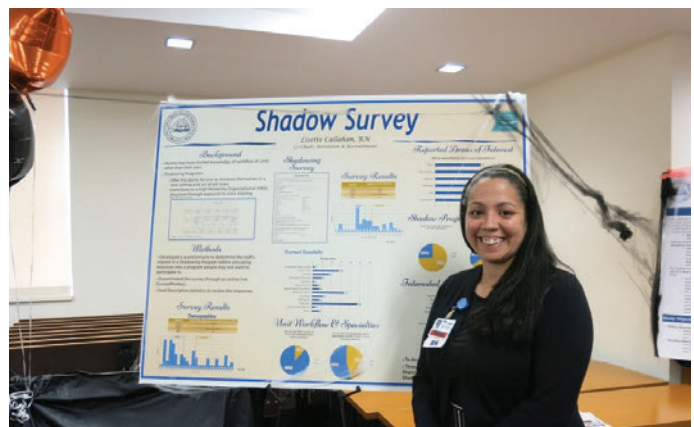
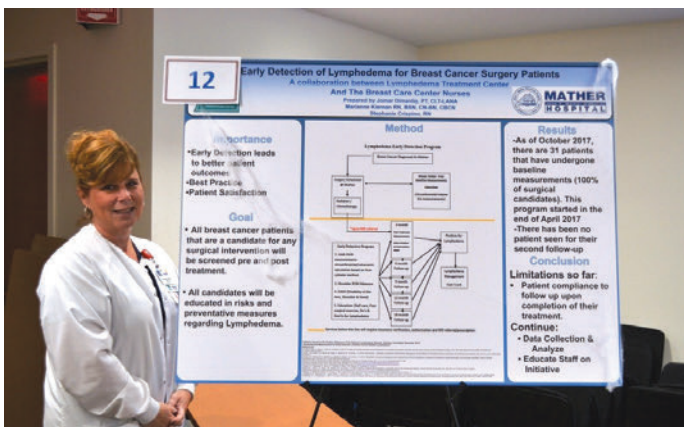
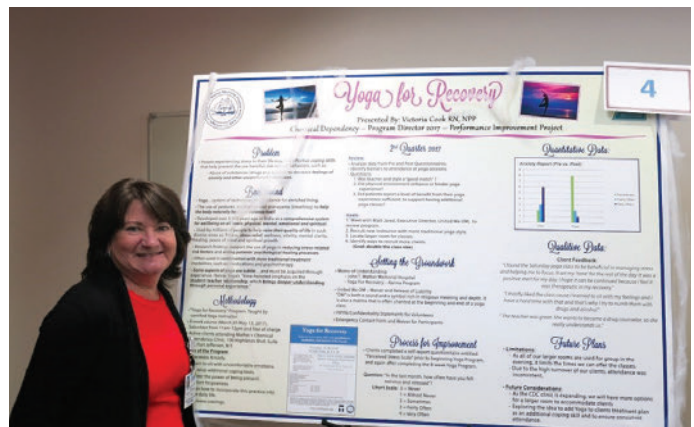
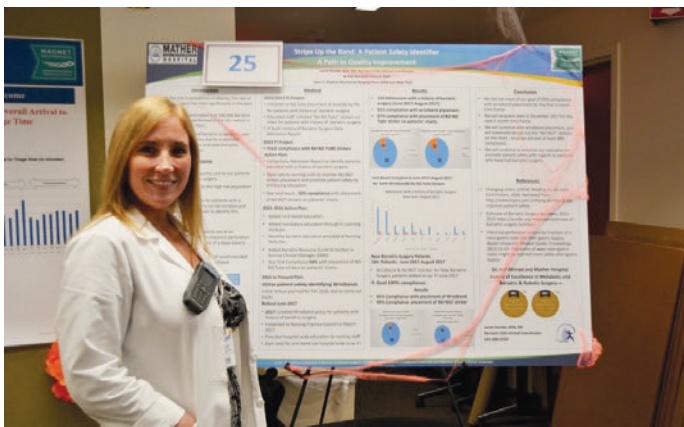


# Nursing Quality Showcase

Mather nurses celebrated Hospital Quality Week with their “Spooktacular” 7th Annual Quality Showcase which was held on October 31, 2017.

There were 33 posters which represented the latest evidence based practices, research and process improvements throughout the hospital and were on display in the LIAP conference rooms.

As a Magnet® designated organization, Mather Hospital uses nurse-designed innovations to enhance patient outcomes. In addition, the poster presenters represented multiple disciplines throughout the organization. The professionally prepared posters showcased the accomplishments of different units and departments within the past year. Information disseminated included department-based quality initiatives, evidence-based nursing practice projects, and inter-professional problem solving initiatives.





There were seven IRB approved nursing research studies that were completed in 2017. Poster presentations were developed to present during the Magnet® site visit.

- **Develop and Validate an Instrument to Measure Perceived Authentic Nurse Leadership:** Marie E. Mulligan, PhD, RN, NEA-BC, CNOR
- **Use of Aromatherapy to Decrease Anxiety Among Mental Health Patients:** Sue Morin, MS, RN, PMHCNS-BC, NPP and Gloria Fortune, MS, RN, PMHNPP-BC
- **Yoga for Recovery:** Victoria Cook, RN, NPP
- **Safety Initiative for the Diabetic Patient: Coordinating Meal Tray Delivery with Insulin Administration:** Melissa Pearson, BSN, RN, PCC

- **Creating a Culture of Caring: Using Aromatherapy to Increase Compassion Satisfaction Among Acute Care Nurses:** Pasqua Spinelli, PhD, PMHNP-BC; Marie O'Brien, MSN, RN-BC, ANP-C, CCRN; Judith Moran-Peters, DNSc, RN, NE-BC, BC; Sarah Eckardt, MS
- **Effect of Animal Assisted Therapy on Mood States & Feelings Among Patients, Visitors, and Staff in the Hospital:** Joan Godbold, RN-BC; Alex Willsey, RN
- **Are Survivor Care Plans Beneficial or Not? Women with Breast Cancer Speak Out!** Marianne Kiernan, RN, CBCN, CN-BN; Judith Moran-Peters, DNSc, RN, NE-BC, BC; Mary Ferrara, BSN, RN, OCN; Joseph Carrucciu, MD; Michele Price, MD; Cheryl Zauderer, PhD, RN, CNM, NPP



## Develop and Validate an Instrument to Measure Perceived Authentic Nurse Leadership

Adelphi University School of Nursing  
College of Nursing and Public Health  
1 South Ave,  
Garden City, NY 11530  
Email: marieemulligan@mail.adelphi.edu

Marie E. Mulligan PhD Candidate, MS, RN

### Introduction

- The health care environment is experiencing reformation that is unprecedented and intense.
- Today's nurse leaders face many challenges and concerns that require a new type of leadership — authentic leadership.
- Authentic leadership ensures the balance between healthcare business and caring as a human need. In our increasingly complex healthcare system, challenges and opportunities for nurse leaders have never been greater (Porter-O'Grady, 2011).
- Nurse leaders must have in-depth knowledge of these issues to challenge and change organizational culture, while simultaneously sustaining and supporting human caring (Turkel, 2007).
- Nursing is rooted in the science of human caring. Caring is essential to the personal and professional lives of nurses (Boykin & Schoenhofer, 2013).
- Nurse leaders who are authentic are behaviorally altruistic, transparent, have personal integrity, possess attributes of caring, ethical moral values, shared and balanced decision making, effective communication, and integral relationships.

### Literature Review

- Authentic nurse leaders, who demonstrates high personal integrity, can lead positive outcomes such as trust, engagement, commitment, job satisfaction, and overall positive workplace well-being (Avolio et al., 2004; Gardner et al., 2005). Integrity is characterized by sound ethical/moral courage and self-awareness.
- Transparency is a behavioral manifestation of authentic leadership (Van Iddekinge, Taylor, & Eidson, 2005). Transparency encompasses relationship integrity and shared decision making which can lead to positive follower outcomes. Authentic leaders possess relational integrity, and are open, honest, and have an innate ability to connect with others through sharing their own experiences or stories. Authentic leaders often have genuinely desire to serve others and support shared decision making.
- Authentic leaders have self-transcending values and higher levels of compassion and altruistic attributes which prepares the authentic leader to engage in positive modeling (George 2003; Gardner 2005). Caring is demonstrated as an attribute that should be incorporated into the original authentic leadership concept which is more congruent with the core values in nursing. Caring attribute of leaders to authentic leadership can be effective and successful and can positively shape nurse followers' job satisfaction, engagement, and staff nurses' trust, and ultimately, how they provide care (Bishop, 2013; Pipe, 2008; Wade, Osgood, Arino, Bucher, et al., 2006).
- Nursing studies have identified authentic leaders to have a positive effect on staff engagement, staff perception of quality care, and job satisfaction (Shirey, 2006; Wong & Cummings, 2009; Shirey, 2009; Wong et al., 2010; Giallanardo et al., 2010; Murphy, 2012; Laschinger, Wong, & Grau, 2013), nurses' areas of work life (Bamford, Wong, & Laschinger 2013), and nurse-assessed adverse patient outcomes (Wong & Giallanardo, 2013).

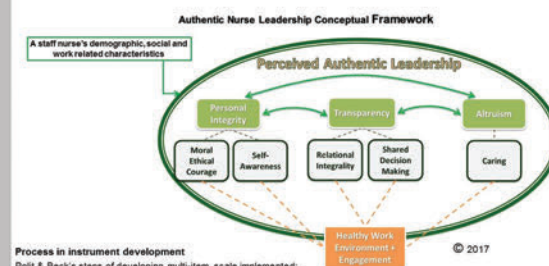
### Purpose

The purpose of this study is to develop and validate an instrument measuring perceived authentic leadership by staff nurses that is grounded in a nursing theoretical framework to support nursing clinical practice and knowledge development.

- Hypotheses are:**
- Compared to the Authentic Leadership Questionnaire tool, the Authentic Nurse Leadership Questionnaire developed in this study will reflect nursing values better, as indicated by a stronger relationship with nursing work-life.
  - Compared to the Authentic Leadership Questionnaire and its 4 subscales, the Authentic Nurse Leadership Questionnaire developed in this study will reflect nursing values better as indicated by a stronger relationship with nursing work-life.
  - Compared to the Authentic Leadership Questionnaire tool, the Authentic Nurse Leadership Questionnaire developed in this study will reflect nursing values better, as indicated by a stronger relationship with staff engagement.
  - Compared to the Authentic Leadership Questionnaire and its 4 subscales, the Authentic Nurse Leadership Questionnaire developed in this study will reflect nursing values better as indicated by a stronger relationship with staff engagement.

### Methodology

The conceptual framework that guided this study was developed based on critical review of literature, authentic leadership theory (George, 2003; Avolio, et al., 2004) and the concept of caring (Ray, Turkel, & Marino, 2002; Boykin & Schoenhofer, 2013)



#### Process in instrument development

- Polk & Beck's steps of developing multi-item scale implemented:
- Conceptualizing the construct
  - Developing item pool
  - Deciding scaling/scoring methods
  - Evaluating wording features, readability
  - Expert review of content validity
  - Pilot testing of the instrument
  - Full scale testing
  - Test-retest reliability week 3, after baseline data completion

#### Research design for the pilot and full scale testings

Utilized a cross-over design in which participants were randomly assigned to receive the Authentic Nurse Leadership Questionnaire (ANLQ) and the Authentic Leadership Questionnaire (ALQ) either in week 1 or week 2.

#### Participant sample

- Expert panel included 19 masters/doctoral prepared RNs with nurse executive leadership experience
- Pilot (n=20)
- Full scale testing (n=309) included staff RNs providing 50% or more patient care

#### Setting: acute care

Instruments for Measurement: Demographic, Authentic Nurse Leadership Questionnaire (ANLQ), Area Work-life Scale (AWS), Authentic Leadership Questionnaire (ALQ), Utrecht Work Engagement Scale (UWES).

#### Data analysis:

- Descriptive, inferential statistics, exploratory factor analysis, structural equation modeling

### Results

#### Expert Panel

- The developed ANLQ: 35 items, 5 subscales, (7 items each)
- Content validity analysis determined three question's I-CVI scores and three question's S-CVI scores were below the .9 benchmark. Final questionnaire 29 items.

#### Pilot study

- Average response time: survey 1 to 2 is 5.8 days; survey 2 to 3 is 5.1 days.
- Cronbach alpha .987 for the 29-item scale, and Intra-Class Correlation (ICC) .903 for test-retest reliability (n=10).

#### Full study

- Average response time survey 1 to 2 is 14.7 days; survey 2 to 3 is 10.9 days.
- Findings demonstrate validity and reliability of the ANLQ.
- A positive correlation between the initial ANLQ and re-test ANLQ ( $r = .888$ ,  $p < .001$ ).
- Study findings identified a significant positive correlation between all subscales (all  $p < .05$ ).
- Cronbach's alpha coefficients .984 for the 29-item scale (n=185) and ICC for test-retest reliability is .937 (n=129), power=.99.
- Cronbach alpha coefficient ranged from .87 to .99 for all subscales, and ICCs for test-retest reliability range from .874 to .926, power=.88.

### Results

#### Testing Hypotheses 1-4

- ANLQ demonstrated better nursing values than ALQ as indicated by a stronger relationship with nursing work-life and engagement.
- The correlation coefficients between the subscales of the AWS and ANLQ ranged from .289 to .678 (n=182) and the coefficients between the subscales of the UWES and the ANLQ ranged from .192 to .328 (n=182).
- Asymptotic z-test based on Steiger's (1980) Equations indicates the correlation coefficients of ANLQ with AWS community, AWS value, UWES vigor subscales and the UWES total scale are significant higher than those of ALQ's (n=182, one tail  $p < .05$ ). The relationships of ANLQ with other subscales are stronger than those of ALQ, but not statistically significant due to small sample size ( $p > .05$ ).

#### Exploratory Factor Analysis (EFA)

- Analysis of the 29 item ANLQ was performed on the data from 185 completed questionnaires of which no missing data was identified.
- Principle Axis Factoring with promax rotation was used to analyze the first order structure of 3 factors (domains, boxes with green shape fill in the framework figure) and a 5-factor solution (subscales, boxes with green outline in the framework figure)
  - o The rotated factor loading matrix supported the theoretical item structures

#### Confirmatory Factor Analysis (CFA) on three models (first order 3 factor, first order 5 factor, second order combined 3 and 5 factor)

- Model comparison results determined that the first order 3 factor and first order 5 factor model were not the best fit.
- The second order structure model is the best of the three models. The model fit indices are  $\chi^2$  of 2.38, CFI .95, RMSEA .08, IFI .93, and PNI .70 all indicate good fit, indicating.

### Limitations

- Limitations that were identified for this study may include demographic influence, survey design, survey response and sample size.
- Majority of the demographic sample survey respondents were female (96.3%).
  - Difficulty in recruitment, due to lack of email contact information and a time lag in participants receiving the survey link.
  - 60.2% response rate from peri-operative nurses; therefore, this may be a limitation to the generalization of the findings of the study.
  - Study cross over design may have impacted sample size. The participants were required to answer up to multiple surveys at three different times over the course of three weeks.

### Conclusions

#### Conclusion 1.

- The developed ANLQ is a reliable and valid instrument to measure perceived authentic nursing leadership.

#### Conclusion 2.

- The ANLQ questionnaire developed based on the Authentic Nurse Leadership framework was statistically supported by both exploratory and confirmatory factor analysis.
- Factor loadings and Model fit indices supported the second order factor structure in which there are 3 domains and five subscales.


#### Conclusion 3.

- Bivariate correlation analyses showed significant and positive relationships of perceived authentic leadership with nursing areas of work-life and nurse engagement.


#### Conclusion 4.

- Findings from this study supported that the ANLQ demonstrated better nursing values as indicated by a stronger relationship with nursing areas of work-life and nurse engagement.
- Continuation and pursuit of further multiple samples and testing is necessary for the continued validation of the development





## Use of Aromatherapy to Decrease Anxiety Among Mental Health Patients



Presented By:  
Sue Morin, MS, RN, PMHCNS-BC, NPP & Gloria Fortune, MS, RN, PMHNPP-BC

### Purpose

- JTMMH Outpatient, Partial Psychiatric Program (Adult, Adolescent and Eating Disorder) is exploring the effectiveness of Aromatherapy on the following outcomes:
  - Decreasing Anxiety among patients.
  - Increasing...
    - Patients' knowledge of complementary treatments.
    - Understanding how Aromatherapy augments current therapy.

### Problem

Anxiety...

- Normal reaction to stress.
- Can be beneficial in some situations, but for some it can become excessive.
- When person suffering from anxiety realizes it is excessive, they may also have difficulty controlling it and it may negatively affect their day-to-day living.
- Recurrent stress and untreated anxiety can increase a patient's risk of other severe conditions, including:
  - Depression
  - Suicide (10th leading Cause of Death in U.S.; >44,000 people)
  - Substance abuse
  - Chronic Medical Conditions
  - Global cost of mental disorder: \$2.5 Trillion (2010), \$6 trillion in 2030.

### Relevance: Complementary Therapy with Aromatherapy

- Medications alone do not always work effectively.
- Other coping skills may fail at times.
- Provide the patient with self-care alternatives.
- Teach new coping skills.
- Augmentation of prescribed medications.
- Addition to other non-pharmaceutical treatments for anxiety (improve a multipronged approach to care).
- Help prevent physical and psychological conditions associated with chronic stress and anxiety.
- With proper treatment, most people with anxiety disorder can manage their symptoms and resume normal living.

### Background

- Most of the Patients admitted to all 3 Programs at Partial Hospital Experience Anxiety at some level, and many have Comorbid anxiety with Depression.
- Prevalence of Mental Illness:
  - 15.4% (million adults) in the U.S. experience mental illness in a given year.
  - 18.1% of adults in the U.S. are affected by Anxiety Disorders (approximately 40 million adults) - Current estimates put this number much higher at approximately 30% as many people don't seek help.
  - Mid-diagnosed
  - Don't know they have issues with anxiety
- 15 children, at some point during their life, have had a seriously debilitating mental disorder.
- 25.1% of adolescents 13-18 year olds experience anxiety
- Mostly comorbid with depression and/or other mental health disorders

### Aromatherapy

- The anxiolytic activity of Aromatherapy using Lavender, has been demonstrated in several small and medium-sized clinical trials.
- Efficacy is thought to be due to the psychological effects of the fragrance combined with physiological effects of oils in the limbic system.
- Several studies used measures such as the Hamilton Rating Scale for Depression & Anxiety, to demonstrate that Lavender has been shown to decrease anxiety, and can increase mood scores.


### Use of Aromatherapy

Aromatherapy is:

- A holistic method of treatment, using essential oils from plants for healing through direct inhalation. Use dates back 6,000 years.
- Currently used worldwide in the management of pain, depression, anxiety, some cognitive disorders, insomnia, nausea and stress related disorders.
- An adjunct to enhance the effects of medication and other therapy.
- Evidence points to Aromatherapy providing a potentially effective treatment for a wide range of psychiatric disorders.

Lavender oil (*Lavandula Angustifolia*) is commonly believed to be relaxing for the mind as it helps in relieving anxiety. This therapy can have strong effects on cognitive performance, mood and relaxation.

### How Do Essential Oils Affect the Brain?



- Begins in the olfactory epithelium located on the roof of the nasal cavity.
- Stimulate olfactory receptors & carry signals to the olfactory bulb & then to the olfactory cortex.
- This causes you to recognize the particular scent of the oil.
- Cells also carry signals from the essential oil scent to other areas in the limbic system; the primal brain responsible for memory, instinct and mood.
- The olfactory system is the only sensory mechanism that involves the limbic system and amygdala in its pathway. Some mitral cells connect directly to the amygdala, the brain structure involved in emotional learning and memory. This explains the connection between smell and memory.
- Inhaled odors activate the release of neurotransmitters such as serotonin, endorphins, and norepinephrine thus altering mood, reducing anxiety, and interrupting stress response.



### Safe Handling of Essential Oils (EO)

**SAFETY FIRST**

- Essential oils are highly flammable - they are stored in a cool dry location
- Do not take EO internally
- Clean up spills immediately
- Wash hands after handling EO
- Be aware of allergies, sensitivity or skin irritation issues
- If essential oils were to cause irritation to a patient's skin or eye - flush with milk then rinse with water for 5 minutes
- Many EO are toxic to cats


### Methodology

- Subjects: Patients attending Partial Hospital are seeking treatment voluntarily and are open to various modalities that include a multimodal approach including psychotherapy, medication, lifestyle changes, and non-pharmaceutical therapies such as exercise, meditation, and the introduction in 2017 of Aromatherapy.
- Improvement Target: 50% of the Patients participating in Aromatherapy Groups will demonstrate a decrease in Anxiety as evidenced by before and after Anxiety Measurements. Quarters that do not meet initial goal will be investigated.
- Data Collection: The intervention will be provided by the Nurses in all programs at Partial during one of their monthly Medication Education Groups. The Nurse will collect Pre and Post Anxiety Scores from each participant. This data will be recorded in the Nurses Note. A quarterly report will be run to evaluate the pre and post scores in response to Anxiety levels before and after exposure to Aromatherapy. This will be submitted for PI and Quality Council on a quarterly basis.
- 2 Aromatherapy Clinicians completed the hospital-sponsored B.J. Buckle course, Clinical Aromatherapy for Health Professionals.
- Nursing Informatics Department assisted in developing a Behavioral Health Aromatherapy Note and created a report to capture quarterly data.
- Developed Patient Safety handout.
- Developed Worksheet for Collection of Data entered in Nurses' Note.
- Collected before and after Anxiety scores (Nurse to Severn)
- Interpretation of Data and Goals for Improvement.





### Conclusion

- Finding ways to prevent and treat Anxiety is an urgent need to prevent additional complications and safety issues for the patient.
- Currently meeting overall 50% Target in Anxiety Reduction for 2nd quarter 2017.
- Positive patient response moving from gaze & EO to the use of aroma-sticks so they can take it home with them.
- Initial data showed low rate with adolescents, and had no change in Anxiety in the Eating Disorder Program 1st month of the 1st Quarter. (As Nurses reported becoming more confident in utilizing EO, combined with teaching simple breathing exercises, scores increased)
- Plan to improve incorporating varied mindful breathing exercises, progressive relaxation skills and self music to see if scores further improve.



## Yoga for Recovery



Presented By: Victoria Cook RN, NPP  
Chemical Dependency - Program Director 2017 - Performance Improvement Project

### Problem


- People experiencing stress in their life may lack effective coping skills that help prevent the use harmful, risk-related behaviors, such as:
  - Abuse of substances (drugs and alcohol) to decrease feelings of anxiety and other uncomfortable emotions.

### Background

- Yoga...system of techniques and guidance for enriched living.
- The use of postures, meditation and pranayama (breathing) to help the body naturally heal and balance itself.
- Developed over 5,000 years ago in India as a comprehensive system for wellbeing on all levels: physical, mental, emotional and spiritual.
- Used by millions of people to help raise their quality of life in such diverse areas as: fitness, stress relief, wellness, vitality, mental clarity, healing, peace of mind and spiritual growth.
- Research findings support the use of yoga in reducing stress-related risk factors and aiding patients' psychological healing processes.
- Often used in combination with more traditional treatment modalities, such as: medications and psychotherapy.
- Some aspects of yoga are subtle...and must be acquired through experience. Hence, Yoga's "time-honored emphasis on the student-teacher relationship, which brings deeper understanding through personal experience."

### Methodology

- "Yoga for Recovery" Program. Taught by certified Yoga Instructor.
- 8 week course (March 25-May 13, 2017), Saturdays from 11am-12pm and free of charge
- Active clients attending Mather's Chemical Dependency Clinic, 100 Highlands Blvd. Suite 101, Port Jefferson, N.Y.
- Goals of the Program:
  - Decrease Anxiety.
  - Learn to sit with uncomfortable emotions.
  - Develop additional coping tools.
  - Master the power of being present.
  - Explore forgiveness.
  - Learn how to incorporate this practice into your daily life.
  - Decrease cravings.



### 2nd Quarter 2017

#### Review:

- Analyze data from Pre and Post Questionnaires.
- Identify barriers to attendance at yoga sessions.

#### Questions:

- Was teacher and style a "good match"?
- Did physical environment enhance or hinder yoga experience?
- Did patients report a level of benefit from their yoga experience sufficient to support having additional yoga classes?

#### Goals:

- Meet with Matt Jared, Executive Director, United We OM, to review program.
- Recruit new instructor with more traditional yoga style.
- Locate larger room for classes.
- Identify ways to recruit more clients. (Goal: double the class size)

### Setting the Groundwork

- Memo of Understanding:
  - John T. Mather Memorial Hospital
  - Yoga for Recovery - Karma Program
- United We OM - Waiver and Release of Liability
  - OMM is both a sound and a symbol rich in religious meaning and depth. It is also a mantra that is often chanted at the beginning and end of a yoga class.
- HIPPA/Confidentiality Statements for Volunteers
- Emergency Contact Form and Waiver for Participants

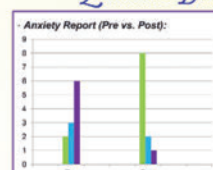
### Process for Improvement

- Clients completed a self-report questionnaire entitled: "Perceived Stress Scale" prior to beginning Yoga Program, and again after completing the 8-week Yoga Program.

Question: "In the last month, how often have you felt nervous or stressed?"

Likert Scale: 0 = Never  
1 = Almost Never  
2 = Sometimes  
3 = Fairly Often  
4 = Very Often

### Quantitative Data:



### Qualitative Data:

#### Client Feedback:

"I found the Saturday yoga class to be beneficial in managing stress and helping me to focus. It set my 'tone' for the rest of the day-it was a positive start for my day. I hope it can be continued because I feel it was therapeutic in my recovery."


"I mostly liked the class cause I learned to sit with my feelings and I have a hard time with that and that's why I try to numb them with drugs and alcohol."

"The teacher was great. She wants to become a drug counselor, so she really understands us."

### Future Plans

- Limitations:
  - As all of our larger rooms are used for group in the evening, it limits the times we can offer the classes.
  - Due to the high turnover of our clients, attendance was inconsistent.
- Future Considerations:
  - As the CDC clinic is expanding, we will have more options for a larger room to accommodate clients
  - Exploring the idea to add Yoga to clients treatment plan as an additional coping skill and to ensure consistent attendance.






**MATHER**  
HOSPITAL

**Safety Initiative for the Diabetic Patient:  
Coordinating Meal Tray Delivery  
with Insulin Administration**

Melissa Pearson BSN, RN, 3 North, Intermediate Care Unit  
2018 ANA Quality & Innovation Conference / March 23, 2018 / Orlando, FL



**MAGNET**  
RECOGNIZED

### PURPOSE AND BACKGROUND

**Purpose:** Improve meal tray delivery to insulin administration time for diabetic patients via enhanced inter-professional communication and coordination between Nursing and Food and Nutritional Services.

**Problem:** Stress and illness exacerbate blood glucose levels and have negative effects on target glycemic control, limiting healing and recovery.

According to the Food and Drug Administration (2015) "Humalog is rapid acting insulin to be given with or within fifteen minutes of food consumption".

**Time delays placed patients at risk for poor quality outcomes**, such as: hypoglycemic events, which can extend **hospital length of stay (LOS)**. In addition Houck, et al, (2013) explained: "The Joint Commission expects organizations to develop a comprehensive approach to performance improvement, to evaluate patients' perceptions of quality care and to use comparative data to review interventions".

Hospital-wide data revealed a significant time delay with an average of 60 minutes between insulin administration to meal tray delivery in the morning.

Insulin Administration		Meal Truck Arrival Time		Variance
Average	07:08:34	Average	08:09:54	1:01:20
Earliest Insulin Admin	05:18:00	Earliest Truck Arrival	07:50:00	2:32:00
Latest Insulin Admin	09:20:00	Latest Truck Arrival	08:30:00	- 0:50:00

### METHODS or APPROACH

Qualitative and quantitative data collected from clinical nurses on 3 North.

Data collected revealed:

- Nurses' perception of unsafe time gaps with insulin administration to meal tray delivery.
- Concerns related to the following:
  - Patient safety.
  - Nursing accountability.
  - Liability.

Quantitative data, collected hospital-wide from the EMR and glucometers on three separate dates, validated RN's concerns with time gap disparities.

**A verbal and electronic communication system was created, as follows:**

- An electronic daily insulin-dependent patient list was created. Morning meal tray delivery times were scheduled earlier to coordinate with nursing workflow.
- A "Communication Alert Process" was established between nursing units and the Food/ Nutrition Department.

Clinical nurses have been educated on evidence-based medication safety guidelines.

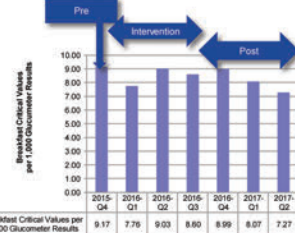
Coordinate meal times with rapid acting insulin administration (Goal = 15 minutes).

### OUTCOMES

Insulin Administration		Meal Truck Arrival Time		Variance
Average	07:29:31	Average	07:40	00:12
Earliest Insulin Admin	06:36:00	Earliest Truck Arrival	07:07	00:31
Latest Insulin Admin	09:54:00	Latest Truck Arrival	08:27	01:32


**Breakfast Critical Values per 1,000 Glucometer Results**



Year/Quarter	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2
Breakfast Critical Values per 1,000 Glucometer Results	9.17	7.76	9.03	8.60	8.99	8.07	7.27

### IMPLICATIONS


This EBP project illustrates nurses leading healthcare transformation, improving quality care, and patient care outcomes (The Future of Nursing: Leading Change, Advancing Health, 2010, IOM Report.)



**MATHER**  
HOSPITAL

**Creating a Culture of Caring:  
Using Aromatherapy to Increase Compassion Satisfaction Among Acute Care Nurses**

Pasqua Spinelli PhD, PMHNP-BC, Marie O'Brien, MSN, RN-BC, ANP-C, CCRN, Holistic Hypnotist.  
Judith Moran-Peters DNSc, RN, NE-BC Sarah Eckardt, M.S.




**MAGNET**  
RECOGNIZED

### Purpose

- To identify whether aromatherapy is effective at decreasing compassion fatigue (burnout and secondary stress), while increasing Compassion Satisfaction (CS) among RN's working in an acute care hospital.

### Problem

- Compassion Fatigue (CF): Cumulative result of helping patients in challenging situations.
- Leads to low morale, physical/emotional exhaustion, impaired job performance, absenteeism, and turnover among nurses (Sheppard, 2014).
- Primary reason nurses leave the Nursing profession.
- Counterproductive to healthcare strategic plans to recruit and retain highly competent nurses with superior levels of satisfaction and wellness.
- Stebnicki (2008) stated: "In traditional Native American teachings, it is said that every time you heal someone you give a piece of yourself, until at some point, you will require healing."



### Research Design

- Full Board IRB approval. (Oct. 2017)
- Research emerging from **quantitative research** centers on explanation, verification of facts, testing of theoretical relationships and prediction of events (Fain, 2015, p.216).
- Quasi-experimental** design.
- Hypothesis: Aromatherapy intervention will decrease CF and increase CS in the experimental subjects.
- Null hypothesis: Aromatherapy intervention will have no detectable effect on experimental subjects.
- Theoretical Framework:** Authentic Leadership (Caring and health work environment)

**Setting:**

- John T. Mather Memorial Hospital. 248 bed teaching hospital, located in Port Jefferson, on Long Island in New York State.
- Experimental group:** 3 North and 2 South, (clinical units receiving the aromatherapy intervention).
- Control group:** 3 South, 3 East, 2 East (clinical units **not** receiving the aromatherapy intervention).

**Subjects:**

- 155 RN's (Eligible to participate as subjects.)

**Data Collection Forms:**

- Demographics Form
- Professional Quality of Life (ProQOL)
- Aromatherapy Intervention Form

**Pre intervention:** All subjects will complete Demographics Form, ProQOL


**Post intervention:** all subjects will again complete the ProQOL. Only the RN's on the Experimental Units will complete the Aromatherapy Intervention Form.

### Anticipated Outcomes

- Subjects on all 5 units will demonstrate high CF and low CS pre intervention.
- Experimental units: RNs will demonstrate a decrease in CF and an increase in CS.
- Control units: There will be no detectable effect (in support of the null hypothesis.)

### Conclusions

- Individual prevention strategies and organizational planning can significantly reduce the negative aspects of compassion fatigue and increase compassion satisfaction.
- The ANA Code of Ethics for Nurses with Interpretative Statements remind nurses they owe the same duties to self as to others.
- Establish a program in through which holistic modalities, such as aromatherapy, are available to all hospital staff with Employee Health being a center for health and wellness.



## Effect of Animal Assisted Therapy on Mood States & Feelings Among Patients, Visitors & Staff in the Hospital

Presented by Joan Godbold RN-BC & Alex Willsey RN

### Problem

- Modern hospitals are extremely stressful environments
- Need For: Cost-effective, evidence-based interventions to create a healing environment, decrease stress and improve outcomes in modern American hospitals.

### Solution to the Problem

- Animals can help decrease stress, promote healing and help us physically, psychologically, socially and emotionally.
- They provide the love needed to recuperate emotionally.

### Background

- Animal Assisted Activity (AAA): Interaction activities with animals. It is implemented in order to increase the quality of life of patients, for emotional relaxation, recreation, etc. It is largely carried out by volunteers.
- Animal assisted therapy (AAT) is a goal-directed, holistic intervention used as an integral part of the treatment process.
- Research findings indicate that AAT/AAA are associated with moderate effects in improving outcomes among patients with four types of clinical issues: autism-spectrum symptoms, medical difficulties, behavioral problems and emotional well-being.
- Evidence indicates that AAT/AAA have been effective in improving clinical outcomes (decreasing pain, anxiety, pulse/BP/respiratory rate and negative mood states)... among patients in several settings, specifically: inpatient psychiatric patients, pediatric patients, elderly residents in nursing homes and hospice patients.
- As healthcare organizations seek to improve satisfaction, and other outcomes, among patients and staff, the use of AAT and AAA has gained popularity as a safe, cost-effective, holistic intervention.
- Prior research has focused primarily on patients as subjects (not visitors or staff members).
- Little research has been conducted examining the effect of AAT and AAA on patients, visitors and staff on acute, inpatient units, such as: Telemetry, Transitional Care and Psychiatry.

### Study Design

We identified:

- Independent variable: Animal Assisted Activity
- Dependent variable: Mood states and other feelings
- Subjects: Patients, Visitors, and Staff
- Setting: Telemetry, TCU, Adult and Adolescent Psych

### Theoretical Framework

Dr. Jean Watson PhD, RN, FAAN

Providing AAA to our patients and staff members:

- Helps to create a healing environment
- Establishes a Helping-Trust Relationship
- Centers around the patient and family

### Quantitative Findings

- Descriptive statistics: Frequencies, counts, minimums, maximum, standard deviation, tests for normality.
- Visual Analog Mood Scale (VAMS): Scores were T-Scores so assumed continuous data would be analyzed as a paired t-Test.
- These T-Scores then convert into Categorical (Ordinal) Data, so conducted a Wilcoxon's signed rank test.
- Wilcoxon's signed rank test statistically significant moods overall:

### Qualitative Findings

- "The responses to the open ended question was analyzed using an inductive qualitative data analysis approach of open coding. Open coding includes labeling concepts, defining and developing categories based on their properties and dimensions. Similar codes were categorized to identify recurring themes"
- Themes From Qualitative analysis of post AAA interventions: Happiness, Relaxation, Calmness, Special Note: Staff identified a Relief of Stress on Telemetry Unit
- Themes from QI Project: Calmness \*, Happiness \*, Relaxation \*, Distraction, Soothing, Feelings of Love Toward Pets, Remembrance of personal Pets

### Limitations

- Four Clinical Units - Lots of Detail
- VAMS\* Scale not valid and reliable with adolescent population
- Hawthorn Effect
- Few visitors at 3PM
- Day of the Week: Late in week=more d/c's
- Not offered in Patient Rooms (It's Well)
- VAMS\* test was Repeated Measure

### Recommendations

- Expand to other types of hospital units/settings
- Expand the setting to bedside
- Consider Randomized Control Trial
- Validate VAMS\* tool for adolescents
- Offer AAA more frequently and consistently
- Expand the research to Nursing Outcomes (pain, anxiety, patient satisfaction)

## Are Survivor Care Plans Beneficial or Not? Women with Breast Cancer Speak Out!

### Problem

- The number of cancer survivors is increasing due to early diagnosis, advances in treatment, and the fact that people are living longer
- 2006: The Institute of Medicine (IOM) recommended that patients completing primary treatment for cancer receive a Survivorship Care Plan (SCP)
- Goal of the SCP is to improve care coordination and clinical outcomes.
- 2015: The American College of Surgeons' Commission On Cancer established a practice standard requiring that accredited healthcare organizations provide SCPs to cancer survivors.
- Although SCPs are being provided to cancer patients, very little research has been conducted to identify patients' use of SCPs and assigned benefits.
- Furthermore, a recent study (Nicolaj, et al., 2015) found "no evidence of benefit of SCPs on patient satisfaction with information provision and care."

### Purposes of the Study

- Identify how women with breast cancer use a Breast Cancer SCP.
- Describe women with breast cancer recommendations for how best to use the SCP.
- Identify the level of benefit assigned to their SCP by women with breast cancer.
- Determine if there is an association between age of the women with breast cancer and utilization of the SCP (including level of assigned benefit).

### Significance/Scientific Merit

- New knowledge will be generated in the burgeoning field of Cancer Survivorship and in the use of Cancer Survivorship Care Plans (SCPs) among women with breast cancer.
- More importantly, information gained from this study may serve to help female breast cancer survivors, both now and in the future.

### Background

- 2015: 14.5+ million cancer survivors in the US (3% of population)
- Survivors represent 85% of all cancer survivors (the largest single segment)
- Majority of Americans diagnosed with breast cancer are women, therefore, breast cancer treatment and survivorship is primarily a feminist phenomenon.
- 2016: Fortunate Breast Center staff developed a Breast Cancer Survivor Care Plan (SCP).
- 2016: The Breast Cancer Survivor Care Plan administered to women at the completion of their primary treatment for breast cancer.
- November 2016: Study received full board approval from IRB at Mather.

### Methodology

- Non-experimental, mixed methodology design.
- Research Tool: Self-administered survey

### Quantitative aspects

- Likert question: women assign level of benefit to SCP.
- Demographic characteristic: Age of the women.

### Qualitative aspects

- Open-ended question

### Setting

John T. Mather Memorial Hospital

- 4 Star HCAHPS Rating (CMS)
- Fortunate Breast Center established in 1999
- National Accreditation Program for Breast Centers (NAPBC) Certification
- 2016-Present: Over 8,000 patients were seen for imaging and other procedures
- 600 (18%) were diagnosed with breast cancer.

### Sample

- Convenience sample
- 50 women diagnosed with breast cancer (January 2015-January 2016)
- 18 (36%) consented to participate in the study
- Data Analysis:
  - Qualitative data... will be coded using line-by-line open coding technique. (Novak Program)
  - Major and minor themes will be identified.
  - Quantitative data... age of subjects and assigned level of benefit will be analyzed using correlational statistics.

### Process

Marianne Kieran RN Principal Investigator:

- Called eligible women, Research study discussed.
- Women interest in participating mailed research packet.
- kept code sheet with data locked in her office.

### Conceptual Framework

Dorothea Orem RN (1918-2007)

Grand Nursing Theorist

"Self Care Deficit Nursing Theory"

- Self Care deficit delineates when nursing is needed.
- Nursing is required when an individual is incapable or limited in the provision of continuous, effective self care."

### Findings

- Ages of subjects ranged from 44-68 years. (Mean=64.5; Median=60 years)
- Median age of the subjects (60 years) is higher than median age of women diagnosed with breast cancer in the USA (61 years). This finding is indicative of the aging population of the geographical area of study setting
- New (36%) of the subjects were age 65 or older.
- The assigned SCP Benefit Score was 3.8 (mean) and 4 (median). Indicates that there is opportunity for improving the SCP.
- A correlation was used to determine if there was a relationship between age of the subjects and assigned SCP Benefit score. Results indicated a Pearson's r of -.018 and P-value of 0.98. Therefore, no statistically significant relationship was demonstrated between subject's age and assigned SCP Benefit Score.

### Conclusions & Implications for Practice:

- "This study illustrates nurses as leaders in transforming healthcare (The Future of Nursing: Leading Change, Advancing Health, 2010, IOM Report). SCP improvements, and creation of a unique "SCP Resource Guide of Best Practices-A Path to Recovery", were achieved by nurses valuing women with breast cancer as full partners in their care."



# Professional Organizations/Nursing Certifications

EMPLOYEE	DEPARTMENT/POSITION	OFFICES HELD
Maureen Altieri, MSN, RN, NEA-BC	Director of Service Excellence and Magnet®	New York State/Vermont Magnet® Hospital Consortium Chairperson 2016-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 2017-2019
Mary Ferrara, BSN, RN, ONC/ONS	IV coordinator	Oncology Nursing Society Suffolk County Chapter Vice President 2014-2017
Marina Grennen, MSN, RN, CEN	Nursing Professional Development/Clinical Instructor	Chairperson Behavioral Health Committee New York State Treasurer elect for the Emergency Nurses Association Board Member and Injury Prevention Coordinator for Suffolk Emergency Nurses Association.
Theresa Grimes, PhDc, RN-BC, FNP-BC, CCRN	Chronic Pain NP	Awards and Recognition Committee and Research committee for ASPMN.; Secretary for ASPMN Long Island; Editor/Reviewer practice test questions for Pain Management Nursing
Mary Ellen LaSala, PhD, RN	Clinical Instructor Nursing Professional Development	Counselor, Board of Directors Sigma Theta Tau International Kappa Gamma Chapter
Joanne Lauten, MSN, RN, CPHQ, SCRNP	Nursing Quality Director and Stroke Coordinator	Greater NY Stroke Coordinators Consortium (GNYCCC) President
Lilly Matthew, PhD, RN	Nursing Administration/Nurse Statistician/Nurse Researcher	Mentor position at the National Association of Hispanic Nurses (NAHN) NY Region; Elected Advisory Board member for Transcultural Nursing Society Northeast Chapter
Christine Mc Keon, MSN, RN, CEN	Assistant Nurse Manager Emergency Department	President elect for the Suffolk County Emergency Nurses Association
Marie Mulligan, PhD, RN, CNOR, NEA-BC	Nursing Administration/CNO/VP for Nursing	GNYNONE President
Marie O'Brien, MSN, RN-BC, ANP-C, CCRN	Pain Management Coordinator	ASPMN National Awards and Recognition Committee 2016, 2017, 2018; Master Faculty 2016, 2017, 2018; ASPMN LI – Treasurer elect 2017
Faustina (Tina) Stoebe, MS, CPAN	Clinical Instructor Nursing Professional Development	President for NYSPAN District One ( Nassau/Suffolk ) Board Member NYSPAN

# 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 Hospital

245 of our nurses are currently certified in a specialty. 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. Nurses are 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.

## Certified Registered Nurses 2017

Lori Accetta CCRN  
Junielon Sabas Adame WCC  
Kathleen Adams CDN  
Patricia Alban CEN, PCCN  
Maureen Altieri NEA-BC  
Lisa Ambrose CPAN, CCRN, NP-C  
Nicole Amendola PCCN  
Marret Ida Anderson NP-C  
Sherry Anderson CWCN, COCN, RN-BC\*  
Catherine Andolena ONC  
Maria Stella Artusa ANP-BC  
Catherine Audus AGPCNP-BC  
Deborah Aureliano WCC  
Franco Baingan ONC  
Christina Baker CCRN  
Melissa Baranowski CGRN  
Michael Anthony Barletta RN-BC  
Virginia Barrington WCC  
Tara Bauer CEN  
Elizabeth Becker RN-BC  
Laura Jeanne Bell NP-C  
Deanna Marie Belte CPAN  
Gertha Benoit-Hollis RN-BC  
Jacquelyn Berkman RN-BC  
Jessica Berkman RN-BC  
Kathleen Susan Biase RN-BC  
Donna Blaskopf CRN  
Michele Bonafede RN-BC  
Carla Bond CHRN  
Denise Bonneville RN-BC

Donna Bragg CRN  
Anna Marie Braslow CCRN  
Jeanne Brennan RN-BC  
Emily Brinkworth CCRN  
Sandra Brown RN-BC  
Deborah Buganza-Esteba CEN  
Filomena Buncke PMHCNS-BC  
Kimberly Buncke PMHNP-BC  
Carissa Jo Burke WCC  
Alisa Maria Caliendo NP-C  
Trisha Calvarese CAPA  
Glenda Calwag RN-BC  
Dana Cardiello RN-BC  
Maria Cassara CMSRN  
Irene Cassata CPAN  
Renee Castelli RN-BC  
Maureen Cataldo PMHCNS-BC  
Emily Cauchi CCRN  
Maureen Chernosky CEN, CCRN  
Nancy Clavin OCN, CRNI  
Kristen Clifford CRN  
Margaret Coffey FNP-BC  
Donna Collins CPAN, CRN  
Scott David Colton RN-BC  
Jennifer Ann Colucci RN-BC  
Elizabeth Contri RN-BC, ACM-RN  
Victoria Cook PMHNP-BC  
Patricia Karlya Cordle RN-BC  
LoriAnn Crispino CEN

Cassandra Cucuzzo RN-BC	Michael Hagenbruch CPAN
Maria Antonia Cuisson WCC	Lauren Haizlip PCCN
Rose Cummings CPAN	Donna Hardwicke RN-BC
Richard Daly NP-C	Lauren Ann Harris RN-BC
Mary Daulton WCC	Stacey Hartcorn CEN
Marianna David RN-BC*, ONC	Margaret Hassett CAPA
Christine DeBernardo RN-BC	Elise Haussel CNOR
Marsha Deckman NE-BC, ONC	Patsy Hayward WCC
Joyce DeMoore RN-BC	Patricia Hebron FNP-BC
Susan DeTurris CAPA	Kathleen Herrera RN-BC
Amy Christine Dittler PMHNP-BC	Louise Hershberger CPAN
Jennifer Dixson CCRN	Stacy Lynne Heuschneider NP-C
Patricia Dodd NP-C, RN-BC	Linda Hill PMHCNS-BC
Lisa Doumas CCRN, PCCN	Loretta Hill-Civil PCCN
Denise Driscoll PMHCNS-BC, CARN, RN-BC	Jill Hindes PMHNP-BC
Lisa Dubrow ANP-BC	Jaqueline Hoey CNOR
Sarah Joann Dunahay CRRN	Maria Rosaria Hofbauer RN-BC
Maria Dutra OCN	Lyla Hongthong RN-BC
Christa Dwyer RAC-CT	Tracy Hopkins CBN
Ellen Dwyer CEN	Donna Hughes CAPA
Emily Emma RN-BC, ONC	Socorro Inez WCC, DWC, RAC-CT
Judee Falcone RN-BC	Lisa Iuliucci RN-BC
Lorraine Farrell FNP-BC, CCCTM	Kathleen Jochen RN-BC
Candice Fella RN-BC, WCC	Stacey Jolley OCN
Mary Ferrara OCN	Marianne Kiernan CN-BN, CBCN
Mary Fisher CPHQ	Kirsten Lyn Konsevitch RN-BC
Gloria Fortune PMHNP-BC	Jamie Lin Kotler RN-BC
Sandra Helene Galantino RN-BC	Jessica Lagala RN-BC
Stephanie Gaynor CNOR	Deseree Lamberti CCRN
Nicole Helen Geiss RN-BC	Vivien Langford CRN
Nina Gervais CCRN	Ann Lasota RN-BC, ONC
Elizabeth Giordano CCRN, CDE	Armando Lastra WCC
Cameron Gittens CEN, CRN, VA-BC	Joanne Lauten SCRNI, CPHQ
Dina Giulietti CEN	Debra Ledoux CCDS
Mary Ellen Glennon CCRN, WCC	Katherine Lewin CCRN
Michael Glinka RN-BC	Chhiu Mei Liu COCN, CWCN-AP, NP-C, CCCN-AP, CFCN
Joan Godbold RN-BC	Marigrace LoMonaco RN-BC
Maryann Goodman ONC	Michael Andrew Lospinuso RN-BC
Nancy Gorgone ONC	Gerard Francis Lunetta ONC
Tricia Annitto-Grassi CDN	Julia Macauley CCRN, WCC
Carrie Grattan OCN	Phyllis Macchio ANP-BC
Gina Greco PCCN	Ashley MacDonald CCRN
Marina Grennen CEN	Christine Marie MacEntee RN-BC, CRNI
Patricia Griffin CNOR	Andrew Thomas Magnano RN-BC
Theresa Grimes RN-BC, FNP-BC, CCRN	Nita Krishna Malik NP-C
Susan Grover PMHCNS-BC	Margaret Maltz CAPA
Michelle Gustaferrri CEN	

## Certified Registered Nurses 2017

Lydia Malvagno CWCA  
 Geraldine Massimino RN-BC  
 Cynthia Mattson CWON  
 Colleen McDermott CEN  
 Shirlee McKenna CAPA  
 Christine McKeon CEN  
 Christi McManus CCRN  
 Pauline Meek RN-BC  
 Christopher Menekou RN-BC  
 Phillip Messina NE-BC  
 Susanne Meyers PMHNP-BC  
 Ken Mills PCCN  
 Bridget Therese Moley RN-BC  
 Judith A. Moran NE-BC, RN-BC  
 Susan Morin PMHCNS-BC  
 Kurt Muller ONC  
 Marie Mulligan CNOR, NEA-BC  
 Christine Mulvey CNOR  
 Rosa Nania WCC  
 Alain Montesa Neri ANP-BC  
 Jean Nesbitt WCC  
 Laura O'Brien CRN  
 Marie O'Brien NP-C, RN-BC, CCRN  
 Janice O'Connor WCC  
 Gospel Suvwe Ofuyah WCC  
 Jamie O'Hara CAPA  
 Anthonia Onyemem PCCN  
 Margie Orale CEN  
 Michael Paluch CCRN  
 Brianna Passaretti CCRN  
 Melissa Pearson PCCN  
 Karen Petrosino WCC  
 Karen Picasso CEN  
 Elizabeth D. Picozzi WCC, RN-BC  
 Christine Ploetz RN-BC  
 Colleen Reade Pohmer WCC  
 Ginger Marie Postiglione RN-BC  
 Emily Pozgay NP-C, CRN  
 Toni Ann Prost CNOR  
 Donna Randone WCC  
 Colleen Reale CEN  
 Nicole Rice RN-BC  
 Irma Haydee Rivera CAPA  
 Nancy Robb RN-BC, OCN  
 Anne Roberts CCM  
 Nancy Ellen Rochler CCRN  
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 Pasqua Spinelli PMHNP-BC  
 Tabitha Spinelli WCC  
 Karen Ann Sproul NP-C  
 Darlene Steigman RN-BC  
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 Geraldine Walter RN-BC  
 Trudy-Ann Weekes-Roach CNOR  
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 Sylvia Kathryn Wood ANP-BC  
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 Ee-Lin Yeo PCCN  
 Cecil Yoo CDN  
 Debra Youngs ONC  
 Eileen Zodda CNN

\* Reflects more than one ANCC certification



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